

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 06 01 2009 through 06 30 2009

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 James Sprouse

Signature of Treasurer Electronically Filed by James Sprouse Date 07 17 2009

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

Office Use Only									
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FEC FORM 3X
(Rev. 12/2004)

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
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><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>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		75518.16
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	84179.91									
(c) Total Receipts (from Line 19)	1849.20	12010.95								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	86029.11	87529.11								
7. Total Disbursements (from Line 31)	2150.00	3650.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	83879.11	83879.11								
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

Write or Type Committee Name

Prison Health Services, Inc. Political Action Committee

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

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		
(i) Itemized (use Schedule A)	1774.82	9843.05
(ii) Unitemized	74.38	2167.90
(iii) TOTAL (add Lines 11(a)(i) and (ii)	1849.20	12010.95
(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)	1849.20	12010.95
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))	1849.20	12010.95
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	1849.20	12010.95

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	2150.00	3650.00
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))..	2150.00	3650.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2150.00	3650.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)	1849.20	12010.95
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1849.20	12010.95
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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 11
(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
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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) RAYMOND LANGHAM		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
Mailing Address 608 REDLEAF RIDGE CR Suite 200		Transaction ID: PR1030174622546
City NASHVILLE	State Zip Code TN 37211	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Prison Health Services	Occupation VP of Human Resources	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

B.

Full Name (Last, First, Middle Initial) GEOFFREY PERSELAY		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
Mailing Address 35 SANDY HILL ROAD Webster Commons Building E		Transaction ID: PR1083045522546
City CHATHAM	State Zip Code NJ 07928	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Prison Health Services	Occupation Group Vice President of Operations	P/R Deduction (\$50.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

C.

Full Name (Last, First, Middle Initial) JOHN STAFFARONI		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
Mailing Address 220 LOPAX ROAD		Transaction ID: PR1299857222546
City HARRISBURG	State Zip Code PA 17112	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Prison Health Services	Occupation Regional Vice President	P/R Deduction (\$25.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	▶	190.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 7 / 11
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

<p>A. Full Name (Last, First, Middle Initial) LEE HARRINGTON</p> <p>Mailing Address 6 GRAYSTONE MANOR DRIVE</p> <p>City State Zip Code CAMP HILL PA 17011</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Prison Health Services Occupation: Vice President</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>	<p>Date of Receipt 06 / 30 / 2009</p> <p>Transaction ID: PR1299857322546</p> <p>Amount of Each Receipt this Period 50.00</p> <p>P/R Deduction (\$25.00 Bi-Weekly)</p>
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<p>B. Full Name (Last, First, Middle Initial) JAMES TINNEY</p> <p>Mailing Address 4903 RIDGE CREST CT</p> <p>City State Zip Code FREDRICK MD 21702</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Prison Health Services Occupation: Regional Vice President</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 320.06</p>	<p>Date of Receipt 06 / 30 / 2009</p> <p>Transaction ID: PR1299940822546</p> <p>Amount of Each Receipt this Period 49.24</p> <p>P/R Deduction (\$24.62 Bi-Weekly)</p>
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<p>C. Full Name (Last, First, Middle Initial) GREGG SHOEMAKER</p> <p>Mailing Address 7149 EST AVENIDA DEL RAY</p> <p>City State Zip Code PEORIA AZ 85383</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Prison Health Services Occupation: Regional Vice President</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 283.27</p>	<p>Date of Receipt 06 / 30 / 2009</p> <p>Transaction ID: PR1299941022546</p> <p>Amount of Each Receipt this Period 43.58</p> <p>P/R Deduction (\$21.79 Bi-Weekly)</p>
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SUBTOTAL of Receipts This Page (optional)	142.82
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 11

(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

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

A.

Full Name (Last, First, Middle Initial)
RICHARD HALLWORTH

Mailing Address 178 CHARLESTON PARK

City State Zip Code
NASHVILLE TN 37205

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

Name of Employer Occupation
Prison Health Services CEO/President/Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2470.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR1299941522546

Amount of Each Receipt this Period

380.00

P/R Deduction (\$190.00 Bi-Weekly)

B.

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

Mailing Address 9510 GRAND HAVEN DRIVE

City State Zip Code
BRENTWOOD TN 37207

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 988.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR740402922546

Amount of Each Receipt this Period

152.00

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

C.

Full Name (Last, First, Middle Initial)
CARL J KELDIE

Mailing Address 6326 WESTCATES CT

City State Zip Code
BRENTWOOD TN 37027

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

Name of Employer Occupation
Prison Health Services Corporate Medical Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2600.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR740403022546

Amount of Each Receipt this Period

400.00

P/R Deduction (\$200.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

932.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 11
(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

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

A.

Full Name (Last, First, Middle Initial)
LAWRENCE H POMEROY

Mailing Address 358 ARDSLEY PLACE

City State Zip Code
NASHVILLE TN 37215

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

Name of Employer Occupation
Prison Health Services SVP and Chief Development Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1495.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: PR740403422546

Amount of Each Receipt this Period
230.00

P/R Deduction (\$115.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
RODNEY HOLLIMAN

Mailing Address 5008 FOUNTAINHEAD DR

City State Zip Code
BRENTWOOD TN 37027

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

Name of Employer Occupation
Prison Health Services Group Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: PR862784222546

Amount of Each Receipt this Period
200.00

P/R Deduction (\$100.00 Bi-Weekly)

C.

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
Prison Health Services Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: PR919889622546

Amount of Each Receipt this Period
80.00

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

SUBTOTAL of Receipts This Page (optional)	510.00
TOTAL This Period (last page this line number only)	1774.82

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 10 / 11

<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 type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Committee to Retain Sheriff Pickell</p> <p>Mailing Address 727 Shady Brook Lane</p> <p>City Flushing State MI Zip Code 48433</p> <p>Purpose of Disbursement Robert Pickell, Local MI</p> <p>Candidate Name Robert Pickell</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 17255885 Date of Disbursement 06 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 400.00</p> <p>011 Category/ Type</p> <p>Robert Pickell, Local MI</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Friends of James Ed DeGrange</p> <p>Mailing Address 205 Second Ave., S.W.</p> <p>City Glen Burnie State MD Zip Code 21061</p> <p>Purpose of Disbursement James DeGrange, STATE SENATE 32nd MD</p> <p>Candidate Name MD Sen. James DeGrange, Sr.</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 17273562 Date of Disbursement 06 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p> <p>James DeGrange, STATE SEN- ATE 32nd MD</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Citizens for Steven J. DeBoy Sr</p> <p>Mailing Address 1810 Palo Circle</p> <p>City Baltimore State MD Zip Code 21227</p> <p>Purpose of Disbursement Steven DeBoy, STATE HOUSE 12th MD</p> <p>Candidate Name MD Del. Steven DeBoy, Sr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 12</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 17273569 Date of Disbursement 06 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>011 Category/ Type</p> <p>Steven DeBoy, STATE HOUSE 12th MD</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1150.00

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 11 / 11

<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 type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Full Name (Last, First, Middle Initial)
A Whole Lot of People Supporting John Cherry

Mailing Address PO Box 18189

City State Zip Code
Lansing MI 48901-8189

Purpose of Disbursement
John Cherry, Governor MI

Candidate Name
John Cherry

Office Sought: House
 Senate
 President

State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 17291505

Date of Disbursement

06 / 29 / 2009

Amount of Each Disbursement this Period

1000.00

John Cherry, Governor MI

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

TOTAL This Period (last page this line number only) ▶

2150.00