

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 11 01 2009 through 11 30 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 12 18 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.

Table with 10 columns and 1 row. Column 1: Office Use Only. Column 2-10: Empty. Column 11: 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
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	1

D	D
3	0

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"><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	81700.51									
(c) Total Receipts (from Line 19)	1849.20	22181.55								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	83549.71	97699.71								
7. Total Disbursements (from Line 31)	1000.00	15150.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	82549.71	82549.71								
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

Write or Type Committee Name

Prison Health Services, Inc. Political Action Committee

Report Covering the Period: From:

M	M
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	1

D	D
3	0

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		
(i) Itemized (use Schedule A)	1839.20	19814.75
(ii) Unitemized	10.00	2366.80
(iii) TOTAL (add Lines 11(a)(i) and (ii)	1849.20	22181.55
(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	22181.55
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	22181.55
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	1849.20	22181.55

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	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.....	1000.00	15150.00
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))..	1000.00	15150.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1000.00	15150.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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	22181.55
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	22181.55
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: (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

A.	Full Name (Last, First, Middle Initial) RAYMOND LANGHAM	Date of Receipt MM / DD / YYYY 11 / 30 / 2009
	Mailing Address 608 REDLEAF RIDGE CR Suite 200	Transaction ID: PR1030174623046
	City NASHVILLE State TN Zip Code 37211	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
	Name of Employer Prison Health Services Occupation VP of Human Resources	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

B.	Full Name (Last, First, Middle Initial) DONNA MOORE	Date of Receipt MM / DD / YYYY 11 / 30 / 2009
	Mailing Address 913 SEDGE GARDEN RD Suite 200	Transaction ID: PR1045615723046
	City KERNERSVILLE State NC Zip Code 27284	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Bi-Weekly)
	Name of Employer Prison Health Services Occupation Corporate Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

C.	Full Name (Last, First, Middle Initial) GEOFFREY PERSELAY	Date of Receipt MM / DD / YYYY 11 / 30 / 2009
	Mailing Address 35 SANDY HILL ROAD Webster Commons Building E	Transaction ID: PR1083045523046
	City CHATHAM State NJ Zip Code 07928	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Bi-Weekly)
	Name of Employer Prison Health Services Occupation Group Vice President of Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

SUBTOTAL of Receipts This Page (optional)	▶	160.00
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 7 / 11
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

<p>A. Full Name (Last, First, Middle Initial) JOHN STAFFARONI</p> <p>Mailing Address 220 LOPAX ROAD</p> <p>City State Zip Code HARRISBURG PA 17112</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Prison Health Services Occupation: Regional Vice President</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 575.00</p>	<p>Date of Receipt MM / DD / YYYY 11 / 30 / 2009</p> <p>Transaction ID: PR1299857223046</p> <p>Amount of Each Receipt this Period 50.00</p> <p>P/R Deduction (\$25.00 Bi-Weekly)</p>
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<p>B. Full Name (Last, First, Middle Initial) LEE HARRINGTON</p> <p>Mailing Address 6 GRAYSTONE MANOR DRIVE</p> <p>City State Zip Code CAMP HILL PA 17011</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Prison Health Services Occupation: Vice President</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 575.00</p>	<p>Date of Receipt MM / DD / YYYY 11 / 30 / 2009</p> <p>Transaction ID: PR1299857323046</p> <p>Amount of Each Receipt this Period 50.00</p> <p>P/R Deduction (\$25.00 Bi-Weekly)</p>
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<p>C. Full Name (Last, First, Middle Initial) JAMES TINNEY</p> <p>Mailing Address 4903 RIDGE CREST CT</p> <p>City State Zip Code FREDRICK MD 21702</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Prison Health Services Occupation: Regional Vice President</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 590.88</p>	<p>Date of Receipt MM / DD / YYYY 11 / 30 / 2009</p> <p>Transaction ID: PR1299940823046</p> <p>Amount of Each Receipt this Period 49.24</p> <p>P/R Deduction (\$24.62 Bi-Weekly)</p>
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SUBTOTAL of Receipts This Page (optional)	149.24
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 / 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)
PABLO VITERI

Mailing Address PO BOX 289

City THOMPSONS STATION State TN Zip Code 37179

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

Name of Employer: Prison Health Services Occupation: District Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 237.12

Date of Receipt: 11 / 30 / 2009

Transaction ID: PR1299940923046

Amount of Each Receipt this Period: 19.76

P/R Deduction (\$9.88 Bi-Weekly)

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

Mailing Address 7149 EST AVENIDA DEL RAY

City PEORIA State AZ Zip Code 85383

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

Name of Employer: Prison Health Services Occupation: Regional Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 522.96

Date of Receipt: 11 / 30 / 2009

Transaction ID: PR1299941023046

Amount of Each Receipt this Period: 43.58

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

C. Full Name (Last, First, Middle Initial)
SCOTT KING

Mailing Address 3910 TRIMBLE RD

City NASHVILLE State TN Zip Code 37215

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

Name of Employer: Prison Health Services Occupation: VP General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 295.44

Date of Receipt: 11 / 30 / 2009

Transaction ID: PR1299941423046

Amount of Each Receipt this Period: 24.62

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

SUBTOTAL of Receipts This Page (optional) **87.96**

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 9 / 11
(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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NAME OF COMMITTEE (In Full)
Prison Health Services, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial) RICHARD HALLWORTH		Date of Receipt MM / DD / YYYY 11 / 30 / 2009
Mailing Address 178 CHARLESTON PARK		Transaction ID: PR1299941523046
City NASHVILLE	State TN	Zip Code 37205
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 380.00
Name of Employer Prison Health Services	Occupation CEO/President/Director	P/R Deduction (\$190.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4560.00	

B.

Full Name (Last, First, Middle Initial) JESSE HUBLING		Date of Receipt MM / DD / YYYY 11 / 30 / 2009
Mailing Address 9510 GRAND HAVEN DRIVE		Transaction ID: PR740402923046
City BRENTWOOD	State TN	Zip Code 37207
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 152.00
Name of Employer Prison Health Services	Occupation Vice President for Business Dev.	P/R Deduction (\$76.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1824.00	

C.

Full Name (Last, First, Middle Initial) CARL J KELDIE		Date of Receipt MM / DD / YYYY 11 / 30 / 2009
Mailing Address 6326 WESTCATES CT		Transaction ID: PR740403023046
City BRENTWOOD	State TN	Zip Code 37027
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Prison Health Services	Occupation Corporate Medical Director	P/R Deduction (\$200.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4800.00	

SUBTOTAL of Receipts This Page (optional)	932.00
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 10 / 11
(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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NAME OF COMMITTEE (In Full)
Prison Health Services, Inc. Political Action Committee

A.

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 Occupation
Prison Health Services SVP and Chief Development Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2760.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR740403423046

Amount of Each Receipt this Period
230.00

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

B.

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 Occupation
Prison Health Services Group Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR862784223046

Amount of Each Receipt this Period
200.00

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

C.

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
Prison Health Services Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 960.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: PR919889623046

Amount of Each Receipt this Period
80.00

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

SUBTOTAL of Receipts This Page (optional)	510.00
TOTAL This Period (last page this line number only)	1839.20

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)

<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) Pearce Exploratory Committee Mailing Address 1247 E. Inca Street City Mesa State AZ Zip Code 85203 Purpose of Disbursement Russell Pearce, STATE SENATE 18th AZ Candidate Name AZ Sen. Russell Pearce Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 17694831 Date of Disbursement 11 / 10 / 2009 Amount of Each Disbursement this Period 250.00 Russell Pearce, STATE SEN- ATE 18th AZ
B.	Full Name (Last, First, Middle Initial) Steve Pierce for Senate Mailing Address 14000 N 7V Ranch Road City Prescott State AZ Zip Code 85305 Purpose of Disbursement Steve Pierce, STATE SENATE 1st AZ Candidate Name AZ Sen. Steve Pierce Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 17694832 Date of Disbursement 11 / 10 / 2009 Amount of Each Disbursement this Period 250.00 Steve Pierce, STATE SENATE 1st AZ
C.	Full Name (Last, First, Middle Initial) Friends of Verna L. Jones Mailing Address 1010 Hull Street, Suite 202 City Baltimore State MD Zip Code 21230 Purpose of Disbursement Verna Jones, STATE SENATE 44th MD Candidate Name MD Sen. Verna Jones Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 17716175 Date of Disbursement 11 / 24 / 2009 Amount of Each Disbursement this Period 500.00 Verna Jones, STATE SENATE 44th MD

SUBTOTAL of Disbursements This Page (optional) ▶	1000.00
TOTAL This Period (last page this line number only) ▶	1000.00