

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
Surgical Institute of Reading - PAC

ADDRESS (number and street) 2752 Century Blvd
 Check if different than previously reported. (ACC)
Wyomissing PA 19610-3345

2. **FEC IDENTIFICATION NUMBER** C00466771
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 09 2009 through 12 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 Stephen Banco
Signature of Treasurer Electronically Filed by Stephen Banco Date 04 29 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
Surgical Institute of Reading - PAC

Report Covering the Period: From:

M	M
0	9

D	D
0	9

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

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"><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		0.00
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	0.00									
(c) Total Receipts (from Line 19)	90000.00	90000.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	90000.00	90000.00								
7. Total Disbursements (from Line 31)	29148.96	29148.96								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	60851.04	60851.04								
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
Surgical Institute of Reading - PAC

Report Covering the Period: From:

M	M
0	9

D	D
0	9

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

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		
(i) Itemized (use Schedule A)	90000.00	90000.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	90000.00	90000.00
(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)	90000.00	90000.00
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))	90000.00	90000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	90000.00	90000.00

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.....	576.00	576.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	576.00	576.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	20000.00	20000.00
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.....	8572.96	8572.96
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))..	29148.96	29148.96
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	29148.96	29148.96

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)	90000.00	90000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	90000.00	90000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	576.00	576.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	576.00	576.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 24
(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)
Surgical Institute of Reading - PAC

A. Full Name (Last, First, Middle Initial)
David Allen

Mailing Address 6 Bordeau Drive

City State Zip Code
Mohnton PA 19540

FEC ID number of contributing federal political committee. C

Name of Employer: Surgical Institute of Reading
Occupation: Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt MM / DD / YYYY
10 / 12 / 2009

Transaction ID: SA11AI.4100

Amount of Each Receipt this Period 2500.00

B. Full Name (Last, First, Middle Initial)
David Ayers

Mailing Address 11221 Roe Avenue Suite 310

City State Zip Code
Leawood KS 66211

FEC ID number of contributing federal political committee. C

Name of Employer: Nueterra Healthcare LLC
Occupation: President, Surgical Facilities Div.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt MM / DD / YYYY
10 / 05 / 2009

Transaction ID: SA11AI.4164

Amount of Each Receipt this Period 1785.71

relates to Nueterra LLC contribution

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Stephen Banco

Mailing Address 1816 Reading Blvd

City State Zip Code
Wyomssing PA 19610

FEC ID number of contributing federal political committee. C

Name of Employer: Surgical Institute of Reading
Occupation: Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt MM / DD / YYYY
09 / 18 / 2009

Transaction ID: SA11AI.4099

Amount of Each Receipt this Period 5000.00

SUBTOTAL of Receipts This Page (optional) 7500.00

TOTAL This Period (last page this line number only)

B. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.4164**

David's contribution makes up a part of the total contribution for Nueterra Holdings LLC.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 24
(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)
Surgical Institute of Reading - PAC

A.

Full Name (Last, First, Middle Initial)
Thomas Beetel

Mailing Address 967 Imperial Drive

City Mohnnton State PA Zip Code 19540

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

Name of Employer Surgical Institute of Reading Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 09 / 25 / 2009
Transaction ID: SA11AI.4102
 Amount of Each Receipt this Period: 5000.00

B.

Full Name (Last, First, Middle Initial)
Tonie Crandall

Mailing Address 2387 Welsh Road

City Mohnnton State PA Zip Code 19540

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

Name of Employer Surgical Institute of Reading Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 09 / 21 / 2009
Transaction ID: SA11AI.4104
 Amount of Each Receipt this Period: 5000.00

C.

Full Name (Last, First, Middle Initial)
Jeffrey Driben

Mailing Address 1894 Brandywine Court

City Wyomissing State PA Zip Code 19610

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

Name of Employer Surgical Institute of Reading Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 09 / 21 / 2009
Transaction ID: SA11AI.4106
 Amount of Each Receipt this Period: 5000.00

SUBTOTAL of Receipts This Page (optional) ► **15000.00**

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 9 / 24
(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
							17

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NAME OF COMMITTEE (In Full)
Surgical Institute of Reading - PAC

<p>A. Full Name (Last, First, Middle Initial) Tammy Duckworth-Ham</p> <p>Mailing Address 11221 Roe Avenue Suite 310</p> <p>City Leawood State KS Zip Code 66211</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Nueterra Healthcare LLC Occupation President, Surgical Specialty Div.</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 9</p> <p>Transaction ID: SA11AI.4166</p> <p>Amount of Each Receipt this Period 1785.71</p> <p>relates to Nueterra LLC contribution</p> <p>[MEMO ITEM]</p>
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<p>B. Full Name (Last, First, Middle Initial) Stephen Fehnel</p> <p>Mailing Address 410 North Tulpehocken road</p> <p>City Reading State PA Zip Code 19601</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Surgical Institute of Reading Occupation Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼</p> <p style="text-align: right;">5000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 9</p> <p>Transaction ID: SA11AI.4108</p> <p>Amount of Each Receipt this Period 5000.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Robert Howard</p> <p>Mailing Address 12 Mildred Lane</p> <p>City Fleetwood State PA Zip Code 19522</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Surgical Institute of Reading Occupation Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼</p> <p style="text-align: right;">5000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 9</p> <p>Transaction ID: SA11AI.4110</p> <p>Amount of Each Receipt this Period 5000.00</p>
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SUBTOTAL of Receipts This Page (optional)	10000.00
TOTAL This Period (last page this line number only)	

A. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.4166**

Tammy's contribution makes up a part of the total contribution for Nueterra Holdings LLC.

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

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

FOR LINE NUMBER: PAGE 11 / 24
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Surgical Institute of Reading - PAC

A. Full Name (Last, First, Middle Initial)
John Lamanna

Mailing Address 2 Randee Lane

City State Zip Code
Reading PA 19607

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

Name of Employer: Surgical Institute of Reading
Occupation: Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt: 09 / 21 / 2009
Transaction ID: SA11AI.4112
 Amount of Each Receipt this Period: 5000.00

B. Full Name (Last, First, Middle Initial)
Joseph Levan

Mailing Address 3385 Harwood Lane

City State Zip Code
Sinking Spring PA 19606

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

Name of Employer: Surgical Institute of Reading
Occupation: Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt: 09 / 25 / 2009
Transaction ID: SA11AI.4114
 Amount of Each Receipt this Period: 5000.00

C. Full Name (Last, First, Middle Initial)
Charles Lutz

Mailing Address 4751 Boyertown Pike

City State Zip Code
Reading PA 19606

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

Name of Employer: Surgical Institute of Reading
Occupation: Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt: 09 / 18 / 2009
Transaction ID: SA11AI.4116
 Amount of Each Receipt this Period: 5000.00

SUBTOTAL of Receipts This Page (optional) ► **15000.00**

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 12 / 24
	<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)
Surgical Institute of Reading - PAC

A.	Full Name (Last, First, Middle Initial) John Martin	Date of Receipt MM / DD / YYYY 09 / 21 / 2009
	Mailing Address 1833 Limekiln road	Transaction ID: SA11AI.4118
	City State Zip Code Douglassville PA 19518	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Surgical Institute of Reading Occupation: Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00	

B.	Full Name (Last, First, Middle Initial) Denise Mayhew	Date of Receipt MM / DD / YYYY 10 / 05 / 2009
	Mailing Address 11221 Roe Avenue Suite 310	Transaction ID: SA11AI.4168
	City State Zip Code Leawood KS 66211	Amount of Each Receipt this Period 1785.71
	FEC ID number of contributing federal political committee. C	relates to Nueterra LLC contribution
	Name of Employer: Nueterra Healthcare LLC Occupation: SVP, Marketing & Brand Mgmt Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ [MEMO ITEM]	

C.	Full Name (Last, First, Middle Initial) Paul Neuman	Date of Receipt MM / DD / YYYY 09 / 25 / 2009
	Mailing Address 486 Wheatfield Drive	Transaction ID: SA11AI.4120
	City State Zip Code Lititz PA 17543	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Surgical Institute of Reading Occupation: Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	10000.00
TOTAL This Period (last page this line number only)	

B. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.4168**

Denise's contribution makes up a part of the total contribution for Nueterra Holdings LLC.

**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 14 / 24
	<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)
Surgical Institute of Reading - PAC

A.	Full Name (Last, First, Middle Initial) Neuterra Holdings LLC	Date of Receipt MM / DD / YYYY 10 / 05 / 2009
	Mailing Address 11221 Roe Avenue Suite 310	Transaction ID: SA11AI.4133
	City Leawood State KS Zip Code 66211	Amount of Each Receipt this Period 12500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 12500.00	

B.	Full Name (Last, First, Middle Initial) James Restrepo	Date of Receipt MM / DD / YYYY 09 / 21 / 2009
	Mailing Address 1175 Reading Blvd	Transaction ID: SA11AI.4125
	City Wyomissing State PA Zip Code 19610	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Surgical Institute of Reading Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 5000.00	

C.	Full Name (Last, First, Middle Initial) Dan Saale	Date of Receipt MM / DD / YYYY 10 / 05 / 2009
	Mailing Address 11221 Roe Avenue Suite 310	Transaction ID: SA11AI.4170
	City Leawood State KS Zip Code 66211	Amount of Each Receipt this Period 1785.71
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Nueterra Healthcare LLC CFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date	relates to Nueterra LLC contribution [MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)	17500.00
TOTAL This Period (last page this line number only)	

A. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.4133**

Note LLC is a partnership. All itemized list of contributions attributed to this partnership will be listed as individuals with additional memo text.

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.4170**

Dan's contribution makes up a part of the total contribution for Nueterra Holdings LLC.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 24
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Surgical Institute of Reading - PAC

<p>A. Full Name (Last, First, Middle Initial) John Schario</p> <p>Mailing Address 11221 Roe Avenue Suite 310</p> <p>City State Zip Code <u>Leawood</u> <u>KS</u> <u>66211</u></p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Nueterra Healthcare LLC CEO</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 9</p> <p>Transaction ID: SA11AI.4162</p> <p>Amount of Each Receipt this Period 1785.74</p> <p>relates to Nueterra LLC partnership contribution</p> <p>[MEMO ITEM]</p>
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<p>B. Full Name (Last, First, Middle Initial) Kevin Standefer</p> <p>Mailing Address 11221 Roe Avenue Suite 310</p> <p>City State Zip Code <u>Leawood</u> <u>KS</u> <u>66211</u></p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Nueterra Healthcare LLC SVP, Investment Strategies</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 9</p> <p>Transaction ID: SA11AI.4172</p> <p>Amount of Each Receipt this Period 1785.71</p> <p>relates to Nueterra LLC contribution</p> <p>[MEMO ITEM]</p>
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<p>C. Full Name (Last, First, Middle Initial) John Stelmach</p> <p>Mailing Address 1715 Alsace Road</p> <p>City State Zip Code <u>Reading</u> <u>PA</u> <u>19604</u></p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Surgical Institute of Reading Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 5000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 1 / 2 0 0 9</p> <p>Transaction ID: SA11AI.4127</p> <p>Amount of Each Receipt this Period 5000.00</p>
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SUBTOTAL of Receipts This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	

A. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.4162**

John's contribution makes up a part of the total contribution for Nueterra Holdings LLC.

B. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.4172**

Kevin's contribution makes up a part of the total contribution for Nueterra Holdings LLC.

**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 18 / 24
	<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	

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)
Surgical Institute of Reading - PAC

A.	Full Name (Last, First, Middle Initial) Daniel Tasset	Date of Receipt MM / DD / YYYY 10 / 05 / 2009
	Mailing Address 11221 Roe Avenue Suite 310	Transaction ID: SA11AI.4160
	City Leawood State KS Zip Code 66211	Amount of Each Receipt this Period 1785.71
	FEC ID number of contributing federal political committee. C	relates to Nueterra LLC Partnership contribution
	Name of Employer Nueterra Healthcare Occupation Chairman Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼	[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) Kevin Terefenko	Date of Receipt MM / DD / YYYY 09 / 25 / 2009
	Mailing Address 1939 Wickford Place	Transaction ID: SA11AI.4129
	City Wyomissing State PA Zip Code 19610	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Surgical Institute of Reading Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00	

C.	Full Name (Last, First, Middle Initial) Alan Tuckman	Date of Receipt MM / DD / YYYY 09 / 21 / 2009
	Mailing Address 2933 Cotswold Road	Transaction ID: SA11AI.4131
	City Sinking Spring State PA Zip Code 19608	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Surgical Institute of Reading Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	10000.00
TOTAL This Period (last page this line number only)	90000.00

A. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.4160**

Daniel's contribution makes up a part of the total contribution for Nueterra Holdings LLC.

**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 20 / 24

<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Surgical Institute of Reading - PAC

A.

Full Name (Last, First, Middle Initial)
Franco's Trattoria

Mailing Address 4116 Ridge Avenue

City Philadelphia State PA Zip Code 19129

Purpose of Disbursement
Spector Luncheon

Candidate Name

007
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.4135
Date of Disbursement

12 / 25 / 2009

Amount of Each Disbursement this Period

576.00

SUBTOTAL of Disbursements This Page (optional) ▶

576.00

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

576.00

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Surgical Institute of Reading - PAC

<p>A. Full Name (Last, First, Middle Initial) Casey for Senate</p> <p>Mailing Address 393 Russell Senate Office Building</p> <p>City Washington State DC Zip Code 20510</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name ROBERT P JR CASEY</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 00</p>	<p>Transaction ID: SB23.4138 Date of Disbursement 12 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Casey for Senate</p> <p>Mailing Address 393 Russell Senate Office Building</p> <p>City Washington State DC Zip Code 20510</p> <p>Purpose of Disbursement Check voided-never delivered to committee 011 Category/Type</p> <p>Candidate Name ROBERT P JR CASEY</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 00</p>	<p>Transaction ID: SB23.4159 Date of Disbursement 12 / 10 / 2009</p> <p>Amount of Each Disbursement this Period -1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE</p> <p>Mailing Address 120 MARYLAND AVENUE NE</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: DC District:</p>	<p>Transaction ID: SB23.4141 Date of Disbursement 09 / 21 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

**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 22 / 24

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Surgical Institute of Reading - PAC

<p>A. Full Name (Last, First, Middle Initial) DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE</p> <p>Mailing Address 120 MARYLAND AVENUE NE</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DC District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4144 Date of Disbursement 09 / 21 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE</p> <p>Mailing Address 120 MARYLAND AVENUE NE</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DC District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4145 Date of Disbursement 10 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE</p> <p>Mailing Address 120 MARYLAND AVENUE NE</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DC District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4146 Date of Disbursement 10 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

10000.00

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

**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 23 / 24

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Surgical Institute of Reading - PAC

A.

Full Name (Last, First, Middle Initial)
Pennsylvania Victory Fund

Mailing Address PO Box 58746

City Philadelphia State PA Zip Code 19102

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: PA District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.4147
Date of Disbursement

12 / 25 / 2009

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

20000.00

**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 24 / 24

<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)
Surgical Institute of Reading - PAC

A.	Full Name (Last, First, Middle Initial) Bravo! for Rose Mailing Address 348 Penn Street City Reading State PA Zip Code 19602 Purpose of Disbursement Catering for Corbett event Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.4149 Date of Disbursement 10 / 13 / 2009 Amount of Each Disbursement this Period 872.96 007 Category/ Type
B.	Full Name (Last, First, Middle Initial) Corbett for Govenor Mailing Address 200 N. 3rd Street 13th Floor City Harrisburg State PA Zip Code 17108 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.4151 Date of Disbursement 10 / 13 / 2009 Amount of Each Disbursement this Period 2500.00 011 Category/ Type
C.	Full Name (Last, First, Middle Initial) First Book Mailing Address 1319 F Street NW Suite 1000 City Washington State DC Zip Code 20004 Purpose of Disbursement Charitable contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.4154 Date of Disbursement 12 / 10 / 2009 Amount of Each Disbursement this Period 5000.00 012 Category/ Type

SUBTOTAL of Disbursements This Page (optional)	8372.96
TOTAL This Period (last page this line number only)	8372.96