

# 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  
The Surgical Institute of Reading LP 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 01 28 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  
The Surgical Institute of Reading LP 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) .....	30148.96	30148.96								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	59851.04	59851.04								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
The Surgical Institute of Reading LP 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)

<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.....	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.....	21000.00	21000.00
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))..	30148.96	30148.96
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	30148.96	30148.96

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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 / 16  
(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

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)  
The Surgical Institute of Reading LP PAC

**A.**

Full Name (Last, First, Middle Initial) David Allen		Date of Receipt MM / DD / YYYY 10 / 12 / 2009
Mailing Address 6 Bordeau Drive		<b>Transaction ID:</b> SA11AI.4128
City Mohnnton	State PA	Zip Code 19540
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2500.00
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 ▼ 2500.00	

**B.**

Full Name (Last, First, Middle Initial) Stephen Banco		Date of Receipt MM / DD / YYYY 09 / 18 / 2009
Mailing Address 1816 Reading Blvd		<b>Transaction ID:</b> SA11AI.4099
City Wyomissing	State PA	Zip Code 19610
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 5000.00
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) Thomas Beetel		Date of Receipt MM / DD / YYYY 09 / 25 / 2009
Mailing Address 967 Imperial Drive		<b>Transaction ID:</b> SA11AI.4116
City Mohnnton	State PA	Zip Code 19540
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 5000.00
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>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	12500.00
<b>TOTAL</b> 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 / 16  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Tonie Crandall</p> <p>Mailing Address 2387 Welsh Road</p> <p>City State Zip Code Mohnton PA 19540</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Surgical Institute of Reading</p> <p>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 ▼  <span style="border: 1px solid black; padding: 2px;">5000.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">21</span> / <span style="border: 1px solid black; padding: 2px;">2009</span></p> <p><b>Transaction ID:</b> SA11AI.4102</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">5000.00</span></p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Jeffrey Driben</p> <p>Mailing Address 1894 Brandywine Court</p> <p>City State Zip Code Wyomissing PA 19610</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Surgical Institute of Reading</p> <p>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 ▼  <span style="border: 1px solid black; padding: 2px;">5000.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">21</span> / <span style="border: 1px solid black; padding: 2px;">2009</span></p> <p><b>Transaction ID:</b> SA11AI.4106</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">5000.00</span></p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Stephen Fehnel</p> <p>Mailing Address 410 North Tulpehocken Road</p> <p>City State Zip Code Reading PA 19601</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Surgical Institute of Reading</p> <p>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 ▼  <span style="border: 1px solid black; padding: 2px;">5000.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2009</span></p> <p><b>Transaction ID:</b> SA11AI.4122</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">5000.00</span></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">15000.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

**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 / 16
	<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)  
The Surgical Institute of Reading LP PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Robert Howard	Date of Receipt MM / DD / YYYY 09 / 25 / 2009
	Mailing Address 12 Mildred Land	<b>Transaction ID:</b> SA11AI.4120
	City State Zip Code Fleetwood PA 19522	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>B.</b>	Full Name (Last, First, Middle Initial) John Lamanna	Date of Receipt MM / DD / YYYY 09 / 21 / 2009
	Mailing Address 2 Randee Lane	<b>Transaction ID:</b> SA11AI.4110
	City State Zip Code Reading PA 19607	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>C.</b>	Full Name (Last, First, Middle Initial) Joseph Levan	Date of Receipt MM / DD / YYYY 09 / 25 / 2009
	Mailing Address 3385 Harwood Lane	<b>Transaction ID:</b> SA11AI.4126
	City State Zip Code Sinking Spring PA 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	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	15000.00
<b>TOTAL</b> 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 / 16  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** 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.4100**  
 Amount of Each Receipt this Period: 5000.00

**B.** Full Name (Last, First, Middle Initial)  
John Martin

Mailing Address Walnut Hill Farm  
1833 Limekiln Road

City State Zip Code  
Douglassville PA 19518

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)  
Paul Neuman

Mailing Address 486 Wheatfield Drive

City State Zip Code  
Lititz PA 17543

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.4118**  
 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 10 / 16
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Nueterra Holdings LLC	Date of Receipt MM / DD / YYYY 10 / 05 / 2009
	Mailing Address 11221 Roe Avenue Suite 310	<b>Transaction ID:</b> SA11AI.4158
	City Leawood State KS Zip Code 66211	Amount of Each Receipt this Period 12500.00
	FEC ID number of contributing federal political committee. <b>C</b>	see memo entry
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 12500.00

<b>B.</b>	Full Name (Last, First, Middle Initial) James Restrepo	Date of Receipt MM / DD / YYYY 09 / 21 / 2009
	Mailing Address 1175 Reading Blvd	<b>Transaction ID:</b> SA11AI.4112
	City Wyomissing State PA Zip Code 19610	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	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>C.</b>	Full Name (Last, First, Middle Initial) John Stelmach	Date of Receipt MM / DD / YYYY 09 / 21 / 2009
	Mailing Address 1715 Alsace Road	<b>Transaction ID:</b> SA11AI.4114
	City Reading State PA Zip Code 19604	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	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>SUBTOTAL</b> of Receipts This Page (optional) .....	22500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

A. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.4158**

We received a contribution in error on 10/5/2009 and did not realize that it was a corporation. The \$12,500 will be refunded and that refund will appear on our next report.

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

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

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

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

**A.** Full Name (Last, First, Middle Initial)  
Kevin Terefenko

Mailing Address 1939 Wickford Place

City State Zip Code  
Wyomissing 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  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	5	/	2	0	0	9

**Transaction ID:** SA11AI.4124

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
Alan Tuckman

Mailing Address 2933 Cotswold Road

City State Zip Code  
Sinking Spring PA 19608

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  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	1	/	2	0	0	9

**Transaction ID:** SA11AI.4108

Amount of Each Receipt this Period  
5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	10000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	90000.00

**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 13 / 16

<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)  
The Surgical Institute of Reading LP 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.4145  
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)

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<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)  
The Surgical Institute of Reading LP PAC

A.	Full Name (Last, First, Middle Initial) Casey for Senate	Transaction ID: SB23.4164 Date of Disbursement																			
	Mailing Address 393 Russell Senate Office Building	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	0		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	0		2	0	0	9												
	City Washington State DC Zip Code 20510	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name ROBERT P CASEY, Jr.	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 00	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE	Transaction ID: SB23.4131 Date of Disbursement																			
	Mailing Address 120 MARYLAND AVENUE NE	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	1		2	0	0	9												
	City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>5000.00</td></tr></table>	5000.00																		
5000.00																					
	Candidate Name JOHN F KERRY	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 00	Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE	Transaction ID: SB23.4151 Date of Disbursement																			
	Mailing Address 120 MARYLAND AVENUE NE	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	1		2	0	0	9												
	City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>5000.00</td></tr></table>	5000.00																		
5000.00																					
	Candidate Name ROBERT MENENDEZ	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>11000.00</td></tr></table>	11000.00
11000.00		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td> </td></tr></table>	

# 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)

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<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)  
The Surgical Institute of Reading LP PAC

A.	Full Name (Last, First, Middle Initial) <b>DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE</b>	<b>Transaction ID:</b> SB23.4133
	Mailing Address 120 MARYLAND AVENUE NE	Date of Disbursement 10 / 13 / 2009
	City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement	011 Category/ Type
	Candidate Name <b>JOHN F KERRY</b>	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 00	Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) <b>DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE</b>	<b>Transaction ID:</b> SB23.4153
	Mailing Address 120 MARYLAND AVENUE NE	Date of Disbursement 10 / 13 / 2009
	City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement	011 Category/ Type
	Candidate Name <b>ROBERT MENENDEZ</b>	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 00	Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) <b>Pennsylvania Victory Fund</b>	<b>Transaction ID:</b> SB23.4141
	Mailing Address PO BOX 58746	Date of Disbursement 12 / 25 / 2009
	City Philadelphia State PA Zip Code 19102	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement	011 Category/ Type
	Candidate Name <b>ARLEN SPECTER</b>	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>10000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>21000.00</b>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<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)  
The Surgical Institute of Reading LP PAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Bravo! for Rose</p> <p>Mailing Address 348 Penn Street</p> <p>City Reading State PA Zip Code 19602</p> <p>Purpose of Disbursement catering for Corbett event</p> <p>Candidate Name Corbett for Governor</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District:</p>	<p>Transaction ID: SB29.4166</p> <p>Date of Disbursement 10 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 872.96</p> <p>007 Category/ Type</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Corbett for Governor</p> <p>Mailing Address 200 N. 3rd St. 13th Floor</p> <p>City Harrisburg State PA Zip Code 17108</p> <p>Purpose of Disbursement contribution to PA governor race</p> <p>Candidate Name Corbett for Governor</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District:</p>	<p>Transaction ID: SB29.4137</p> <p>Date of Disbursement 10 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) First Book</p> <p>Mailing Address 1319 F Street NW Suite 1000</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement Charitable contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Transaction ID: SB29.4147</p> <p>Date of Disbursement 12 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>012 Category/ Type</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>

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

**8372.96**

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

**8372.96**