

# Commonwealth of Pennsylvania - Campaign Finance Report

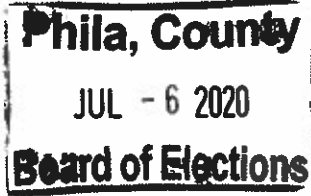
(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	20180331	Report Filed By (Mark X)	Candidate	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		ACADIA HEALTHCARE COMPANY, INC.					
Street Address		6100 TOWER CIRCLE, STE 100					
City	FRANKLIN	State	TN	Zip Code	37067-1472		

Type of Report (Place x under report type)

1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> Tuesday Pre- Election	5- 2 <sup>nd</sup> Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of Election (MM/DD/YYYY)		11/03/2020	Year	2020	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only					
		05/19/2020	06/22/2020					
A. Amount Brought Forward From Last Report	\$	500						
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0						
C. Total Funds Available (Sum of Lines A and B)	\$	500						
D. Total Expenditures (From Schedule III)	\$	0						
E. Ending Cash Balance (Subtract Line D from Line C)	\$	500						
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0						
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0						



Affidavit Section

Part I- If this is a **Committee** report, treasurer sign here. If this is a **Candidate** report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

2 day of July 20 20

*Lauren Foley*  
Signature

My Commission expires 4.24.23  
MO. DAY YR.

Signature of Person Submitting report  
Chris Howard, Treasurer

Printed Name

615 Area Code      861-6000 Daytime Telephone Number

Part II- If this is a report of a **Candidate's Authorized Committee**, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief the political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.

Sworn to and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

Signature

My Commission expires \_\_\_\_\_  
MO. DAY YR.

Signature of Candidate

Printed Name

Area Code      Daytime Telephone Number



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615.850.8689 direct  
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July 2, 2020

Office of City Commissioners  
County Board of Elections  
Attention: Campaign Finance  
City Hall, Room 142  
1400 John F Kennedy Boulevard  
Philadelphia, Pennsylvania 19107

**RE: ACADIA HEALTHCARE COMPANY, INC.  
30 DAY POST-PRIMARY REPORT**

Dear Sir or Madam:

Enclosed please find the executed cover page and copy of Acadia Healthcare Company, Inc.'s 30 Day Post-Primary Report. The PAC did not have any activity during this reporting period. Please do not hesitate to contact me should you have any questions or need any additional information in connection with this report. I can be reached directly by phone at 615.939.0218 or by e-mail at kimberly.clark@wallerlaw.com.

Sincerely,

Kimberly Faye Clark

Enclosure  
cc: Acadia Healthcare Company, Inc. (via pdf)