

# 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 2007 through 09 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 10 17 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**

FEC Form 3X (Rev. 02/2003)

Page 2

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	7

 To: 

M	M
0	9

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 .....	56044.83									
(c) Total Receipts (from Line 19) .....	2715.06	26644.96								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	58759.89	61911.89								
7. Total Disbursements (from Line 31) .....	0.00	3152.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	58759.89	58759.89								
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	9

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	9

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	2665.30	23048.69
(i) Itemized (use Schedule A) .....	49.76	3596.27
(ii) Unitemized .....	2715.06	26644.96
(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	26644.96
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	26644.96
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	2715.06	26644.96

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A</b> Total This Period	<b>COLUMN B</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 .....	0.00	624.00
(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	624.00
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))..	0.00	3152.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	0.00	3152.00

**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	26644.96
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	624.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2715.06	26020.96
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 / 11
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) RAYMOND LANGHAM		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1030174619560
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. <b>C</b>	
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>B.</b> Full Name (Last, First, Middle Initial) GEOFFREY PERSELAY		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1083045519560
Mailing Address 35 Sandy Hill Rd. Webster Commons Building E		Amount of Each Receipt this Period 100.00
City Chatham State NJ Zip Code 07928-1556	FEC ID number of contributing federal political committee. <b>C</b>	
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)	

<b>C.</b> Full Name (Last, First, Middle Initial) JOHN STAFFARONI		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1299857219560
Mailing Address 220 LOPAX ROAD		Amount of Each Receipt this Period 50.00
City HARRISBURG State PA Zip Code 17112	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Prison Health Services Occupation Regional Vice President	Aggregate Year-to-Date 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$25.00 Bi-Weekly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	190.00
<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 7 / 11
	<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) <b>A. LEE HARRINGTON</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 6 GRAYSTONE MANOR DRIVE		<b>Transaction ID: PR1299857319560</b>
City State Zip Code CAMP HILL PA 17011	Amount of Each Receipt this Period _____ 50.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Prison Health Services	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 500.00	P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. JANE MANNIX-LACHNER</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 19569 TEQUESTA		<b>Transaction ID: PR1299940619560</b>
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 ▼ _____ 206.91	P/R Deduction (\$10.89 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. BARBARA HOMER</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 119 SCHOONER KEY PLACE		<b>Transaction ID: PR1299940719560</b>
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 ▼ _____ 236.36	P/R Deduction (\$12.44 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>96.66</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 / 11
	<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. JAMES TINNEY</b>		Date of Receipt
Mailing Address 4903 RIDGE CREST CT		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
FREDRICK	MD	21702
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR1299940819560
Name of Employer Prison Health Services		Amount of Each Receipt this Period
Occupation Regional Vice President		<input type="text"/> 49.24
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/> 467.78	P/R Deduction (\$24.62 Bi-Weekly)
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. GREGG SHOEMAKER</b>		Date of Receipt
Mailing Address 7149 EST AVENIDA DEL RAY		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
PEORIA	AZ	85383
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR1299941019560
Name of Employer Prison Health Services		Amount of Each Receipt this Period
Occupation Regional Vice President		<input type="text"/> 43.58
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/> 414.01	P/R Deduction (\$21.79 Bi-Weekly)
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. MARLA BLUME</b>		Date of Receipt
Mailing Address PO BOX 1087		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
PERRY	FL	32348
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR1299941119560
Name of Employer Prison Health Services		Amount of Each Receipt this Period
Occupation Regional Vice President		<input type="text"/> 50.00
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/> 475.00	P/R Deduction (\$25.00 Bi-Weekly)
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 142.82
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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 / 11
	<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)  
SCOTT KING

Mailing Address 3910 TRIMBLE RD

City State Zip Code  
NASHVILLE TN 37215

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

Name of Employer Occupation  
Prison Health Services VP General Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 233.89

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

**Transaction ID:** PR1299941419560

Amount of Each Receipt this Period  
24.62

P/R Deduction (\$12.31 Bi-Weekly)

**B.** 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 ▼ 3610.00

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

**Transaction ID:** PR1299941519560

Amount of Each Receipt this Period  
380.00

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

**C.** 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:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3653.70

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

**Transaction ID:** PR740402019560

Amount of Each Receipt this Period  
384.60

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>789.22</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 10 / 11
	<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)  
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:** PR740402719560

Amount of Each Receipt this Period  
384.60

P/R Deduction (\$192.30 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, Inc Vice President for Business Dev.

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1444.00

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

**Transaction ID:** PR740402919560

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, Inc Corporate Medical Director

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 3600.00

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

**Transaction ID:** PR740403019560

Amount of Each Receipt this Period  
400.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>936.60</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

