

Commonwealth of Pennsylvania
Campaign Finance Report
(Note: This report must be clear and legible. It may be typed or printed in blue or black ink.)

| | | | | | | | | | | | | | | |
|---|----------------------------|---------------------------|------------------------|-----------------------------|----------------------------|-------------------------|------------------------|--------|---|-------|------------------|---------------------|--------------------|--------------|
| Filer Identification Number: | 2018033 | Report Filed By: | CANDIDATE | 1. | COMMITTEE | 2. | LOBBYIST | 3. | | | | | | |
| 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 | | | | | | | | | |
| TYPE OF REPORT | 1. 6th Tuesday Pre-Primary | 2. 2nd Friday Pre-Primary | 3. 30 Day Post Primary | 4. 6th Tuesday Pre-Election | 5. 2nd Friday Pre-Election | 6. 30 Day Post Election | 7. Termination Report? | 8. Yes | 9. No | 10. X | | | | |
| Other | Annual Report | 7. YEAR | 2020 | | | | | | | | | | | |
| Name of Office Sought by Candidate: Other | | | | | | | | | DATE OF ELECTION MO. DAY YEAR 11 3 2020 | | District Number: | Office Code: OTH | Party Code: OTH | County Code: |
| Summary of Receipts and Expenditures from: MO. DAY YEAR To MO. DAY YEAR | | | | | | | | | | | | | | |
| A. Amount Brought Forward From Last Report \$500.00 | | | | | | | | | | | | | | |
| B. Total Monetary Contributions and Receipts (From Schedule I) \$2,000.00 | | | | | | | | | | | | | | |
| C. Total Funds Available (Sum of Lines A and B) \$2,500.00 | | | | | | | | | | | | | | |
| D. Total Expenditures (From Schedule III) \$2,000.00 | | | | | | | | | | | | | | |
| E. Ending Cash Balance (Subtract Line D from Line C) \$500.00 | | | | | | | | | | | | | | |
| F. Value of In-Kind Contributions Received (From Schedule II) \$0.00 | | | | | | | | | | | | | | |
| G. Unpaid Debts and Obligations (From Schedule IV) \$0.00 | | | | | | | | | | | | | | |
| FOR OFFICE USE ONLY | | | | | | | | | | | | | | |
| Phila, County SEP 24 2020 Board of Elections | | | | | | | | | | | | | | |
| 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 or computer diskette, are to the best of my knowledge and belief true, correct and complete. Sworn to and subscribed before me this | | | | | | | | | | | | | | |
| day of 9 20 20 Signature of Person Submitting Report Signature My Commission expires MO. DAY YEAR Area Code Daytime Telephone Number | | | | | | | | | | | | | | |
| AFFIDAVIT SECTION | | | | | | | | | | | | | | |
| 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 this 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 of Person Submitting Report Signature My Commission expires MO. DAY YEAR Area Code Daytime Telephone Number | | | | | | | | | | | | | | |

Department of State Bureau of Commissions, Elections and Legislation
210 North Office Building Harrisburg, PA 17120-0029 (717)787-5280

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

| | |
|--|--|
| Name of Filing Committee or Candidate: ACADIA HEALTHCARE COMPANY INC. | Reporting Period: From 08/18/2020 To 08/18/2020 |
|--|--|

| | |
|--|-------|
| 1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR | |
| TOTAL for the Reporting Period (1) | ⌘0.00 |

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|---|-------|
| 2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B) | |
| Contributions Received from Political Committees (Part A) | ⌘0.00 |
| All Other Contributions (Part B) | ⌘0.00 |
| TOTAL for the Reporting Period (2) | ⌘0.00 |

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| 3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D) | |
| Contributions Received from Political Committees (Part C) | ⌘2,000.00 |
| All Other Contributions (Part D) | ⌘0.00 |
| TOTAL for the Reporting Period (3) | ⌘2,000.00 |

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| 4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E) | |
| TOTAL for the Reporting Period (4) | ⌘0.00 |

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| TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, 3, and 4; Also enter this amount on Page 1, Report Cover Page, Item B.) | ⌘2,000.00 |
|---|-----------|

Part C

Contributions Received From Political Committees

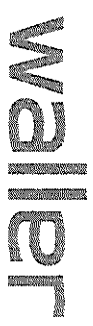
OVER \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value over \$250.00 in the reporting period.

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|--|--------------|--|----|------|------|------------|
| Name of Filing Committee or Candidate: ACADIA HEALTHCARE COMPANY INC. | | Reporting Period: From 08/18/2020 To 08/18/2020 | | | | |
| Full Name of Contributing Committee: Acadia Healthcare Company Inc. FED PAC | | MO. | | DAY | YEAR | \$2,000.00 |
| | | 8 | 18 | 2020 | | |
| Mailing Address: 6100 Tower Circle Suite 1000 | | | | | | |
| City: Franklin | State: TN | Zip Code (Plus 4): 37067 | | | | |
| Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3. | | | | | | |
| Part C Total: | | | | | | \$2,000.00 |

SCHEDULE III
STATEMENT OF EXPENDITURES

| | | | | | |
|--|--------------|--|-----------|--------------|----------------------------------|
| Name of Filing Committee or Candidate: ACADIA HEALTHCARE COMPANY INC. | | Reporting Period: From 08/18/2020 To 08/20/2020 | | | |
| To Whom Paid: Friends of Curtis Jones Jr. | | MO. 8 | DAY 20 | YEAR 2020 | ⌘1,000.00 |
| Mailing Address: 5438 Wyndale Avenue | | | | | |
| City: Philadelphia | State: PA | Zip Code (Plus 4): 19131 | | | |
| Description of Expenditure: Contribution | | | | | |
| To Whom Paid: Friends of Sharif Street | | MO. 8 | DAY 18 | YEAR 2020 | ⌘1,000.00 |
| Mailing Address: 1421 W Susquehanna Avenue | | | | | |
| City: Philadelphia | State: PA | Zip Code (Plus 4): 19121 | | | |
| Description of Expenditure: Contribution | | | | | |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. | | | | | Schedule III Total: ⌘2,000.00 |



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Kimberly Faye Clark
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September 22, 2020

VIA OVERNIGHT COURIER

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.
2020 CYCLE 4 - SIXTH TUESDAY PRE-GENERAL REPORT**

Dear Sir or Madam:

Enclosed please find the executed copy of Acadia Healthcare Company, Inc.'s Sixth Tuesday Pre-General, Cycle 4 Report. 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