The Atlantic Building 950 F. Street, N.W. Washington, DC 20004-2601

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William B. Anaya

Direct Dial: 202-239-3818

E-mail: bill.anaya@alston.com

December 24, 2009

Federal Election Commission 999 E Street, N.W. Washington, D.C. 20463

Re: Statement of Organization-PSS World Medical, Inc. PAC

To Whom It May Concern:

Enclosed, please find a Statement of Organization signed by David Klarner, Treasurer of PSS World Medical, Inc. PAC. Please direct all future communications regarding PSS World Medical, Inc. PAC to me, PSS World Medical, Inc. PAC's legal adviser.

Thank you for your time and consideration. With every best wish I am

Sincerely yours,

Enclosures

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FECHAL CENTER

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FEC FORM 1			TEMEN SANIZ <i>I</i>			:	Office Use Only	
1. NAME OF COMMITTEE (in	ı full)	(Check	if name		aple:If typing, type the lines.	12FE4M		
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ADDRESS (number a	nd street)	4, 3, 4, 5,	S o u t	h <sub>i</sub> p <sub>i</sub> o	int Bilv	<u>d</u>		
(Check if a	ddress							
is changed	)	J <sub>i</sub> a <sub>i</sub> c <sub>i</sub> k <sub>i</sub> s	o, n, v, i	l,l <sub>,</sub> e		FIL	3,2,2,1,6,-	
			ı	CITY		STATE	ZIP CODE	
COMMITTEE'S E-MA	AIL ADDRE	SS (Please provi	de only one e	-mail add	ress)			
(Check if	address	j <sub>i</sub> d <sub>i</sub> e <sub>i</sub> r <sub>i</sub>	i <sub>l</sub> e <sub>l</sub> n <sub>l</sub> z <sub>i</sub> i	յ s <sub>i</sub> @ յ	o <sub>i</sub> s <sub>i</sub> s <sub>i</sub> d <sub>i</sub> . <sub>i</sub> c <sub>i</sub> o <sub>i</sub> m	<u> </u>		
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COMMITTEE'S WEE	PAGE AD	DRESS (URL)						
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(Check if is change	address ed)							
				_				
2. DATE		بيبي ، ال						
3. FEC IDENTIFI	3. FEC IDENTIFICATION NUMBER							
4. IS THIS STATEMENT NEW (N) OR AMENDED (A)								
I certify that I have	examined t	his Statement an	d to the bes	t of my k	nowledge and belief i	t is true, com	ect and complete.	
Type or Print Name of Treasurer David Klarner								
Signature of Treasur	er	Im				Date [	2 23 2009	
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.  ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.								
Office Use Only					For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)	

3.

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	FF	C For	m 1 (Revised 02/2009)	Page <b>2</b>
5.			OMMITTEE	- rage £
-			Committee:	
	(a)		This committee is a principal campaign committee. (Complete the candidate information below.)	,
	(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	elete the candidate
	Name Candid			
	Candid Party /	date Affiliatio	Office Sought: House Senate President	State
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name Candid			
	Party	Com	mittee:	•
	(d)			Democratic, Republican, etc.) Party.
	Politi	cal A	ction Committee (PAC):	
	(e)	X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected organization is a
		(mart)	Corporation Corporation w/o Capital Stock	Labor Organization
			Membership Organization Trade Association	Cooperative
	•		In addition, this committee is a Lobbyist/Registrant PAC.	
	(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee)	gregated fund or party
			In addition, this committee is a Lobbyist/Registrant PAC.	
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	Joint	Fund	raising Representative:	····
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
		Com	mittees Participating in Joint Fundraiser	
		1.	FEC ID number	
		2.		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

FEC ID number

FEC ID number

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			_
	FEC Form 1 (Revised (	12/2009)	Page 3
V	Vrite or Type Committee Name	ı	
PS	SS World Medical, Inc. PA	<u> </u>	
6.	Name of Any Connected C	Organization, Affiliated Committee, Joint Fundralsing Represen	ntative, or Leadership PAC Sponsor
LF	P S S   W o r I d   N	//e d i c a I ,   I n c .	11111111111
L			
	Mailing Address	4 3 4 5   S o u t h p o i n t   B i v d .	
		Jacksonville       F	- <sub>[L]</sub> [3, 2, 2, 1, 6] - [ , , , ,
		CITY S	TATE ZIP CODE
	Relationship: X Connect	ed Organization Affiliated Committee Joint Fundraising Re	epresentative Leadership PAC Sponsor
7.	Custodian of Records: Idea books and records.	ntify by name, address (phone number optional) and position of	of the person in possession of committee
	Full Name J o s	h,u,a, D,e,R,i,e,n,z,i,s, , , , , , , , , , ,	
	Mailing Address		
		[ J, a, c, k, s, o, n, v, i, I, I, e, , , , , , , ]	F <sub>1</sub> L 3 <sub>1</sub> 2 <sub>1</sub> 2 <sub>1</sub> 1 <sub>1</sub> 6 - 1 1 1
	Title or Position	CITY	ATE ZIP CODE
	A s s i i s t a n t	Telephone number	9,0,4]-[3,3,2]-[4,1,2,2
8.	Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of the corassistant treasurer).	mmittee; and the name and address of
	Full Name of Treasurer D <sub>i</sub> a <sub>i</sub> v <sub>i</sub>	iլdլ լKլlլaլrլnլeլrլ լ լ լ լ լ լ լ լ լ	<del></del>
	Mailing Address	[4, 3, 4, 5, , S, o, u, t, h, p, o, i, n, t, , B, I, v, d, .	• • • • • • • • • • • • • • • • • • • •
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FEC Form 1 (Revise	d 02/2009)		Page 4		
Full Name of Designated Agent J o s	h, u, a, , D, e, R, i, e, n, z, i, s, , , , , , , , ,				
Mailing Address	4, 3, 4, 5, , S, o, u, t, h, p, o, i, n, t, , B, I, v	/_d			
		<del></del>			
	[ J <sub>1</sub> a <sub>1</sub> c <sub>1</sub> k <sub>1</sub> s <sub>1</sub> o <sub>1</sub> n <sub>1</sub> v <sub>1</sub> i <sub>1</sub> l <sub>1</sub> l <sub>2</sub> e <sub>1</sub>	F <sub>I</sub> L STATE	3, 2, 2, 1, 6 ZIP CODE		
Title or Position  A s s i i s t a n t	Telephone no	umber [9 <sub>.</sub> 0	0,4]-[3,3,2]-[4,1,2,2]		
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.  Name of Bank, Depository, etc.					
[B <sub>i</sub> a <sub>i</sub> n <sub>i</sub>	k <sub>   </sub> o <sub> </sub> f <sub>   </sub> A <sub> </sub> m <sub> </sub> e <sub> </sub> r <sub> </sub> i <sub> </sub> c <sub> </sub> a <sub>                                     </sub>	4444			
Mailing Address	6, 0, 0, , P, e, a, c, h, t, r, e, e, , S, t, . , , l	V <sub>I</sub> E <sub>1</sub> 1 1			
			<del></del>		
	[A, t, I, a, n, t, a, , , , , , , , , , , , , , , , ,	$G_iA$	3,0,3,0,8 -		
	CITY	STATE	ZIP CODE		
Name of Bank, Depository,	etc.				
لللا		<del>                                      </del>			
Mailing Address					
			<u> </u>		
•	CITY	STATE	ZIP CODE		

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING D The FEC added this page to the end of this filing to indicate he	
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked 12/24/29
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirm	ation™ Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Business	Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	ceipt or Postmarked
EN-	1/5/10
(3/2005)	DATE PREPARED