

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
New Orleans Regional Physician Hospital Organization Inc PAC

ADDRESS (number and street) 3838 N Causeway Blvd
Suite 2200
 Check if different than previously reported. (ACC)
Metairie LA 70002

2. **FEC IDENTIFICATION NUMBER** C00470260
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 (12S)
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 07 01 2010 through 09 30 2010

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 Kim Eller
Signature of Treasurer Electronically Filed by Kim Eller Date 10 06 2010

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									
-----------------	--	--	--	--	--	--	--	--	--

FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
New Orleans Regional Physician Hospital Organization Inc PAC

Report Covering the Period: From: To:

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <input type="text" value="2010"/>		0.00
(b) Cash on Hand at Beginning of Reporting Period	5124.00	
(c) Total Receipts (from Line 19)	2075.00	7225.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	7199.00	7225.00
7. Total Disbursements (from Line 31)	0.00	26.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	7199.00	7199.00
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

New Orleans Regional Physician Hospital Organization Inc PAC

Report Covering the Period: From: To:

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)	2075.00	5775.00
(ii) Unitemized	0.00	1450.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	2075.00	7225.00
(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)	2075.00	7225.00
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))	2075.00	7225.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	2075.00	7225.00

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	26.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	26.00
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	0.00
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	26.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	26.00

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	2075.00	7225.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2075.00	7225.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	26.00
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	26.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 6 / 9
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 12
<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)
New Orleans Regional Physician Hospital Organization Inc PAC

A.	Full Name (Last, First, Middle Initial) Kim Eller		Date of Receipt
	Mailing Address 7313 Stoneleigh Dr		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Harahan	LA	70123
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4137
Name of Employer Peoples Health Network		Occupation CFO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="150.00"/>
		<input type="text" value="275.00"/>	Individual Contribution

B.	Full Name (Last, First, Middle Initial) Emmet Geary		Date of Receipt
	Mailing Address 3134 State Street Dr		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	New Orleans	LA	70125
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4141
Name of Employer Peoples Health Network		Occupation Controller	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="150.00"/>
		<input type="text" value="300.00"/>	Individual Contribution

C.	Full Name (Last, First, Middle Initial) Barbara Guerard		Date of Receipt
	Mailing Address 14 Muirfield Pl		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	New Orleans	LA	70131
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4144
Name of Employer Peoples Health Network		Occupation VP - Health Services	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="150.00"/>
		<input type="text" value="300.00"/>	Individual Contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="450.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 7 / 9
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
New Orleans Regional Physician Hospital Organization Inc PAC

A. Full Name (Last, First, Middle Initial)
Colin Hulin

Mailing Address 11 Ranier St

City State Zip Code
Kenner LA 70065

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Peoples Health Network CIO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 30 / 2010
Transaction ID: SA11AI.4147

Amount of Each Receipt this Period 150.00

Individual Contribution

B. Full Name (Last, First, Middle Initial)
Kristie Marino

Mailing Address 23 Everglade St

City State Zip Code
Kenner LA 70065

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Peoples Health Network Asst VP - Decision Support

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 30 / 2010
Transaction ID: SA11AI.4150

Amount of Each Receipt this Period 150.00

Individual Contribution

C. Full Name (Last, First, Middle Initial)
Macon Moore

Mailing Address 3301 Constance St

City State Zip Code
New Orleans LA 70115

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Peoples Health Network VP - Business Development

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 30 / 2010
Transaction ID: SA11AI.4153

Amount of Each Receipt this Period 150.00

Individual Contribution

SUBTOTAL of Receipts This Page (optional) 450.00

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: (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"/> 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)
New Orleans Regional Physician Hospital Organization Inc PAC

A.	Full Name (Last, First, Middle Initial) Warren Murrell		Date of Receipt
	Mailing Address 2 Tara Ln		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 30 / 2010
	City	State	Zip Code
	Mandeville	LA	70471
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4156
Name of Employer Peoples Health Network		Occupation COO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 150.00
		<input type="text"/> 300.00	Individual Contribution

B.	Full Name (Last, First, Middle Initial) Mike Putiak		Date of Receipt
	Mailing Address 924 Belle Castle		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 30 / 2010
	City	State	Zip Code
	New Orleans	LA	70115
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4159
Name of Employer Peoples Health Network		Occupation CMO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 150.00
		<input type="text"/> 275.00	Individual Contribution

C.	Full Name (Last, First, Middle Initial) Kevin Roache		Date of Receipt
	Mailing Address 2071 Timbercreek Ln		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 30 / 2010
	City	State	Zip Code
	Mandeville	LA	70448
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4162
Name of Employer Peoples Health Network		Occupation VP - Medical Affairs	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 150.00
		<input type="text"/> 300.00	Individual Contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 450.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 9
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
New Orleans Regional Physician Hospital Organization Inc PAC

<p>A. Full Name (Last, First, Middle Initial) Michael Robert</p> <p>Mailing Address 79373 Fitzgerald Church Rd</p> <p>City State Zip Code Covington LA 70435</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Peoples Health Network VP - Audit/Compliance</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 275.00</p>	<p>Date of Receipt 09 / 30 / 2010</p> <p>Transaction ID: SA11AI.4173</p> <p>Amount of Each Receipt this Period 275.00</p> <p>Individual Contribution</p>
---	---

<p>B. Full Name (Last, First, Middle Initial) Greg Ruppert</p> <p>Mailing Address 97 Marie Dr</p> <p>City State Zip Code Gretna LA 70053</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Peoples Health Network AVP - Human Resources</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 09 / 30 / 2010</p> <p>Transaction ID: SA11AI.4165</p> <p>Amount of Each Receipt this Period 150.00</p> <p>Individual Contribution</p>
---	---

<p>C. Full Name (Last, First, Middle Initial) Carol Solomon</p> <p>Mailing Address 1750 St Charles Ave Apt 316</p> <p>City State Zip Code New Orleans LA 70130</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Peoples Health Network CEO</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1600.00</p>	<p>Date of Receipt 09 / 30 / 2010</p> <p>Transaction ID: SA11AI.4168</p> <p>Amount of Each Receipt this Period 300.00</p> <p>Individual Contribution</p>
--	---

SUBTOTAL of Receipts This Page (optional)	725.00
TOTAL This Period (last page this line number only)	2075.00