

2009 JUL 14 AM 11:44

FEC
FORM 3X

REPORT OF RECEIPTS
AND DISBURSEMENTS
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5
SDMS Political Action Committee

ADDRESS (number and street) 2745 Dallas Pkwy Ste 350
Check if different than previously reported. (ACC) Plano TX 75093

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE
C000449082

3. IS THIS REPORT NEW (N) OR AMENDED (A)
4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report (Non-election Year Only), Termination Report (TER)
(b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11) (Non-Election Year Only), Dec 20 (M12) (Non-Election Year Only), Jan 31 (YE)
(c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S)
(d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 04/01/2009 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 Donald Hayden
Signature of Treasurer [Signature] Date 07/09/2009

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

29030113668

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

SDMS Political Action Committee

Report Covering the Period: From:

04 / 01 / 2009

To:

06 / 30 / 2009

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2009		486299
(b) Cash on Hand at Beginning of Reporting Period.....	486299	
(c) Total Receipts (from Line 19)	494000	504000
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	980299	990299
7. Total Disbursements (from Line 31).....	100000	100000
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	880299	890299
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0	



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

29030113669

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

SDMS Political Action Committee

Report Covering the Period: From: **04 01 2009** To: **06 30 2009**

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).....	265000	0
(ii) Unitemized.....	229000	239000
(iii) TOTAL (add Lines 11(e)(i) and (ii)).....▶	494000	504000
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	494000	504000
12. Transfers From Affiliated/Other Party Committees.....	0	0
13. All Loans Received.....	0	0
14. Loan Repayments Received.....	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0	0
17. Other Federal Receipts (Dividends, Interest, etc.).....	0	0
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0	0
(b) Levin Funds (from Schedule H5).....	0	0
(c) Total Transfers (add 18(a) and 18(b))..	0	0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	494000	504000
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	494000	504000

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DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share		0	0
(ii) Non-Federal Share.....		0	0
(b) Other Federal Operating Expenditures		0	0
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	▶	0	0
22. Transfers to Affiliated/Other Party Committees.....		0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		1,000.00	1,000.00
24. Independent Expenditures (use Schedule E).....		0	0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....		0	0
26. Loan Repayments Made.....		0	0
27. Loans Made.....		0	0
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees		0	0
(b) Political Party Committees		0	0
(c) Other Political Committees (such as PACs).....		0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	▶	0	0
29. Other Disbursements		0	0
30. Federal Election Activity (2 U.S.C. §431(20))			
(a) Allocated Federal Election Activity (from Schedule H6)			
(i) Federal Share		0	0
(ii) "Levin" Share.....		0	0
(b) Federal Election Activity Paid Entirely With Federal Funds		0	0
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....	▶	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		1,000.00	1,000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	▶	1,000.00	1,000.00

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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 1 OF 4	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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)
SDMS Political Action Committee

Full Name (Last, First, Middle Initial) A. Kawamura, Diane		Date of Receipt 05 / 23 / 2009
Mailing Address 2539 Polk Ave		Amount of Each Receipt this Period 500.00
City Ogden	State Zip Code UT 84401	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 500.00
Name of Employer Weber State University	Occupation Professor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Owen, Cynthia		Date of Receipt 04 / 27 / 2009
Mailing Address 257 Buena Vista Pl		Amount of Each Receipt this Period 250.00
City Memphis	State Zip Code TN 38112	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00
Name of Employer GE Healthcare	Occupation Luminary & Research Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Ellingson, Stephanie		Date of Receipt 04 / 27 / 2009
Mailing Address 809 N 2nd Ave		Amount of Each Receipt this Period 250.00
City Washington	State Zip Code IA 52353	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00
Name of Employer University of Iowa	Occupation Program Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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**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 2 OF 4	
<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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
SDMS Political Action Committee

A. Full Name (Last, First, Middle Initial)
Kerns, Donald

Mailing Address
604 Dover Ct

City **Coppell** State **TX** Zip Code **75019**

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

Name of Employer **SDMS** Occupation **COO**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
04 / 21 / 2009

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Boswell, Shannon

Mailing Address
6215 30th Ave NE

City **Seattle** State **WA** Zip Code **98115**

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

Name of Employer **Virginia Mason Medical Ctr** Occupation **UltraSound Manager**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
04 / 24 / 2009

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Henningesen, Charlotte

Mailing Address
13302 Heron Cove Dr

City **Orlando** State **FL** Zip Code **32837**

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

Name of Employer **Florida Hospital College** Occupation **Sonography Educator**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
04 / 24 / 2009

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶

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

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**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 3 OF 4	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
SDMS Political Action Committee

Full Name (Last, First, Middle Initial) A. Haydon, Donald		Date of Receipt 04 / 24 / 2009
Mailing Address 6310 Kelly Cir		Amount of Each Receipt this Period 250.00
City Garland	State Zip Code TX 75044	
FEC ID number of contributing federal political committee. 0		Aggregate Year-to-Date ▼ 250.00
Name of Employer SDMS	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Spitz, Jean		Date of Receipt 04 / 24 / 2009
Mailing Address 3017 Brookhollow Dr		Amount of Each Receipt this Period 250.00
City Oklahoma City	State Zip Code OK 73120	
FEC ID number of contributing federal political committee. 0		Aggregate Year-to-Date ▼ 250.00
Name of Employer Echo Brook Consultants	Occupation Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Goss, Sheryl		Date of Receipt 05 / 27 / 2009
Mailing Address 5678 Main Rd		Amount of Each Receipt this Period 200.00
City Hunlock Creek	State Zip Code PA 18621	
FEC ID number of contributing federal political committee. 0		Aggregate Year-to-Date ▼ 200.00
Name of Employer Misericordia University	Occupation Educator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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**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 4 OF 4
	<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)
SDMS Political Action Commitee

A. Full Name (Last, First, Middle Initial)
DuBose, Terry

Mailing Address
129 N Woodrow St

City **Little Rock** State **AR** Zip Code **72205**

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

Name of Employer **University of Arkansas for Medical Science** Occupation **Professor**

Receipt For:
 Primary General
 Other (specify) **▼**

Aggregate Year-to-Date **200.00**

Date of Receipt
04 / 27 / 2009

Amount of Each Receipt this Period
200.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) **▼**

Aggregate Year-to-Date **▼**

Date of Receipt

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) **▼**

Aggregate Year-to-Date **▼**

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶

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

2650.00

29030113675

**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 / OF /

<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)

SDMS Political Action Committee

Full Name (Last, First, Middle Initial)

A. Wyden for Senate

Date of Disbursement

Mailing Address

122 C St NW Ste 505

06 / 11 / 2009

City

Washington

State

DC

Zip Code

20001

Purpose of Disbursement

Breakfast Attendance

011

Amount of Each Disbursement this Period

Candidate Name

Ron Wyden

Category/
Type

1,000.00

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: OR

District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

Mailing Address

MM / DD / YYYY

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

Mailing Address

MM / DD / YYYY

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

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

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

1,000.00

29030113676

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.

29030113677

<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) 7/9/09
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<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

JWD
 PREPARER
 (3/2005)

7/14/09
 DATE PREPARED