

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 09 01 2006 through 09 30 2006

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 10 12 2006

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	9

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	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>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		52356.78
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	40022.31									
(c) Total Receipts (from Line 19)	3318.57	25944.45								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	43340.88	78301.23								
7. Total Disbursements (from Line 31)	4400.00	39360.35								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	38940.88	38940.88								
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	9

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

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	2751.20	22784.40
(i) Itemized (use Schedule A)	567.37	3140.47
(ii) Unitemized	3318.57	25924.87
(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)	3318.57	25924.87
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	19.58
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))	3318.57	25944.45
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	3318.57	25944.45

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	8960.35
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	8960.35
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.....	4400.00	30400.00
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))..	4400.00	39360.35
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	4400.00	39360.35

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)	3318.57	25924.87
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3318.57	25924.87
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	8960.35
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	8960.35

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 / 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

A. Full Name (Last, First, Middle Initial) RAYMOND LANGHAM		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1030174617527
Mailing Address 608 REDLEAF RIDGE CR Suite 200		Amount of Each Receipt this Period 40.00
City NASHVILLE State TN Zip Code 37211	FEC ID number of contributing federal political committee. C	
Name of Employer America Service Group, Inc Occupation VP of Human Resources	Aggregate Year-to-Date 380.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$20.00 Bi-Weekly)	

B. Full Name (Last, First, Middle Initial) Geoffrey Perselay		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1083045517527
Mailing Address 271 Grove Avenue Webster Commons Building E		Amount of Each Receipt this Period 100.00
City Verona State NJ Zip Code 07044	FEC ID number of contributing federal political committee. C	
Name of Employer Prison Health Services, Inc. Occupation Group Vice President of Operations	Aggregate Year-to-Date 950.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$50.00 Bi-Weekly)	

C. Full Name (Last, First, Middle Initial) RICHARD HALLWORTH		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1299941517527
Mailing Address 4 DANA ROAD		Amount of Each Receipt this Period 380.00
City BOXFORD State MA Zip Code 01921	FEC ID number of contributing federal political committee. C	
Name of Employer Prison Health Services Occupation CEO/President/Director	Aggregate Year-to-Date 570.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$190.00 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional) ▶	520.00
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 / 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	

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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) ▼ 3653.70

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

Transaction ID: PR740402017527

Amount of Each Receipt this Period
384.60

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

B. Full Name (Last, First, Middle Initial)
REGIS DORSCH

Mailing Address 1491 CHADLEWOOD DR

City State Zip Code
UPPER ST CLAIR PA 15241

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

Name of Employer Occupation
Prison Health Services, Inc Group Vice President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 3800.00

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

Transaction ID: PR740402417527

Amount of Each Receipt this Period
400.00

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

C. 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) ▼ 3653.70

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

Transaction ID: PR740402717527

Amount of Each Receipt this Period
384.60

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

SUBTOTAL of Receipts This Page (optional)	1169.20
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 / 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	

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

A. 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
Prison Health Services, Inc

Occupation
Vice President for Business Dev.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1444.00

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

Transaction ID: PR740402917527

Amount of Each Receipt this Period
152.00

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

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

Mailing Address 11933 WINGED FOOT TERRACE

City State Zip Code
CORAL SPRINGS FL 33071

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

Name of Employer
Prison Health Services, Inc

Occupation
Corporate Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3800.00

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

Transaction ID: PR740403017527

Amount of Each Receipt this Period
400.00

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

C. 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
America Service Group, Inc

Occupation
SVP and Chief Development Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2185.00

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

Transaction ID: PR740403417527

Amount of Each Receipt this Period
230.00

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

SUBTOTAL of Receipts This Page (optional)	782.00
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 9 / 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) A. RODNEY HOLLIMAN		Date of Receipt M M / D D / Y Y Y Y		
Mailing Address 5008 FOUNTAINHEAD DR		Transaction ID: PR862784217527		
City State Zip Code BRENTWOOD TN 37027	Amount of Each Receipt this Period 200.00		P/R Deduction (\$100.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. C				
Name of Employer Prison Health Services, Inc. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Group Vice President Aggregate Year-to-Date ▼ 1900.00			

Full Name (Last, First, Middle Initial) B. JOANNA GARCIA		Date of Receipt M M / D D / Y Y Y Y		
Mailing Address 520 HOPEWOOD CT Suite 200		Transaction ID: PR919889617527		
City State Zip Code FRANKLIN TN 37064	Amount of Each Receipt this Period 80.00		P/R Deduction (\$40.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. C				
Name of Employer America Service Group/PHS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Vice President Aggregate Year-to-Date ▼ 680.00			

SUBTOTAL of Receipts This Page (optional)	280.00
TOTAL This Period (last page this line number only)	2751.20

**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 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

Full Name (Last, First, Middle Initial) A. Doyle for Delegate		Transaction ID: 13007286 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 6
Mailing Address PO Box 1607		Amount of Each Disbursement this Period 1000.00
City Shepherdstown State WV Zip Code 25443	011 Category/ Type	
Purpose of Disbursement John Doyle, STATE HOUSE 57th WV		
Candidate Name WV Del. John Doyle		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 57	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	John Doyle, STATE HOUSE 57th WV

Full Name (Last, First, Middle Initial) B. Granholm for Governor		Transaction ID: 13007305 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address PO Box 17127		Amount of Each Disbursement this Period 3400.00
City Lansing State MI Zip Code 48901	011 Category/ Type	
Purpose of Disbursement Jennifer Granholm, GOVERNOR MI		
Candidate Name Jennifer Granholm		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Jennifer Granholm, GOVERNOR MI

SUBTOTAL of Disbursements This Page (optional)	4400.00
TOTAL This Period (last page this line number only)	4400.00