

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 10 01 2007 through 10 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 11 15 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**

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

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	0

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	58759.89									
(c) Total Receipts (from Line 19)	2715.06	29360.02								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	61474.95	64626.95								
7. Total Disbursements (from Line 31)	525.00	3677.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	60949.95	60949.95								
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
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	0

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	2705.06	25753.75
(i) Itemized (use Schedule A)	10.00	3606.27
(ii) Unitemized	2715.06	29360.02
(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)	2715.06	29360.02
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))	2715.06	29360.02
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	2715.06	29360.02

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	28.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	28.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	500.00
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	525.00	1149.00
(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))	525.00	1149.00
29. Other Disbursements.....	0.00	2000.00
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))..	525.00	3677.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	525.00	3677.00

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)	2715.06	29360.02
34. Total Contribution Refunds (from Line 28(d))	525.00	1149.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2190.06	28211.02
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	28.00
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	28.00

**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 / 13
	<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)
MARLA BLUME

Mailing Address PO BOX 1087

City State Zip Code
PERRY FL 32348

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

Name of Employer Occupation
Prison Health Services Regional Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
10 / 31 / 2007

Transaction ID: 14740267

Amount of Each Receipt this Period
0.00

[MEMO ITEM]
Refund(s) on Schedule B
Totaling \$525.00 This changes the YTD Total to \$0.-00

B. Full Name (Last, First, Middle Initial)
RAYMOND LANGHAM

Mailing Address 608 REDLEAF RIDGE CR
Suite 200

City State Zip Code
NASHVILLE TN 37211

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

Name of Employer Occupation
America Service Group, Inc VP of Human Resources

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt
MM / DD / YYYY

Transaction ID: PR1030174619694

Amount of Each Receipt this Period
40.00

P/R Deduction (\$20.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
DONNA MOORE

Mailing Address 913 SEDGE GARDEN RD
Suite 200

City State Zip Code
KERNERSVILLE NC 27284

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

Name of Employer Occupation
America Service Group, Inc Corporate Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY

Transaction ID: PR1045615719694

Amount of Each Receipt this Period
20.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	▶	60.00
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 8 / 13
	<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	

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

Full Name (Last, First, Middle Initial) A. JANE MANNIX-LACHNER		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 19569 TEQUESTA		Transaction ID: PR1299940619694	
City State Zip Code SUGARLOAF KEY FL 33042	Amount of Each Receipt this Period _____ 21.78		
FEC ID number of contributing federal political committee. C			
Name of Employer Prison Health Services, Inc.	Occupation Regional Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 228.69	P/R Deduction (\$10.89 Bi-Weekly)	

Full Name (Last, First, Middle Initial) B. BARBARA HOMER		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 119 SCHOONER KEY PLACE		Transaction ID: PR1299940719694	
City State Zip Code JACKSONVILLE FL 32218	Amount of Each Receipt this Period _____ 24.88		
FEC ID number of contributing federal political committee. C			
Name of Employer Prison Health Services	Occupation Regional VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 261.24	P/R Deduction (\$12.44 Bi-Weekly)	

Full Name (Last, First, Middle Initial) C. JAMES TINNEY		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 4903 RIDGE CREST CT		Transaction ID: PR1299940819694	
City State Zip Code FREDRICK MD 21702	Amount of Each Receipt this Period _____ 49.24		
FEC ID number of contributing federal political committee. C			
Name of Employer Prison Health Services	Occupation Regional Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 517.02	P/R Deduction (\$24.62 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 95.90
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 9 / 13
	<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	

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

A. Full Name (Last, First, Middle Initial) PABLO VITERI		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1299940919694	
Mailing Address PO BOX 289		Amount of Each Receipt this Period 19.76	
City THOMPSONS STATION	State TN	Zip Code 37179-0289	P/R Deduction (\$9.88 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Name of Employer Prison Health Services, Inc.	
Occupation District Vice President		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 207.48			

B. Full Name (Last, First, Middle Initial) GREGG SHOEMAKER		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1299941019694	
Mailing Address 7149 EST AVENIDA DEL RAY		Amount of Each Receipt this Period 43.58	
City PEORIA	State AZ	Zip Code 85383	P/R Deduction (\$21.79 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Name of Employer Prison Health Services	
Occupation Regional Vice President		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 457.59			

C. Full Name (Last, First, Middle Initial) MARLA BLUME		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1299941119694	
Mailing Address PO BOX 1087		Amount of Each Receipt this Period 50.00	
City PERRY	State FL	Zip Code 32348	P/R Deduction (\$25.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Name of Employer Prison Health Services	
Occupation Regional Vice President		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 0.00			

SUBTOTAL of Receipts This Page (optional) ▶	113.34
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 10 / 13
	<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	

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

Full Name (Last, First, Middle Initial) A. SCOTT KING		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1299941419694
Mailing Address 3910 TRIMBLE RD		Amount of Each Receipt this Period 24.62
City NASHVILLE	State TN	Zip Code 37215
FEC ID number of contributing federal political committee. C		P/R Deduction (\$12.31 Bi-Weekly)
Name of Employer Prison Health Services	Occupation VP General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 258.51	

Full Name (Last, First, Middle Initial) B. RICHARD HALLWORTH		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1299941519694
Mailing Address 178 CHARLESTON PARK		Amount of Each Receipt this Period 380.00
City NASHVILLE	State TN	Zip Code 37205
FEC ID number of contributing federal political committee. C		P/R Deduction (\$190.00 Bi-Weekly)
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 ▼ 3990.00	

Full Name (Last, First, Middle Initial) C. MICHAEL CATALANO		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR740402019694
Mailing Address 544 GRAND OAKS DRIVE		Amount of Each Receipt this Period 384.60
City BRENTWOOD	State TN	Zip Code 37027
FEC ID number of contributing federal political committee. C		P/R Deduction (\$192.30 Bi-Weekly)
Name of Employer America Service Group, Inc	Occupation President, CEO & Chairman	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4038.30	

SUBTOTAL of Receipts This Page (optional) ▶	789.22
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 11 / 13
	<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	

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

Full Name (Last, First, Middle Initial) A. SCOTT HOFFMAN		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 5609 OTTERSHAW CT		Transaction ID: PR740402719694
City State Zip Code BRENTWOOD TN 37027	Amount of Each Receipt this Period _____ 384.60	
FEC ID number of contributing federal political committee. C _____		
Name of Employer America Service Group, Inc	Occupation Senior Vice President & CAO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 4038.30	
		P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. JESSE HUBLING		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 9510 GRAND HAVEN DRIVE		Transaction ID: PR740402919694
City State Zip Code BRENTWOOD TN 37207	Amount of Each Receipt this Period _____ 152.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Prison Health Services, Inc	Occupation Vice President for Business Dev.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1596.00	
		P/R Deduction (\$76.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. CARL J KELDIE		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 6326 WESTCATES CT		Transaction ID: PR740403019694
City State Zip Code BRENTWOOD TN 37027	Amount of Each Receipt this Period _____ 400.00	
FEC ID number of contributing federal political committee. C _____		
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 ▼ _____ 4000.00	
		P/R Deduction (\$200.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶	_____ 936.60
TOTAL This Period (last page this line number only) ▶	_____

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 / 13

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. MARLA BLUME		Transaction ID: 14670178																					
Mailing Address PO BOX 1087		Date of Disbursement																					
City PERRY State FL Zip Code 32348		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>2</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	6	/	2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
1	0	/	2	6	/	2	0	0	7														
Purpose of Disbursement Refund of PAC Contributions		Amount of Each Disbursement this Period																					
Candidate Name		<table border="1"> <tr> <td>525.00</td> </tr> </table>		525.00																			
525.00																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Category/Type																					
State: District:		010																					
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Refund of PAC Contributions																					

SUBTOTAL of Disbursements This Page (optional)	▶	525.00
TOTAL This Period (last page this line number only)	▶	525.00