

**KENNETH A. WEISS**  
Board Certified Tax Law Specialist\*  
Board Certified Estate Planning and Administration Specialist\*  
Member of Louisiana and District of Columbia Bars  
Direct: (504) 596-2751  
Fax: (504) 910-9607  
E-mail: kweiss@mcglinchey.com  
\*Certified by the Louisiana Board of Legal Specialization

November 19, 2009

CERTIFIED MAIL/RETURN RECEIPT REQUESTED

Federal Election Commission  
999 E Street, N.W.  
Washington, D.C. 20463

RE: AMENDED Statement of Organization, FEC Form 1  
New Orleans Regional Physician Hospital Organization, Inc. Political  
Action Committee; Our file no.: 103262.0001

Gentlemen:

I have enclosed for filing an AMENDED FEC Form 1, Statement of Organization, for New Orleans Regional Physician Hospital Organization, Inc. Political Action Committee. We have revised the form to amend both the name of the organization and to change the telephone number listed on the form.

This Revised and Amended FEC Form 1 replaces the FEC Form 1 that we originally filed on November 10, 2009, in which we referred to the name of the political action committee as the "New Orleans Regional Physician Hospital Organization, Inc. d/b/a Peoples Health Network Political Action Committee, Inc." The Louisiana Secretary of State subsequently required that we amend our corporate organizational documents with a name that the Louisiana Secretary of State would find acceptable for filing.

If you have any questions, please feel free to telephone me. With kind regards, I remain

Sincerely yours,

  
Kenneth A. Weiss

KAW/rak  
Enclosures

846103.2

29030193022

2009 NOV 25 AM 9:13

FEC  
FORM 1

# STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

NEW ORLEANS REGIONAL PHYSICIAN HOSPITAL ORGANIZATION, INC. POLITICAL ACTION COMMITTEE ("PHNPAC")

ADDRESS (number and street)

3838 N. CAUSEWAY BOULEVARD

(Check if address is changed)

SUITE 2200

METAIRIE LA 70002

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed)

KIM.ELLER@PEOPLESHEALTH.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

11 / 18 / 2009

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer KIM ELLER

Signature of Treasurer

Date

11 / 18 / 2009

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only				
-----------------	--	--	--	--

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 02/2009)

29030193023

5. TYPE OF COMMITTEE

Candidate Committee:

- (a)  This committee is a principal campaign committee. (Complete the candidate information below.)
- (b)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate \_\_\_\_\_

Candidate Party Affiliation  Office Sought:  House  Senate  President State  District

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

Party Committee:

- (d)  This committee is a  (National, State or subordinate) committee of the  (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
  - Corporation  Corporation w/o Capital Stock  Labor Organization
  - Membership Organization  Trade Association  Cooperative

In addition, this committee is a Lobbyist/Registrant PAC.

- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. \_\_\_\_\_ FEC ID number
2. \_\_\_\_\_ FEC ID number
3. \_\_\_\_\_ FEC ID number
4. \_\_\_\_\_ FEC ID number

29030193024

Write or Type Committee Name  
NEW ORLEANS REGIONAL PHYSICIAN HOSPITAL ORGANIZATION, INC.

POLITICAL ACTION COMMITTEE ("PHNAC")

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NEW ORLEANS REGIONAL PHYSICIAN HOSPITAL ORGANIZATION, INC.

Mailing Address 3838 N. CAUSEWAY BOULEVARD  
SUITE 2200  
METAIRIE LA 70002  
CITY STATE ZIP CODE

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name KIM ELLER  
Mailing Address 3838 N. CAUSEWAY BOULEVARD  
SUITE 2200  
METAIRIE LA 70002  
CITY STATE ZIP CODE

TREASURER Telephone number 504-849-4500

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer KIM ELLER  
Mailing Address 3838 N. CAUSEWAY BOULEVARD  
SUITE 2200  
METAIRIE LA 70002  
CITY STATE ZIP CODE

Title or Position  
TREASURER Telephone number 504-849-4500

29030193025

Full Name of Designated Agent

CAROL A. SOLOMON

Mailing Address

3838 N. CAUSEWAY BOULEVARD

SUITE 2200

METAIRIE

CITY

LA

STATE

70002

ZIP CODE

Title or Position

ASSISTANT TREASURER

Telephone number

504-849-4500

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

CAPITAL ONE, NA

Mailing Address

313 CARONDELET STREET

NEW ORLEANS

CITY

LA

STATE

70130

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

29030193026

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) <i>11/19/09</i>
<input type="checkbox"/> USPS Priority Mail  Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	Postmarked
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):  Next Business Day Delivery <input type="checkbox"/>	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

*Jm*  
 PREPARER

*11/25/09*  
 DATE PREPARED

29030193027