

MED-MART /  PACIFIC PULMONARY SERVICES

July 21, 2004

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

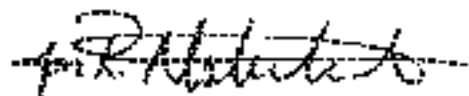
RECEIVED
FEC MAIL
OPERATIONS CENTER
JUN 26 A 11:07

To whom it may concern.

We are forming an independent committee and have enclosed FEC Form 1 - Statement of Organization.

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

Sincerely,



Jon R. Alsterlind
Controller
415-893-1518 x235

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

RECEIVED
FEC MAIL
OPERATIONS CENTER
MON JUL 26 A 11:07

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. 121FEAMS

Pacific Pulmonary Services Political Action Committee

ADDRESS (number and street) 88 Rowland Way, Suite 309

(Check if address is changed) Novato CA 94945

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS
PESYAC@PPSG.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER
415 - 893 - 1522

2. DATE 07 15 2004

3. FEC IDENTIFICATION NUMBER C

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 JON R. ALSTERLING

Signature of Treasurer *[Handwritten Signature]* 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. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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

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 Crater

Mailing Address c/o Pacific Pulmonary Services
2929 E Street
Bakersfield CA 93301

Title or Position Assistant Treasurer CITY CA STATE 93301 ZIP CODE 661 Telephone number 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. Alarmino

Mailing Address c/o Pacific Pulmonary Services
88 Rowland Way, Suite 300
Nevada CA 94945

Title or Position Treasurer CITY CA STATE 94945 ZIP CODE 415 Telephone number 893 1518

Full Name of Designated Agent Teresa Crater

Mailing Address c/o Pacific Pulmonary Services
2929 E Street
Bakersfield CA 93301

Title or Position Assistant Treasurer CITY CA STATE 93301 ZIP CODE 661 Telephone number 631 5050

9. 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.

COMERICA BANK

Mailing Address

5200 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 type="checkbox"/> USPS First Class Mail	Postmarked
<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 checked="" type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date 7-22-04
<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
 PREPARER	7-26-04 DATE PREPARED