

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, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post-Election Report for the: General, Runoff, Special

5. Covering Period 03 01 2009 through 03 31 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 04 06 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 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	3

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	3

D	D
3	1

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" 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>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	78762.71									
(c) Total Receipts (from Line 19)	1849.20	5593.75								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	80611.91	81111.91								
7. Total Disbursements (from Line 31)	500.00	1000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	80111.91	80111.91								
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	3

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	3

D	D
3	1

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	1542.00	3914.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	307.20	1679.75
(iii) TOTAL (add Lines 11(a)(i) and (ii)	1849.20	5593.75
(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	5593.75
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	5593.75
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	1849.20	5593.75

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	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.....	500.00	1000.00
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	1000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	500.00	1000.00

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)	1849.20	5593.75
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	5593.75
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 / 9
(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)
GEOFFREY PERSELAY

Mailing Address 35 SANDY HILL ROAD
Webster Commons Building E

City CHATHAM State NJ Zip Code 07928

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

Name of Employer Prison Health Services Occupation Group Vice President of Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 31 / 2009
Transaction ID: PR1083045522247
Amount of Each Receipt this Period 100.00
P/R Deduction (\$50.00 Bi-Weekly)

B.

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

Mailing Address 178 CHARLESTON PARK

City NASHVILLE State TN Zip Code 37205

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1140.00

Date of Receipt 03 / 31 / 2009
Transaction ID: PR1299941522247
Amount of Each Receipt this Period 380.00
P/R Deduction (\$190.00 Bi-Weekly)

C.

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

Mailing Address 9510 GRAND HAVEN DRIVE

City BRENTWOOD State TN Zip Code 37207

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 456.00

Date of Receipt 03 / 31 / 2009
Transaction ID: PR740402922247
Amount of Each Receipt this Period 152.00
P/R Deduction (\$76.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ **632.00**

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 7 / 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

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

A.	Full Name (Last, First, Middle Initial) CARL J KELDIE	Date of Receipt MM / DD / YYYY 03 / 31 / 2009
	Mailing Address 6326 WESTCATES CT	Transaction ID: PR740403022247
	City State Zip Code BRENTWOOD TN 37027	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$200.00 Bi-Weekly)
	Name of Employer: Prison Health Services Occupation: Corporate Medical Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date: 1200.00	

B.	Full Name (Last, First, Middle Initial) LAWRENCE H POMEROY	Date of Receipt MM / DD / YYYY 03 / 31 / 2009
	Mailing Address 358 ARDSLEY PLACE	Transaction ID: PR740403422247
	City State Zip Code NASHVILLE TN 37215	Amount of Each Receipt this Period 230.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$115.00 Bi-Weekly)
	Name of Employer: Prison Health Services 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: 690.00	

C.	Full Name (Last, First, Middle Initial) RODNEY HOLLIMAN	Date of Receipt MM / DD / YYYY 03 / 31 / 2009
	Mailing Address 5008 FOUNTAINHEAD DR	Transaction ID: PR862784222247
	City State Zip Code BRENTWOOD TN 37027	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$100.00 Bi-Weekly)
	Name of Employer: Prison Health Services Occupation: Group Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date: 600.00	

SUBTOTAL of Receipts This Page (optional)	830.00
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 8 / 9	
	(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"/> 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) JOANNA GARCIA		Date of Receipt	
	Mailing Address 520 HOPEWOOD CT Suite 200		M M / D D / Y Y Y Y 03 / 31 / 2009	
	City	State	Zip Code	Transaction ID: PR919889622247
	FRANKLIN	TN	37064	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C		80.00	
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 ▼ 240.00		
				P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	80.00
TOTAL This Period (last page this line number only)	1542.00

**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 9 / 9

<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)
Mike Cox for Attorney General

Transaction ID: 16942381

Date of Disbursement

Mailing Address PO Box 532197

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	0	9

City Livonia State MI Zip Code 48153

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
Mike Cox, Attorney General MI

011
Category/ Type

Candidate Name
Mike Cox

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Mike Cox, Attorney General
MI

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

500.00

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

500.00
