

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** CITY STATE ZIPCODE

C00403998

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:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day **PRE-Election** Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12G) | |

Election on _____ in the State of _____

- (d) 30-Day **Post -Election** Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on _____ in the State of _____

5. Covering Period 07 01 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 Jon R Alsterlind

Signature of Treasurer Electronically Filed by Jon R Alsterlind 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							
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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	7

D	D
0	1

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		11568.61
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	21958.61									
(c) Total Receipts (from Line 19)	10850.00	46740.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	32808.61	58308.61								
7. Total Disbursements (from Line 31)	17250.00	42750.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	15558.61	15558.61								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY 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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

PACIFIC PULMONARY SERVICES POLITICAL ACTION COMMITTEE

Report Covering the Period: From: To:

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)	10850.00	41540.00
(ii) Unitemized	0.00	550.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	10850.00	42090.00
(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)	10850.00	42090.00
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	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))	10850.00	46740.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	10850.00	46740.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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.....	17000.00	40500.00
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.....	250.00	2250.00
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))..	17250.00	42750.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	17250.00	42750.00

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)	10850.00	42090.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10850.00	42090.00
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: PAGE 6 / 13
(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 ▼ 375.00

Date of Receipt
MM / DD / YYYY
07 / 13 / 2009

Transaction ID: SA11AI.4620

Amount of Each Receipt this Period
100.00

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 ▼ 475.00

Date of Receipt
MM / DD / YYYY
09 / 24 / 2009

Transaction ID: SA11AI.4629

Amount of Each Receipt this Period
100.00

Contribution

C. 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 ▼ 550.00

Date of Receipt
MM / DD / YYYY
10 / 23 / 2009

Transaction ID: SA11AI.4626

Amount of Each Receipt this Period
75.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **275.00**

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 7 / 13
(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

<p>A. Full Name (Last, First, Middle Initial) Pete Escobar</p> <p>Mailing Address 3407 Burlington Ave</p> <p>City State Zip Code Evans CO 80620</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer PPS Occupation Operations Manager</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 650.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 4 / 2 0 0 9</p> <p>Transaction ID: SA11AI.4632</p> <p>Amount of Each Receipt this Period 100.00</p> <p>Contribution</p>
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<p>B. Full Name (Last, First, Middle Initial) Megan Gallegos</p> <p>Mailing Address 830 Live Oak Dr. NE</p> <p>City State Zip Code Albuquerque NM 87122</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer PPS Occupation Region Director</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 600.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 0 9</p> <p>Transaction ID: SA11AI.4617</p> <p>Amount of Each Receipt this Period 160.00</p> <p>Contribution</p>
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<p>C. Full Name (Last, First, Middle Initial) Megan Gallegos</p> <p>Mailing Address 830 Live Oak Dr. NE</p> <p>City State Zip Code Albuquerque NM 87122</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer PPS Occupation Region Director</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 760.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 4 / 2 0 0 9</p> <p>Transaction ID: SA11AI.4627</p> <p>Amount of Each Receipt this Period 160.00</p> <p>Contribution</p>
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SUBTOTAL of Receipts This Page (optional)	420.00
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 8 / 13
(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)
Megan Gallegos

Mailing Address 830 Live Oak Dr. NE

City Albuquerque State NM Zip Code 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 ▼ 880.00

Date of Receipt: MM / DD / YYYY 10 / 23 / 2009

Transaction ID: SA11AI.4624

Amount of Each Receipt this Period 120.00

Contribution

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

Mailing Address 830 Live Oak Dr. NE

City Albuquerque State NM Zip Code 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 ▼ 1040.00

Date of Receipt: MM / DD / YYYY 12 / 24 / 2009

Transaction ID: SA11AI.4630

Amount of Each Receipt this Period 160.00

Contribution

C. Full Name (Last, First, Middle Initial)
Cornelia A Greaves

Mailing Address PO Box 9909

City Aspen State CO Zip Code 81612

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

Name of Employer None Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: MM / DD / YYYY 08 / 11 / 2009

Transaction ID: SA11AI.4623

Amount of Each Receipt this Period 2000.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► 2280.00

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 9 / 13
(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)
Reed Levick
Mailing Address 1502 NE Parkside Drive
City Hillsboro State OR Zip Code 97124
FEC ID number of contributing federal political committee. **C**
Name of Employer PPS Occupation Region Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 375.00
Date of Receipt 07 / 13 / 2009
Transaction ID: SA11AI.4619
Amount of Each Receipt this Period 100.00
Contribution

B. Full Name (Last, First, Middle Initial)
Reed Levick
Mailing Address 1502 NE Parkside Drive
City Hillsboro State OR Zip Code 97124
FEC ID number of contributing federal political committee. **C**
Name of Employer PPS Occupation Region Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 475.00
Date of Receipt 09 / 24 / 2009
Transaction ID: SA11AI.4628
Amount of Each Receipt this Period 100.00
Contribution

C. Full Name (Last, First, Middle Initial)
Reed Levick
Mailing Address 1502 NE Parkside Drive
City Hillsboro State OR Zip Code 97124
FEC ID number of contributing federal political committee. **C**
Name of Employer PPS Occupation Region Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 550.00
Date of Receipt 10 / 23 / 2009
Transaction ID: SA11AI.4625
Amount of Each Receipt this Period 75.00
Contribution

SUBTOTAL of Receipts This Page (optional) ► 275.00
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 / 13

(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

Mailing Address 1502 NE Parkside Drive

City Hillsboro State OR Zip Code 97124

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

Name of Employer PPS Occupation Region Manager

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 650.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.4631

Amount of Each Receipt this Period

100.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Chad H Martin

Mailing Address 301 Rhode Island B18

City San Francisco State CA Zip Code 94103

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

Name of Employer Braden Partners, LP Occupation CFO

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.4616

Amount of Each Receipt this Period

5000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Russ Patera

Mailing Address 33730 La Canada Road

City Fallbrook State CA Zip Code 92028

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

Name of Employer APG Occupation Consultant

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.4621

Amount of Each Receipt this Period

2500.00

Contribution

SUBTOTAL of Receipts This Page (optional)

7600.00

TOTAL This Period (last page this line number only)

10850.00

**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)
BENNET FOR COLORADO

Transaction ID: SB23.4642

Date of Disbursement

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

Mailing Address 2300 15TH STREET SUITE 425

Amount of Each Disbursement this Period

4000.00

City State Zip Code
DENVER CO 80202

Purpose of Disbursement
Contribution

011
Category/ Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: CO District: 00

B.

Full Name (Last, First, Middle Initial)
COMMITTEE TO ELECT CHRIS MURPHY

Transaction ID: SB23.4636

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	7		2	0	0	9

Mailing Address P.O. Box 127

Amount of Each Disbursement this Period

1000.00

City State Zip Code
Cheshire CT 06410

Purpose of Disbursement
Contribution

011
Category/ Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: CT District: 05

C.

Full Name (Last, First, Middle Initial)
FRIENDS OF JOHN TANNER

Transaction ID: SB23.4634

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	0	9

Mailing Address Post Office Box 1994
Post Office Box 1994

Amount of Each Disbursement this Period

2500.00

City State Zip Code
Union City TN 38281

Purpose of Disbursement
Contribution

011
Category/ Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: District:

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

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**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 12 / 13

<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) HOYER FOR CONGRESS	Transaction ID: SB23.4641 Date of Disbursement
	Mailing Address 7905 MALCOLM ROAD SUITE 102	<input type="text" value="10"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City CLINTON State MD Zip Code 20735	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution Candidate Name	<input type="text" value="5000.00"/>
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05	<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) JOHN LEWIS FOR CONGRESS	Transaction ID: SB23.4640 Date of Disbursement
	Mailing Address 303 Peachtree Street, NE Suite 5300	<input type="text" value="08"/> / <input type="text" value="03"/> / <input type="text" value="2009"/>
	City Atlanta State GA Zip Code 30308	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: GA District: 05	<input type="text" value="011"/> Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) STABENOW FOR US SENATE	Transaction ID: SB23.4633 Date of Disbursement
	Mailing Address PO BOX 4945	<input type="text" value="07"/> / <input type="text" value="21"/> / <input type="text" value="2009"/>
	City EAST LANSING State MI Zip Code 48826	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution Candidate Name	<input type="text" value="2500.00"/>
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 00	<input type="text" value="011"/> Category/Type
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="9500.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="17000.00"/>

**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 / 13

<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)
Braden Partners, LP (dba Pacific Pulmonary Services)

Mailing Address 88 Rowland Way
#300

City State Zip Code
Novato CA 94945

Purpose of Disbursement
Advance for PPSPAC Administrative Costs
Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General
 Other (specify) ▼
State: District:

Transaction ID: SB29.4638
Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
Braden Partners, LP (dba Pacific Pulmonary Services)

Mailing Address 88 Rowland Way
#300

City State Zip Code
Novato CA 94945

Purpose of Disbursement
Postage Reimbursement
Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General
 Other (specify) ▼
State: District:

Transaction ID: SB29.4644
Date of Disbursement

/ /

Amount of Each Disbursement this Period

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)