THE LAW FIRM OF

## LEI

## LEISAWITZ HELLER

2009 NOV 17 AM 9:59

- Experience Commitment

2755 Century Blvd., Wyomissing, PA 19610 610-372-3500 ♦ Fax: 610-372-8671 www.LeisawitzHeller.com

Kevin A. Moore, Esquire E-mail: <u>kmoore@LeisawitzHeller.com</u>

Via Overnight Mail

November 16, 2009

Mr. James McAllister Campaign Finance Analyst Reports Analysis Division Federal Election Commission 999 E Street NW Washington, DC 20463

Re: Surgical Institute of Reading, L.P. - PAC

Dear Mr. McAllister:

9

(J)

301

9

As you know, this firm represents the aforementioned Political Action Committee. Enclosed herein please find a copy of the amended FEC Form 1 reflecting the accurate designation for the PAC itself. The PAC will operate as a separate segregated fund as that term is understood under Federal law. This will further confirm our client's initial report is due on or before January 30, 2010.

Thank you for your many courtesies and assistance.

Very truly yours,

Kevin A. Moore

KAM/nfs Enclosure 43336.002

## 29030191607

FEC FORM 1

## STATEMENT OF ORGANIZATION

RECEIVED FEC MAIL CENTER 2009 NOV 17 AM 9: 59

Office Use Cinty

NAME OF     COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
SURGICAL	Institute o	F READING,	LP-PAC	
ADDRESS (number and street)	2757 CENT	URY BLUD		:
(Check if address is changed)	<u> </u>	· <u>·</u>		<u> </u>
	WYUMISSING	£	PA 19	610-13345
	-	CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRE	SS (Please provide only one e-	mail address)	•	
to a top and it address	5BANCO@C	DMCaSTINET	<u>: . : 1                                </u>	
(Check if address is changed)	<u></u>	<u> </u>		
COMMITTEE'S WEB PAGE AD	DRESS (URL)			
· (Check if address			<u> </u>	
is changed)	<u> </u>		<u> </u>	
2. DATE	•			
		•		
3. FEC IDENTIFICATION N	UMBER C			·
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined the	nis Statement and to the best	of my knowledge and belief it	t is true, correct and co	omplete.
Type or Print Name of Treasure	Stenho	Banco		,
			$\alpha A$	-10
Signature of Treasurer	Jen Co		Date 8/3	714
NOTE: Submission of false, errone	eous, or incomplete information of ANY CHANGE IN INFORMATION			nallies of 2 U.S.C. §437g.
Office Use Only		For turther information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100	ion 🤼	EC FORM 1 Revised 02/2009)

5.

TYPE OF C	OMMITTEE Committee:					
(a)	This committee is a pr	incipal campaign (	committee. (Comple	ele the candidate inf	ormation belov	v.)
(b) .	This committee is an a information below.)	uthorized committ	ee, and is NOT a	principal campaign o	committee. (Co	implete the candidate
Name of Candidate		<u>-</u>	<u> </u>	· · · · · · · · · · · · · · · · · · ·	·	
Candidate Party Affiliati	on .	Office Sought:	.House	Senate	President	State . District
(c)	This committee support	: s/opposes only o	ne candidate, and	is NOT an authorize	d committee.	
Name of Candidate		1 : 1 : 1 : 1	1 1 : : ! !		· · · <u> </u>	1111
Party Con	nmittee:				·	
(q) .	This committee is a		(National, State or subordinate) cor	mmittee of the		(Democratic, Republican, etc.) Party.
Political A	ction Committee (P/	AC):				
(e)	This committee is a se	parate segregated	fund. (Identify con	nected organization o	on line 6.) Its co	onnected organization is a:
	Corporation		Corporat	ion w/o Capital Stoc	k	Labor Organization
	Membership O	ganization	Trade As	sociation		Cooperative
_	In additi	on, this committee	is a Lobbyist/Regis	trant PAC.		
<b>(f)</b>	This committee support committee. (i.e., noncon			andidate, and is NO	T a separate s	segregated fund or party
	In addition, this o	committee is a Lob	byist/Registrant PA	C.		
	in addition, this o	committee is a Lea	dership PAC. (Iden	tity sponsor on line 6	.)	
Joint Fund	raising Representat	ive:				
g)	This committee collects committees/organization	contributions, pays s, at least one of w	fundraising expens	ses and disburses ne ed committee of a fed	l proceeds for feral candidate	two or more political
h)	This committee collects of committees/organizations					wo or more political
Comi	nittees Participating in	Joint Fundraise	er			
1.				FEC ID num	ber C	
2.				FEC ID num	ber C	
3.			٠	FEC ID num	ber C	
. 4.			••	FEC ID numb	per C .	

FEC Form 1 (Revised	02/2009)	·			(-,a)	ge 3
Write or Type Committee Nam	ic.				•	
SURGICA	L. Instite	He OF R	Ladins	t, LP	- PAC	
6. Name of Any Connected				, <b>,</b>		Sponsor
SURGICAL	DUSTITUTE	OF Re	ading	LP		
		]		1:1		
Mailing Address	3752 近	uruly 6	3LVD			
		•	<u> </u>			
	wyonuss		· · i_1	•.		
		CITY		STATE	ZIP COI	DE
Relationship: Connecte	d Organization Affiliat	ed Committee J	oint Fundraising	Representati	ve Leadership	PAC Sponsor
		<del></del>		- <u>-</u> -	·	·
<ol> <li>Custodian of Records: Idea</li> <li>books and records.</li> </ol>	nlily by name, address (p	thone number opti	onal) and position	in at the per	son in possession (	of committee
Full Name Ste	phen P. Bo	was mo	) , , <u>, , , , , , , , , , , , , , , , ,</u>	<u> </u>	1 1 1 1 1	
Mailing Address	2752 CE	whiry (	3400			
, Walling / Goldon		•				
	MADMISS			^ ^	~ .	
Title or Position		CITY		STATE	ZIP ÇOD	Ē
Treasurer	2	لننا	Telephone, num	per 4	34- <u> 368</u> -	7717
<ol> <li>Treasurer: List the name are any designated agent (e.g.,</li> </ol>	d address (phone numbe assistant treasurer).	r optional) of the	treasurer of the	commiltee; a	nd the name and a	ddress of
	1					
Full Name of Treasurer	nen PBA	1400 ·	<u> </u>			لديين
Mailing Address	7752 CG	uruly	BLUD	<u> </u>		أستاست
	1	<u> </u>	<u> </u>	والمساور تسف		لارياء
	WyomissiA	J( <del>-</del>	<u></u> -	PA	1961 0-	<u> 3345</u>
Title or Position	<b>,</b>		•	الد. الا الد		_
Thrown.		<u> </u>	Telephone numb	er 70	4-368-	1111

CITY

STATE

ZIP CODE

2752 CENTURY BLUD

Page 4

FEC Form 1. (Revised 02/2009)

STEPHEN BANCO

Full Name of

Mailing Address

Designated Agent

Federal Election Comm ENVELOPE REPLACEMENT PAGE FOR The FEC added this page to the end of this filing	INCOMING DOCUMENTS
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation™ or Sign	ature Confirmation™ Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
N	lext Business Day Delivery
Received from House Records & Registration	Date of Receipt Office
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
SN-	11/17/09
PREPARER (3/2005)	DATE PREPARED