

# 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 08 01 2007 through 08 31 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 09 18 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	8

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	8

D	D
3	1

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 .....	53839.43									
(c) Total Receipts (from Line 19) .....	2829.40	23929.90								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	56668.83	59196.83								
7. Total Disbursements (from Line 31) .....	624.00	3152.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	56044.83	56044.83								
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	8

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	8

D	D
3	1

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	2732.52	20383.39
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	96.88	3546.51
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	2829.40	23929.90
(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) .....	2829.40	23929.90
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)) .....	2829.40	23929.90
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	2829.40	23929.90

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<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	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 .....	624.00	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)) .....	624.00	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))..	624.00	3152.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	624.00	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) .....	2829.40	23929.90
34. Total Contribution Refunds (from Line 28(d)) .....	624.00	624.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2205.40	23305.90
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 / 13
	<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)  
ANDREW SCHWARCZ

Mailing Address 504 CABOT PLACE

City State Zip Code  
NASHVILLE TN 37221

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

Name of Employer Occupation  
Prison Health Services SVP, Chief Legal Officer/Secretary

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
08 / 31 / 2007

Transaction ID: 14563506

Amount of Each Receipt this Period  
0.00

**[MEMO ITEM]**  
Refund(s) on Schedule B  
Totaling \$624.00 This changes the YTD Total to \$0.-00

**B.** Full Name (Last, First, Middle Initial)  
RAYMOND LANGHAM

Mailing Address 608 REDLEAF RIDGE CR  
Suite 200

City State Zip Code  
NASHVILLE TN 37211

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

Name of Employer Occupation  
America Service Group, Inc VP of Human Resources

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt

Transaction ID: PR1030174619444

Amount of Each Receipt this Period  
40.00

P/R Deduction (\$20.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
GEOFFREY PERSELAY

Mailing Address 1532 LONG MEADOW ROAD  
Webster Commons Building E

City State Zip Code  
MOUNTAINSIDE NJ 07092

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt

Transaction ID: PR1083045519444

Amount of Each Receipt this Period  
100.00

P/R Deduction (\$50.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	140.00
<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 / 13
	<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. JOHN STAFFARONI</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 220 LOPAX ROAD		<b>Transaction ID: PR1299857219444</b>
City <b>HARRISBURG</b>	State <b>PA</b>	Zip Code <b>17112</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>75.00</b>
Name of Employer Prison Health Services	Occupation Regional Vice President	P/R Deduction (\$25.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>450.00</b>	

Full Name (Last, First, Middle Initial) <b>B. LEE HARRINGTON</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 6 GRAYSTONE MANOR DRIVE		<b>Transaction ID: PR1299857319444</b>
City <b>CAMP HILL</b>	State <b>PA</b>	Zip Code <b>17011</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>75.00</b>
Name of Employer Prison Health Services	Occupation Vice President	P/R Deduction (\$25.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>450.00</b>	

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: PR1299940719444</b>
City <b>JACKSONVILLE</b>	State <b>FL</b>	Zip Code <b>32218</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>24.88</b>
Name of Employer Prison Health Services	Occupation Regional VP	P/R Deduction (\$12.44 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>211.48</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>174.88</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 / 13
	<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)  
JAMES TINNEY

Mailing Address 4903 RIDGE CREST CT

City State Zip Code  
FREDRICK MD 21702

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

Name of Employer Occupation  
Prison Health Services Regional Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 418.54

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

**Transaction ID:** PR1299940819444

Amount of Each Receipt this Period  
49.24

P/R Deduction (\$24.62 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
GREGG SHOEMAKER

Mailing Address 7149 EST AVENIDA DEL RAY

City State Zip Code  
PEORIA AZ 85383

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

Name of Employer Occupation  
Prison Health Services Regional Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 370.43

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

**Transaction ID:** PR1299941019444

Amount of Each Receipt this Period  
43.58

P/R Deduction (\$21.79 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
MARLA BLUME

Mailing Address PO BOX 1087

City State Zip Code  
PERRY FL 32348

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

Name of Employer Occupation  
Prison Health Services Regional Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

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

**Transaction ID:** PR1299941119444

Amount of Each Receipt this Period  
50.00

P/R Deduction (\$25.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>142.82</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 / 13
	<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. MICHAEL CATALANO</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR740402019444
Mailing Address 544 GRAND OAKS DRIVE		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 President, CEO & Chairman	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3269.10	

Full Name (Last, First, Middle Initial) <b>B. SCOTT HOFFMAN</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR740402719444
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 ▼ 3269.10	

Full Name (Last, First, Middle Initial) <b>C. JESSE HUBLING</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR740402919444
Mailing Address 9510 GRAND HAVEN DRIVE		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 ▼ 1292.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	921.20
<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 11 / 13
	<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

**A.** 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  
Prison Health Services, Inc

Occupation  
Corporate Medical Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3200.00

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

**Transaction ID:** PR740403019444

Amount of Each Receipt this Period  
400.00

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

**B.** 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 ▼  
1955.00

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

**Transaction ID:** PR740403419444

Amount of Each Receipt this Period  
230.00

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

**C.** Full Name (Last, First, Middle Initial)  
RODNEY HOLLIMAN

Mailing Address 5008 FOUNTAINHEAD DR

City State Zip Code  
BRENTWOOD TN 37027

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

Name of Employer  
Prison Health Services, Inc

Occupation  
Group Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1700.00

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

**Transaction ID:** PR862784219444

Amount of Each Receipt this Period  
200.00

P/R Deduction (\$100.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>830.00</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:		PAGE 12 / 13	
	(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

Mailing Address 520 HOPEWOOD CT  
Suite 200

City State Zip Code  
FRANKLIN TN 37064

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

Name of Employer Occupation  
America Service Group/PHS Vice President

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
680.00

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

**Transaction ID:** PR919889619444

Amount of Each Receipt this Period  
80.00

P/R Deduction (\$40.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>80.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>2732.52</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 13 / 13

<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 checked="" 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)

**A.** ANDREW SCHWARCZ

Mailing Address 504 CABOT PLACE

City NASHVILLE State TN Zip Code 37221

Purpose of Disbursement  
Refund of PAC Contribution

Candidate Name

010  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 14495891

Date of Disbursement

08 / 24 / 2007

Amount of Each Disbursement this Period

624.00

Refund of PAC Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

624.00

**TOTAL** This Period (last page this line number only) .....

624.00