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2005 SEP 19 A 9:16

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

Anesthesia Service Medical Group Good Gov't Fund - Federal

ADDRESS (number and street) ▼ 7185 Navajo Road, Suite L

Check if different than previously reported. (ACC)

San Diego | CA | 92119 -

2. **FEC IDENTIFICATION NUMBER** ▼ — CITY ▲ — STATE ▲ — ZIPCODE ▲

C00216184

3. IS THIS REPORT [X] 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:

[ ] Feb 20 (M2)	[ ] May 20 (M5)	[ ] Aug 20 (M8)	[ ] Nov 20 (M11) (Non-Election Year Only)
[ ] Mar 20 (M3)	[ ] Jun 20 (M6)	[ ] Sep 20 (M9)	[ ] Dec 20 (M12) (Non-Election Year Only)
[ ] Apr 20 (M4)	[ ] Jul 20 (M7)	[ ] Oct 20 (M10)	[ ] Jan 31 (YE)

(c) 12-Day **PRE**-Election Report for the: [X] Primary (12P) [ ] General (12G) [ ] Runoff (12R) [ ] Convention (12C) [ ] Special (12G)

Election on 10 04 2005 in the State of CA

(d) 30-Day **Post** -Election Report for the: [ ] General (30G) [ ] Runoff (30R) [ ] Special (30S)

Election on ____ in the State of ____

5. Covering Period 07 01 2005 through 09 14 2005

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 C. April Boling, CPA

Signature of Treasurer [signature] Date 09 14 2005

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							

FEC FORM 3X
(Rev. 02/2003)

25038340010

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name
Anesthesia Service Medical Group Good Gov't Fund - Federal

Report Covering the Period: From: M M 07 D D 01 Y Y Y Y 2005 To: M M 09 D D 14 Y Y Y Y 2005

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Y Y Y Y 2005		14660.15
(b) Cash on Hand at Begining of Reporting Period	22035.23	
(c) Total Receipts (from Line 19)	4290.00	15090.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	26325.23	29750.15
7. Total Disbursements (from Line 31)	5263.48	8688.40
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	21061.75	21061.75
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	

X 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

25038592001

DETAILED SUMMARY PAGE
OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Anesthesia Service Medical Group Good Gov't Fund - Federal

Report Covering the Period: From: M M 07 D D 01 Y Y Y Y 2005 To: M M 09 D D 14 Y Y Y Y 2005

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)	990.00	3015.00
(ii) Unitemized	3300.00	12075.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	4290.00	15090.00
(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) ▶	4290.00	15090.00
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))	4290.00	15090.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	4290.00	15090.00

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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	2663.48	3588.40
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ▶	2663.48	3588.40
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	2600.00	5100.00
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))	5263.48	8688.40
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)	5263.48	8688.40

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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)	4290.00	15090.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4290.00	15090.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2663.48	3588.40
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2663.48	3588.40

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) PAGE 6 / 13

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 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)
Anesthesia Service Medical Group Good Gov't Fund - Federal

A.
Full Name (Last, First, Middle Initial): Dr. Marvin Benson
Mailing Address: 13890 Crest Way
City: Del Mar State: CA Zip Code: 92014
FEC ID number of contributing federal political committee: C
Name of Employer: ASMG
Occupation: Anesthesiologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 385.00
Date of Receipt: MM / DD / YYYY
Transaction ID: 11(a)(i)14323
Amount of Each Receipt this Period: 110.00
Payroll Deduction ($55 Monthly)

B.
Full Name (Last, First, Middle Initial): Dr. Robert Brucker
Mailing Address: 9539 Genesee Ave. No. 421
City: San Diego State: CA Zip Code: 92121
FEC ID number of contributing federal political committee: C
Name of Employer: ASMG
Occupation: Anesthesiologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 350.00
Date of Receipt: MM / DD / YYYY
Transaction ID: 11(a)(i)14325
Amount of Each Receipt this Period: 100.00
Payroll Deduction ($50 Monthly)

C.
Full Name (Last, First, Middle Initial): Dr. Brock Fisher
Mailing Address: 2425 Marilouise Way
City: San Diego State: CA Zip Code: 92103
FEC ID number of contributing federal political committee: C
Name of Employer: ASMG
Occupation: Anesthesiologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 210.00
Date of Receipt: MM / DD / YYYY
Transaction ID: 11(a)(i)14330
Amount of Each Receipt this Period: 60.00
Payroll Deduction ($30 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 270.00

TOTAL This Period (last page this line number only) ▶

25053594065

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) | PAGE 7 / 13

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Anesthesia Service Medical Group Good Gov't Fund - Federal

A. Full Name (Last, First, Middle Initial)
Dr. Bradley Foltz

Mailing Address 12385 Sycamore Ridge Court

City: San Diego | State: CA | Zip Code: 92131

FEC ID number of contributing federal political committee. C

Name of Employer: ASMG

Occupation: Anesthesiologist

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date: 210.00

Date of Receipt: M M / D D / Y Y Y Y

Transaction ID: 11(a)(i)14332

Amount of Each Receipt this Period: 60.00

Payroll Deduction ($30 Monthly)

B. Full Name (Last, First, Middle Initial)
Dr. Claudia Herd

Mailing Address 16723 Circa Del Norte

City: Rancho Santa Fe | State: CA | Zip Code: 92067

FEC ID number of contributing federal political committee. C

Name of Employer: ASMG

Occupation: Anesthesiologist

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date: 350.00

Date of Receipt: M M / D D / Y Y Y Y

Transaction ID: 11(a)(i)14366

Amount of Each Receipt this Period: 100.00

Payroll Deduction ($50 Monthly)

C. Full Name (Last, First, Middle Initial)
Dr. Garth Huston

Mailing Address 407 Shore View Lane

City: Del Mar | State: CA | Zip Code: 92024

FEC ID number of contributing federal political committee. C

Name of Employer: ASMG

Occupation: Anesthesiologist

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date: 350.00

Date of Receipt: M M / D D / Y Y Y Y

Transaction ID: 11(a)(i)14336

Amount of Each Receipt this Period: 100.00

Payroll Deduction ($50 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 260.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) PAGE 8 / 13

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Anesthesia Service Medical Group Good Gov't Fund - Federal

A. Full Name (Last, First, Middle Initial)
Dr. Dandy Lee

Mailing Address 701 Midori Ct.

City: Solana Beach | State: CA | Zip Code: 92075

FEC ID number of contributing federal political committee. C

Name of Employer: ASMG

Occupation: Anesthesiologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 350.00

Date of Receipt: M M / D D / Y Y Y Y

Transaction ID: 11(a)(i)14390

Amount of Each Receipt this Period: 100.00

Payroll Deduction ($50 Monthly)

B. Full Name (Last, First, Middle Initial)
Dr. Alex Pue

Mailing Address 3626 Ruffin Road

City: San Diego | State: CA | Zip Code: 92123

FEC ID number of contributing federal political committee. C

Name of Employer: ASMG

Occupation: Anesthesiologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 350.00

Date of Receipt: M M / D D / Y Y Y Y

Transaction ID: 11(a)(i)14382

Amount of Each Receipt this Period: 100.00

Payroll Deduction ($50 Monthly)

C. Full Name (Last, First, Middle Initial)
Dr. Stephen Rogers

Mailing Address 1340 Opal Street

City: San Diego | State: CA | Zip Code: 92109

FEC ID number of contributing federal political committee. C

Name of Employer: ASMG

Occupation: Anesthesiologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 350.00

Date of Receipt: M M / D D / Y Y Y Y

Transaction ID: 11(a)(i)14343

Amount of Each Receipt this Period: 100.00

Payroll Deduction ($50 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) | PAGE 9 / 13

[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Anesthesia Service Medical Group Good Gov't Fund - Federal

A.
Full Name (Last, First, Middle Initial)
Dr. Barbara Strawn
Mailing Address 12852 Via Nestore
City: Del Mar | State: CA | Zip Code: 92014
FEC ID number of contributing federal political committee. C
Name of Employer: ASMG
Occupation: Anesthesiologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 210.00
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: 11(a)(i)14345
Amount of Each Receipt this Period: 60.00
Payroll Deduction ($30 Monthly)

B.
Full Name (Last, First, Middle Initial)
Dr. John Wright
Mailing Address 3063 Cranbrook Court
City: La Jolla | State: CA | Zip Code: 92037
FEC ID number of contributing federal political committee. C
Name of Employer: ASMG
Occupation: Anesthesiologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 350.00
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: 11(a)(i)14350
Amount of Each Receipt this Period: 100.00
Payroll Deduction ($50 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶	160.00
TOTAL This Period (last page this line number only) ▶	990.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use seperate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
[X] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b

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NAME OF COMMITTEE (In Full)
Anesthesia Service Medical Group Good Gov't Fund - Federal

A.
Full Name (Last, First, Middle Initial): C. April Ms. Boling, CPA
Mailing Address: 7185 Navajo Road Suite L
City: San Diego State: CA Zip Code: 92119
Purpose of Disbursement: Accounting
Candidate Name:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify) ▼
Transaction ID: B21(b)458
Date of Disbursement: 08 / 22 / 2005
Amount of Each Disbursement this Period: 108.00

B.
Full Name (Last, First, Middle Initial): C. April Ms. Boling, CPA
Mailing Address: 7185 Navajo Road Suite L
City: San Diego State: CA Zip Code: 92119
Purpose of Disbursement: Accounting
Candidate Name:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify) ▼
Transaction ID: B21(b)450
Date of Disbursement: 07 / 16 / 2005
Amount of Each Disbursement this Period: 108.00

C.
Full Name (Last, First, Middle Initial): C. April Ms. Boling, CPA
Mailing Address: 7185 Navajo Road Suite L
City: San Diego State: CA Zip Code: 92119
Purpose of Disbursement: Postage
Candidate Name:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify) ▼
Transaction ID: B21(b)451
Date of Disbursement: 07 / 16 / 2005
Amount of Each Disbursement this Period: 4.88

SUBTOTAL of Disbursements This Page (optional) ▶ 220.88

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use seperate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
[X] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b

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NAME OF COMMITTEE (In Full)
Anesthesia Service Medical Group Good Gov't Fund - Federal

A. Full Name (Last, First, Middle Initial)
C. April Ms. Boling, CPA

Mailing Address 7185 Navajo Road Suite L

City: San Diego | State: CA | Zip Code: 92119

Purpose of Disbursement: Software reimbursement

Candidate Name

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify) ▼

Transaction ID: B21(b)452
Date of Disbursement: 07 / 16 / 2005

Amount of Each Disbursement this Period: 50.00

B. Full Name (Last, First, Middle Initial)
Cook Political Report

Mailing Address 600 New Hampshire NW

City: Washington | State: DC | Zip Code: 20037

Purpose of Disbursement: Subscription

Candidate Name

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify) ▼

Transaction ID: B21(b)446
Date of Disbursement: 07 / 16 / 2005

Amount of Each Disbursement this Period: 470.00

C. Full Name (Last, First, Middle Initial)
National Journal Group, Inc

Mailing Address P.O. Box 96157

City: Washington | State: DC | Zip Code: 20077-7509

Purpose of Disbursement: Subscription

Candidate Name

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify) ▼

Transaction ID: B21(b)448
Date of Disbursement: 07 / 16 / 2005

Amount of Each Disbursement this Period: 107.10

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 627.10

TOTAL This Period (last page this line number only) ..... ▶

25053934015

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use seperate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

[X] 21b	[ ] 22	[ ] 23	[ ] 24	[ ] 25	[ ] 26
[ ] 27	[ ] 28a	[ ] 28b	[ ] 28c	[ ] 29	[ ] 30b

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NAME OF COMMITTEE (In Full)
Anesthesia Service Medical Group Good Gov't Fund - Federal

A.
Full Name (Last, First, Middle Initial)
National Journal Group, Inc

Mailing Address P.O. Box 96157

City: Washington | State: DC | Zip Code: 20077-7509

Purpose of Disbursement: Subscription

Candidate Name

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify) ▼

Transaction ID: B21(b)447
Date of Disbursement: M M 07 / D D 16 / Y Y Y Y 2005

Amount of Each Disbursement this Period: 1799.00

B.
Full Name (Last, First, Middle Initial)
Unitemized disbursements

Mailing Address 7185 Navajo Road, Suite L

City: San Diego | State: CA | Zip Code: 92119

Purpose of Disbursement: Unitemized expenses

Candidate Name

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify) ▼

Transaction ID: B21(b)09/14/2005
Date of Disbursement: M M / D D / Y Y Y Y

Amount of Each Disbursement this Period: 16.50

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 1815.50

TOTAL This Period (last page this line number only) ..... ▶ 2663.48

25050392011

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use seperate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)
Anesthesia Service Medical Group Good Gov't Fund - Federal

A.
Full Name (Last, First, Middle Initial): Campbell for Congress
Mailing Address: 4590 MacArthur Blvd Suite 500
City: Newport Beach State: CA Zip Code: 92660
Purpose of Disbursement: Political Contribution
Candidate Name: John Campbell
Category/Type: 011
Office Sought: X House / Senate / President
State: CA District: 48
Disbursement For: 2005 ☐ Primary ☐ General ☒ Other (specify) ▼
Transaction ID: B23461
Date of Disbursement: 09 / 07 / 2005
Amount of Each Disbursement this Period: 2100.00

B.
Full Name (Last, First, Middle Initial): Lincoln Club of San Diego County
Mailing Address: 7185 Navajo Road Suite L
City: San Diego State: CA Zip Code: 92119
Purpose of Disbursement: Political Contribution
Candidate Name:
Category/Type: 011
Office Sought: House / Senate / President
State: District:
Disbursement For: 005" ☐ Primary ☐ General ☐ Other (specify) ▼
Transaction ID: B23449
Date of Disbursement: 07 / 16 / 2005
Amount of Each Disbursement this Period: 500.00

SUBTOTAL of Disbursements This Page (optional) ▶	2600.00
TOTAL This Period (last page this line number only) ▶	2600.00

25039912

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.

☐ Hand Delivered	Date of Receipt
☐ USPS First Class Mail	Postmarked
☐ USPS Registered/Certified	Postmarked (R/C)
☐ USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label ☐	
☐ USPS Express Mail	Postmarked
☐ Postmark Illegible	
☐ No Postmark	
☑ Overnight Delivery Service (Specify): Fed Ex	Shipping Date 9-16-05
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):	Date of Receipt or Postmarked
JMW PREPARER	9-19-05 DATE PREPARED

(3/2005)