

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)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Report for the: Post-Election, General, Runoff, Special

5. Covering Period 04 01 2010 through 06 30 2010

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 03 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.

Table with 7 columns and 1 row for 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	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	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>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		15558.61
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	16648.61									
(c) Total Receipts (from Line 19)	10990.00	17080.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	27638.61	32638.61								
7. Total Disbursements (from Line 31)	0.00	5000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	27638.61	27638.61								
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

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	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

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)	10990.00	16990.00
(ii) Unitemized	0.00	90.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	10990.00	17080.00
(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)	10990.00	17080.00
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	0.00
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))	10990.00	17080.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	10990.00	17080.00

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.....	0.00	5000.00
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.....	0.00	0.00
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))..	0.00	5000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	5000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	10990.00	17080.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10990.00	17080.00
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 / 8
(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

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

<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 ▼ 225.00</p>	<p>Date of Receipt 05 / 07 / 2010</p> <p>Transaction ID: SA11AI.4663</p> <p>Amount of Each Receipt this Period 200.00</p> <p>Contribution</p>
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<p>B. 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 ▼ 300.00</p>	<p>Date of Receipt 06 / 29 / 2010</p> <p>Transaction ID: SA11AI.4664</p> <p>Amount of Each Receipt this Period 75.00</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 ▼ 360.00</p>	<p>Date of Receipt 05 / 07 / 2010</p> <p>Transaction ID: SA11AI.4659</p> <p>Amount of Each Receipt this Period 320.00</p> <p>Contribution</p>
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SUBTOTAL of Receipts This Page (optional)	595.00
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 / 8
(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 State Zip Code
Albuquerque NM 87122

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
PPS Region Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 06 / 29 / 2010

Transaction ID: SA11AI.4660

Amount of Each Receipt this Period 120.00

Contribution

B. 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 Occupation
n/a Home maker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 05 / 04 / 2010

Transaction ID: SA11AI.4658

Amount of Each Receipt this Period 5000.00

Contribution

C. 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 Occupation
Pacific Pulmonary Services CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 05 / 04 / 2010

Transaction ID: SA11AI.4657

Amount of Each Receipt this Period 5000.00

Contribution

SUBTOTAL of Receipts This Page (optional) 10120.00

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 / 8
	(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 05 / 07 / 2010
Mailing Address 1502 NE Parkside Drive		Transaction ID: SA11AI.4661
City Hillsboro	State OR	Zip Code 97124
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
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 06 / 29 / 2010
Mailing Address 1502 NE Parkside Drive		Transaction ID: SA11AI.4662
City Hillsboro	State OR	Zip Code 97124
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
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 ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	275.00
TOTAL This Period (last page this line number only)	10990.00