

# 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 04 01 2007 through 04 30 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 05 16 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
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	4

D	D
3	0

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 .....	42272.30									
(c) Total Receipts (from Line 19) .....	2813.40	11318.77								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	45085.70	46585.70								
7. Total Disbursements (from Line 31) .....	500.00	2000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	44585.70	44585.70								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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	4

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	4

D	D
3	0

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	2489.20	8388.80
(i) Itemized (use Schedule A) .....	324.20	2929.97
(ii) Unitemized .....	2813.40	11318.77
(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) .....	2813.40	11318.77
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)) .....	2813.40	11318.77
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	2813.40	11318.77

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	500.00	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 .....	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))..	500.00	2000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	500.00	2000.00

**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) .....	2813.40	11318.77
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2813.40	11318.77
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 7 / 10
	<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) <b>A. ANDREW SCHWARCZ</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 504 CABOT PLACE		<b>Transaction ID: PR1299941318853</b>
City <b>NASHVILLE</b>	State <b>TN</b>	Zip Code <b>37221</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>78.00</b>
Name of Employer Prison Health Services	Occupation <b>SVP, Chief Legal Officer/Secretary</b>	P/R Deduction (\$39.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>312.00</b>	

Full Name (Last, First, Middle Initial) <b>B. RICHARD HALLWORTH</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 4 DANA ROAD		<b>Transaction ID: PR1299941518853</b>
City <b>BOXFORD</b>	State <b>MA</b>	Zip Code <b>01921</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>380.00</b>
Name of Employer Prison Health Services	Occupation <b>CEO/President/Director</b>	P/R Deduction (\$190.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>1520.00</b>	

Full Name (Last, First, Middle Initial) <b>C. MICHAEL CATALANO</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 544 GRAND OAKS DRIVE		<b>Transaction ID: PR740402018853</b>
City <b>BRENTWOOD</b>	State <b>TN</b>	Zip Code <b>37027</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>384.60</b>
Name of Employer America Service Group, Inc	Occupation <b>President, CEO &amp; Chairman</b>	P/R Deduction (\$192.30 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>1538.40</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>842.60</b>
<b>TOTAL</b> 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 / 10
	<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

Full Name (Last, First, Middle Initial) <b>A. SCOTT HOFFMAN</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR740402718853
Mailing Address 5609 OTTERSHAW CT		Amount of Each Receipt this Period 384.60
City <b>BRENTWOOD</b>	State TN	Zip Code 37027
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$192.30 Bi-Weekly)
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 ▼ 1538.40	

Full Name (Last, First, Middle Initial) <b>B. JESSE HUBLING</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR740402918853
Mailing Address 9510 GRAND HAVEN DR		Amount of Each Receipt this Period 152.00
City <b>BRENTWOOD</b>	State TN	Zip Code 37207
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$76.00 Bi-Weekly)
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 ▼ 608.00	

Full Name (Last, First, Middle Initial) <b>C. CARL J KELDIE</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR740403018853
Mailing Address 11933 WINGED FOOT TERRACE		Amount of Each Receipt this Period 400.00
City <b>CORAL SPRINGS</b>	State FL	Zip Code 33071
FEC ID number of contributing federal political committee. <b>C</b>		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 ▼ 1400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	936.60
<b>TOTAL</b> 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 / 10
	<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

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

Full Name (Last, First, Middle Initial) <b>A. LAWRENCE H POMEROY</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 358 ARDSLEY PLACE		<b>Transaction ID: PR740403418853</b>	
City <b>NASHVILLE</b>	State TN	Zip Code 37215	Amount of Each Receipt this Period _____ 230.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
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 ▼ _____ 920.00		
		P/R Deduction (\$115.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>B. RODNEY HOLLIMAN</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 5008 FOUNTAINHEAD DR		<b>Transaction ID: PR862784218853</b>	
City <b>BRENTWOOD</b>	State TN	Zip Code 37027	Amount of Each Receipt this Period _____ 200.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
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 ▼ _____ 800.00		
		P/R Deduction (\$100.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>C. JOANNA GARCIA</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 520 HOPEWOOD CT Suite 200		<b>Transaction ID: PR919889618853</b>	
City <b>FRANKLIN</b>	State TN	Zip Code 37064	Amount of Each Receipt this Period _____ 80.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer America Service Group/PHS	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 320.00		
		P/R Deduction (\$40.00 Bi-Weekly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>510.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____ <b>2489.20</b>

**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 / 10

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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 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) <b>A. Menendez For Senate</b>		Transaction ID: 13992930 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 7	
Mailing Address P.O. Box 848		Amount of Each Disbursement this Period 500.00	
City Union City State NJ Zip Code 07087	Purpose of Disbursement Contribution	011 Category/ Type	
Candidate Name Rep. Robert Menendez	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NJ District:	Contribution		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>500.00</b>