

MED-MART / PPS PACIFIC PULMONARY SERVICES

August 24, 2004

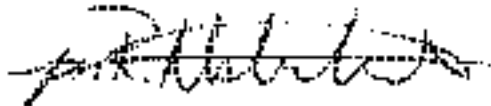
Federal Election Commission
Attn: Bradley Decker
999 E Street, N.W.
Washington, DC 20463

To whom it may concern:

This letter is in response to the attached notice dated August 18, 2004. I have attached a revised statement of organization for the Pacific Pulmonary Services Political Action Committee. This revised statement indicates that we do not share control or financing from an affiliated or connected organization and have accordingly noted "none" on Line 6.

If you should have any questions, do not hesitate to call.

Sincerely,



Jon R. Alsterlund
Treasurer
415-893-1518 x235

88 Rowland Way, Suite 300
Novato, CA 94945
Phone (415) 893-1518
Fax (415) 893-1522

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RQ-1



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20543

August 18, 2004

Jon Alsterlind, Treasurer
Pacific Pulmonary Services
Political Action Committee
88 Rowland Way, Suite 300
Novato, CA 94945

Response Due Date:
September 17, 2004

Identification Number: C00403998

Reference: Statement of Organization, dated 07/15/04

Dear Mr. Alsterlind:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. This notice requests information essential to full public disclosure of your federal election campaign finances. **An adequate response must be received at the Commission by the response date noted above.** An itemization of the information needed follows:

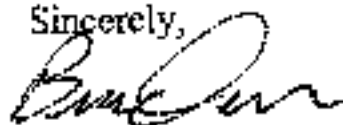
-Any affiliated or connected organization must be identified on your Statement of Organization. For further guidance on affiliated committees and connected organizations, please refer to 11 CFR §§100.5(g) and 100.6. If there are no other committees or organizations with which you share control or financing, please indicate "None" on Line 6. If you do share control or financing with other committees or organizations, please list their names, addresses, and relationships on Line 6. 11 CFR §102.2

Unlike previous election cycles, you will not receive an additional notice from the Commission on this matter. Adequate responses received on or before this date will be taken into consideration in determining whether audit action will be initiated. **Requests for extensions of time in which to respond will not be considered.** Failure to provide an adequate response by this date may result in an audit of the committee. Failure to comply with the provisions of the Act may also result in an enforcement action against the committee. Any response submitted by your committee will be placed on the public record and will be considered by the Commission prior to taking enforcement action.

Electronic filers must file amendments (to include statements, designations and reports) in an electronic format and must submit an amended report in its entirety, rather

than just those portions of the report that are being amended. If you should have any questions regarding this matter or wish to verify the adequacy of your response, please contact me on our toll-free number (800) 424-9530 (at the prompt press 5 to reach the Reports Analysis Division) or my local number (202) 694-1301.

Sincerely,



Bradley Decker
Campaign Finance Analyst
Reports Analysis Division

OPERATIONS CENTER
2004 SEP -1 A 10 15

FEC
FORM 1

STATEMENT OF
ORGANIZATION

OMB Use Only

1. NAME OF
COMMITTEE (In full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12F24ME

Pacific Pulmonary Services Political Action Committee

ADDRESS (number and street)

88 Rowland Way, Suite 300

(Check if address
is changed)

Novato

CA

94945

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

PRSPAC@PPSG.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

415 893 1522

2. DATE

07 15 2004

3. FEC IDENTIFICATION NUMBER ▶

C1

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer ION R. ALSTERLIND

Signature of Treasurer

Date

07 15 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only				
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For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-594-1100

FEC FORM 1
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (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. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

- (e) This committee is a separate segregated fund.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

None _____

Mailing Address _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship _____

Type of Connected Organization:

- Corporation
- Corporation w/o Capital Stock
- Labor Organization
- Membership Organization
- Trade Association
- Cooperative

Write or Type Committee Name

PACIFIC PULMONARY SERVICES POLITICAL ACTION COMMITTEE

7. Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

Full Name Teresa GraterMailing Address c/o Pacific Pulmonary Services2929 F StreetBakersfield CA 93301Title or Position Assistant Treasurer CITY Bakersfield STATE CA ZIP CODE 93301Telephone number 661 631 5050

8. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Jon R. AlsterlundMailing Address c/o Pacific Pulmonary Services88 Rowland Way, Suite 300Novato CA 94945Title or Position Treasurer CITY Novato STATE CA ZIP CODE 94945Telephone number 415 893 1518Full Name of Designated Agent Teresa GraterMailing Address c/o Pacific Pulmonary Services2929 F StreetBakersfield CA 93301Title or Position Assistant Treasurer CITY Bakersfield STATE CA ZIP CODE 93301Telephone number 661 631 5050

9. Banks or Other Depositories: List all banks or other depositories in which the candidate deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

COMERICA BANK

Mailing Address

5209 North Palm Avenue, Suite 320

Fresno

CA

93704

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked 8-24-04
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
	Delivery 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
<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
<i>SW</i> PREPARER (5/2004)	9-1-04 DATE PREPARED