

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Prison Health Services, Inc. Political Action Committee

ADDRESS (number and street) 105 Westpark Drive Suite 200
 Check if different than previously reported. (ACC)
Brentwood TN 37027

2. **FEC IDENTIFICATION NUMBER** C00345496
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 03 01 2007 through 03 31 2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Thomas West

Signature of Treasurer Electronically Filed by Thomas West Date 04 19 2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Prison Health Services, Inc. Political Action Committee

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		35266.93
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	39393.73									
(c) Total Receipts (from Line 19)	2878.57	8505.37								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	42272.30	43772.30								
7. Total Disbursements (from Line 31)	0.00	1500.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	42272.30	42272.30								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
Prison Health Services, Inc. Political Action Committee

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	2389.20	5899.60
(i) Itemized (use Schedule A)	489.37	2605.77
(ii) Unitemized	2878.57	8505.37
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5)	2878.57	8505.37
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	2878.57	8505.37
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	2878.57	8505.37

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	1500.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	0.00	1500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	0.00	1500.00

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3	2878.57	8505.37
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2878.57	8505.37
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 9
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Prison Health Services, Inc. Political Action Committee

Full Name (Last, First, Middle Initial) A. GEOFFREY PERSELAY		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 271 Grove Avenue Webster Commons Building E		Transaction ID: PR1083045518704
City State Zip Code Verona NJ 07044	Amount of Each Receipt this Period _____ 100.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Prison Health Services, Inc.	Occupation Group Vice President of Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 300.00	P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. ANDREW SCHWARCZ		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 504 CABOT PLACE		Transaction ID: PR1299941318704
City State Zip Code NASHVILLE TN 37221	Amount of Each Receipt this Period _____ 78.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Prison Health Services	Occupation SVP, Chief Legal Officer/Secretary	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 234.00	P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. RICHARD HALLWORTH		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 4 DANA ROAD		Transaction ID: PR1299941518704
City State Zip Code BOXFORD MA 01921	Amount of Each Receipt this Period _____ 380.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Prison Health Services	Occupation CEO/President/Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1140.00	P/R Deduction (\$190.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶	_____ 558.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 9
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Prison Health Services, Inc. Political Action Committee

A. Full Name (Last, First, Middle Initial)
MICHAEL CATALANO

Mailing Address 544 GRAND OAKS DRIVE

City State Zip Code
BRENTWOOD TN 37027

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
America Service Group, Inc President, CEO & Chairman

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1153.80

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR740402018704

Amount of Each Receipt this Period
384.60

P/R Deduction (\$192.30 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
SCOTT HOFFMAN

Mailing Address 5609 OTTERSHAW CT

City State Zip Code
BRENTWOOD TN 37027

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
America Service Group, Inc Senior Vice President & CAO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1153.80

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR740402718704

Amount of Each Receipt this Period
384.60

P/R Deduction (\$192.30 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
JESSE HUBLING

Mailing Address 9510 GRAND HAVEN DR

City State Zip Code
BRENTWOOD TN 37207

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Prison Health Services, Inc Vice President for Business Dev.

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 456.00

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR740402918704

Amount of Each Receipt this Period
152.00

P/R Deduction (\$76.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	921.20
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 9
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Prison Health Services, Inc. Political Action Committee

Full Name (Last, First, Middle Initial) A. CARL J KELDIE		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR740403018704
Mailing Address 11933 WINGED FOOT TERRACE		Amount of Each Receipt this Period 400.00
City State Zip Code CORAL SPRINGS FL 33071	FEC ID number of contributing federal political committee. C	P/R Deduction (\$200.00 Bi-Weekly)
Name of Employer Prison Health Services, Inc	Occupation Corporate Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. LAWRENCE H POMEROY		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR740403418704
Mailing Address 358 ARDSLEY PLACE		Amount of Each Receipt this Period 230.00
City State Zip Code NASHVILLE TN 37215	FEC ID number of contributing federal political committee. C	P/R Deduction (\$115.00 Bi-Weekly)
Name of Employer America Service Group, Inc	Occupation SVP and Chief Development Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 690.00	

Full Name (Last, First, Middle Initial) C. RODNEY HOLLIMAN		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR862784218704
Mailing Address 5008 FOUNTAINHEAD DR		Amount of Each Receipt this Period 200.00
City State Zip Code BRENTWOOD TN 37027	FEC ID number of contributing federal political committee. C	P/R Deduction (\$100.00 Bi-Weekly)
Name of Employer Prison Health Services, Inc	Occupation Group Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional) ▶	830.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 9 / 9	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Prison Health Services, Inc. Political Action Committee

A. Full Name (Last, First, Middle Initial)
JOANNA GARCIA

Mailing Address 520 HOPEWOOD CT
Suite 200

City State Zip Code
FRANKLIN TN 37064

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
America Service Group/PHS Vice President

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
M M / D D / Y Y Y Y

Transaction ID: PR919889618704

Amount of Each Receipt this Period
80.00

P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	80.00
TOTAL This Period (last page this line number only)	2389.20