

# 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  
PACIFIC PULMONARY SERVICES POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 88 ROWLAND WAY SUITE 300  
 Check if different than previously reported. (ACC)  
NOVATO CA 94945

2. **FEC IDENTIFICATION NUMBER** C00403998  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)  
**CITY** **STATE** **ZIP CODE**

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 01 01 2009 through 06 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 Jon R Alsterlind  
Signature of Treasurer Electronically Filed by Jon R Alsterlind Date 07 30 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.

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
PACIFIC PULMONARY SERVICES POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	6

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		11568.61
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	11568.61									
(c) Total Receipts (from Line 19) .....	35890.00	35890.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	47458.61	47458.61								
7. Total Disbursements (from Line 31) .....	25500.00	25500.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	21958.61	21958.61								
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

PACIFIC PULMONARY SERVICES POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	6

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) .....	30690.00	30690.00
(ii) Unitemized .....	550.00	550.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	31240.00	31240.00
(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) .....	31240.00	31240.00
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 .....	4650.00	4650.00
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)) .....	35890.00	35890.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	35890.00	35890.00

**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.....	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.....	23500.00	23500.00
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.....	2000.00	2000.00
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))..	25500.00	25500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	25500.00	25500.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	31240.00	31240.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	31240.00	31240.00
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 / 17
	<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)  
**PACIFIC PULMONARY SERVICES POLITICAL ACTION COMMITTEE**

<b>A.</b>	Full Name (Last, First, Middle Initial) Eric L Brennan	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 16 SALEM STREET	<b>Transaction ID:</b> SA11AI.4584
	City State Zip Code NEWBURYPORT MA 01950	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer Occupation PACIFIC PULMONARY SERVICES MANAGER	
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) Yvonne Cordoza	Date of Receipt MM / DD / YYYY 05 / 27 / 2009
	Mailing Address 641 Herrerias Way	<b>Transaction ID:</b> SA11AI.4583
	City State Zip Code Petaluma CA 94954	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer Occupation Braden Partners, LP VP - Field Services	
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) Jim Doty	Date of Receipt MM / DD / YYYY 06 / 15 / 2009
	Mailing Address 161 Stetson Avenue	<b>Transaction ID:</b> SA11AI.4585
	City State Zip Code Corte Madera CA 94925	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer Occupation Pacific Pulmonary Services VP of Marketing	
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) .....	<b>15000.00</b>
<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 / 17  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
PACIFIC PULMONARY SERVICES POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Pete Escobar

Mailing Address 3407 Burlington Ave

City State Zip Code  
Evans CO 80620

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

Name of Employer PPS Occupation  
Operations Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
04 / 06 / 2009

**Transaction ID:** SA11AI.4575

Amount of Each Receipt this Period  
50.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Pete Escobar

Mailing Address 3407 Burlington Ave

City State Zip Code  
Evans CO 80620

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

Name of Employer PPS Occupation  
Operations Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
MM / DD / YYYY  
05 / 06 / 2009

**Transaction ID:** SA11AI.4578

Amount of Each Receipt this Period  
50.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Megan Gallegos

Mailing Address 830 Live Oak Dr. NE

City State Zip Code  
Albuquerque NM 87122

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

Name of Employer PPS Occupation  
Region Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2009

**Transaction ID:** SA11AI.4573

Amount of Each Receipt this Period  
80.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **180.00**

**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 8 / 17
	<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)  
**PACIFIC PULMONARY SERVICES POLITICAL ACTION COMMITTEE**

<b>A.</b>	Full Name (Last, First, Middle Initial) Megan Gallegos	Date of Receipt MM / DD / YYYY 04 / 06 / 2009
	Mailing Address 830 Live Oak Dr. NE	<b>Transaction ID:</b> SA11AI.4576
	City State Zip Code Albuquerque NM 87122	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer PPS Occupation Region Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Megan Gallegos	Date of Receipt MM / DD / YYYY 05 / 06 / 2009
	Mailing Address 830 Live Oak Dr. NE	<b>Transaction ID:</b> SA11AI.4579
	City State Zip Code Albuquerque NM 87122	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer PPS Occupation Region Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Chris Kane	Date of Receipt MM / DD / YYYY 05 / 08 / 2009
	Mailing Address 40 Geary Avenue	<b>Transaction ID:</b> SA11AI.4581
	City State Zip Code Fairfax CA 94930	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer Braden Partners, LP Occupation VP -Govt Relations 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) .....	<b>5160.00</b>
<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 / 17

(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)  
**PACIFIC PULMONARY SERVICES POLITICAL ACTION COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
April Kelly

Mailing Address 116 Baltimore Ave

City State Zip Code  
Corte Madera CA 94925

FEC ID number of contributing federal political committee. C

Name of Employer n/a Occupation Home maker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 05 / 27 / 2009

**Transaction ID:** SA11AI.4582

Amount of Each Receipt this Period 5000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Peter Kelly

Mailing Address 116 Baltimore Ave

City State Zip Code  
Corte Madera CA 94925

FEC ID number of contributing federal political committee. C

Name of Employer Pacific Pulmonary Services Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 01 / 22 / 2009

**Transaction ID:** SA11AI.4568

Amount of Each Receipt this Period 5000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
ALAN R KERN

Mailing Address 50 VERISSIMO DRIVE

City State Zip Code  
NOVATO CA 94947

FEC ID number of contributing federal political committee. C

Name of Employer PACIFIC PULMONARY SERVICES Occupation DIRECTOR OF OPERATIONS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 01 / 2009

**Transaction ID:** SA11AI.4564

Amount of Each Receipt this Period 250.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... 10250.00

**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 / 17
	(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)  
PACIFIC PULMONARY SERVICES POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial) Reed Levick		Date of Receipt MM / DD / YYYY 04 / 06 / 2009
Mailing Address 1502 NE Parkside Drive		<b>Transaction ID:</b> SA11AI.4577
City Hillsboro	State OR	Zip Code 97124
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer PPS	Occupation Region Manager	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

**B.**

Full Name (Last, First, Middle Initial) Reed Levick		Date of Receipt MM / DD / YYYY 05 / 06 / 2009
Mailing Address 1502 NE Parkside Drive		<b>Transaction ID:</b> SA11AI.4580
City Hillsboro	State OR	Zip Code 97124
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer PPS	Occupation Region Manager	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	100.00
<b>TOTAL</b> This Period (last page this line number only) .....	30690.00

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

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

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

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NAME OF COMMITTEE (In Full)  
PACIFIC PULMONARY SERVICES POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
SALAZAR FOR SENATE

Mailing Address PO BOX 600

City DENVER State CO Zip Code 80201

FEC ID number of contributing federal political committee. **C** C00397679

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2750.00

Date of Receipt 04 / 02 / 2009  
**Transaction ID: SA16.4587**  
 Amount of Each Receipt this Period 2750.00  
 Refund of Prior Contribution

**B.** Full Name (Last, First, Middle Initial)  
VOINOVICH FOR SENATE COMMITTEE

Mailing Address 865 MACON ALLEY

City COLUMBUS State OH Zip Code 43206

FEC ID number of contributing federal political committee. **C** C00309419

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1900.00

Date of Receipt 03 / 26 / 2009  
**Transaction ID: SA16.4586**  
 Amount of Each Receipt this Period 1900.00  
 Refund from Prior Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4650.00

**TOTAL** This Period (last page this line number only) ..... ► 4650.00

# 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)  
PACIFIC PULMONARY SERVICES POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
CITIZENS FOR ARLEN SPECTER

Mailing Address 236 MASSACHUSETTS AVENUE NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: PA District: 00

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.4597  
Date of Disbursement

06 / 01 / 2009

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
FRIENDS FOR HARRY REID

Mailing Address PO BOX 19163

City LAS VEGAS State NV Zip Code 89132

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NV District: 00

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.4594  
Date of Disbursement

05 / 05 / 2009

Amount of Each Disbursement this Period

1400.00

**C.** Full Name (Last, First, Middle Initial)  
FRIENDS FOR HARRY REID

Mailing Address PO BOX 19163

City LAS VEGAS State NV Zip Code 89132

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NV District: 00

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.4595  
Date of Disbursement

05 / 05 / 2009

Amount of Each Disbursement this Period

600.00

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

3000.00

**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)

<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)  
PACIFIC PULMONARY SERVICES POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) FRIENDS FOR HARRY REID	Transaction ID: SB23.4611 Date of Disbursement
	Mailing Address PO BOX 19163	<input type="text" value="06"/> / <input type="text" value="22"/> / <input type="text" value="2009"/>
	City LAS VEGAS State NV Zip Code 89132	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution Candidate Name	<input type="text" value="450.00"/>
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 00	<input type="text" value="011"/> Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) FRIENDS FOR HARRY REID	Transaction ID: SB23.4612 Date of Disbursement
	Mailing Address PO BOX 19163	<input type="text" value="06"/> / <input type="text" value="22"/> / <input type="text" value="2009"/>
	City LAS VEGAS State NV Zip Code 89132	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution Candidate Name	<input type="text" value="550.00"/>
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 00	<input type="text" value="011"/> Category/Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) FRIENDS OF JOHN BOEHNER	Transaction ID: SB23.4596 Date of Disbursement
	Mailing Address 7908-12 Cincinnati Dayton Road	<input type="text" value="05"/> / <input type="text" value="12"/> / <input type="text" value="2009"/>
	City West Chester State OH Zip Code 45069	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution Candidate Name	<input type="text" value="2000.00"/>
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08	<input type="text" value="011"/> Category/Type
	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) .....	<input type="text" value="3000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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)  
PACIFIC PULMONARY SERVICES POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) FRIENDS OF SHERROD BROWN	Transaction ID: SB23.4604 Date of Disbursement 06 / 01 / 2009
	Mailing Address PO BOX 76187 Suite 800	Amount of Each Disbursement this Period 1000.00
	City WASHINGTON State DC Zip Code 20013	
	Purpose of Disbursement Contribution Candidate Name	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH 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) GLACIER PAC	Transaction ID: SB23.4588 Date of Disbursement 02 / 13 / 2009
	Mailing Address 3242 Cummins Way Suite 603	Amount of Each Disbursement this Period 5000.00
	City Missoula State MT Zip Code 59802	
	Purpose of Disbursement PAC Contribution Candidate Name	011 Category/ Type
	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) ▼
C.	Full Name (Last, First, Middle Initial) HATCH ELECTION COMMITTEE INC	Transaction ID: SB23.4609 Date of Disbursement 06 / 15 / 2009
	Mailing Address 175 SOUTH WEST TEMPLE SUITE 650	Amount of Each Disbursement this Period 2250.00
	City SALT LAKE CITY State UT Zip Code 84101	
	Purpose of Disbursement Contribution Candidate Name	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

8250.00

**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)

<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)  
PACIFIC PULMONARY SERVICES POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) KENDRICK MEEK FOR FLORIDA	Transaction ID: SB23.4606 Date of Disbursement 06 / 01 / 2009
	Mailing Address 111 NW 183RD STREET SUITE 325	Amount of Each Disbursement this Period 1000.00
	City MIAMI State FL Zip Code 33169	
	Purpose of Disbursement Contribution Candidate Name	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) KENDRICK MEEK FOR FLORIDA	Transaction ID: SB23.4608 Date of Disbursement 06 / 15 / 2009
	Mailing Address 111 NW 183RD STREET SUITE 325	Amount of Each Disbursement this Period 2250.00
	City MIAMI State FL Zip Code 33169	
	Purpose of Disbursement Contribution Candidate Name	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) MIKE ROSS FOR CONGRESS COMMITTEE	Transaction ID: SB23.4592 Date of Disbursement 03 / 27 / 2009
	Mailing Address PO Box 360	Amount of Each Disbursement this Period 2000.00
	City Prescott State AR Zip Code 71857	
	Purpose of Disbursement Contribution Candidate Name	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 04	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) .....	5250.00
<b>TOTAL</b> 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)

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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)  
PACIFIC PULMONARY SERVICES POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) MIKE ROSS FOR CONGRESS COMMITTEE	Transaction ID: SB23.4610 Date of Disbursement																			
	Mailing Address PO Box 360	<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>6</td><td></td><td>1</td><td>5</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	6		1	5		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	5		2	0	0	9												
	City Prescott State AR Zip Code 71857	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Contribution Candidate Name	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 04	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		011 Category/ Type																			

B.	Full Name (Last, First, Middle Initial) MIKE THOMPSON FOR CONGRESS	Transaction ID: SB23.4593 Date of Disbursement																			
	Mailing Address 5429 Madison Avenue	<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>4</td><td></td><td>2</td><td>8</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	4		2	8		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	8		2	0	0	9												
	City Sacramento State CA Zip Code 95841	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Contribution Candidate Name	<table border="1"><tr><td>2000.00</td></tr></table>	2000.00																		
2000.00																					
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		011 Category/ Type																			

C.	Full Name (Last, First, Middle Initial) SCHWARTZ 2000 COMMITTEE	Transaction ID: SB23.4602 Date of Disbursement																			
	Mailing Address 100 WEST AVENUE SOUTH BUILDING E30	<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>6</td><td></td><td>0</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	6		0	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	1		2	0	0	9												
	City JENKINTOWN State PA Zip Code 19046	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Contribution Candidate Name	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	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) ▼																			
		011 Category/ Type																			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>4000.00</td></tr></table>	4000.00
4000.00		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td>23500.00</td></tr></table>	23500.00
23500.00		



**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 17 / 17

<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)  
PACIFIC PULMONARY SERVICES POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
King & Spalding

Mailing Address PO Box 116133

City Atlanta State GA Zip Code 30368

Purpose of Disbursement  
Legal Fee

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.4590  
Date of Disbursement

03 / 02 / 2009

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)  
PACIFIC PULMONARY SERV.

Mailing Address 88 ROWLAND WAY  
#300

City NOVATO State CA Zip Code 94945

Purpose of Disbursement  
Administrative Expenses

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.4613  
Date of Disbursement

06 / 30 / 2009

Amount of Each Disbursement this Period

67.77

[MEMO ITEM]

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

2000.00

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

2000.00