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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

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)

CITY ▲	STATE ▲	ZIPCODE ▲
San Diego	CA	92119 -

2. **FEC IDENTIFICATION NUMBER** ▼ C00216184

3. IS THIS REPORT ☒ 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)
- ☐ Mar 20 (M3)
- ☐ Apr 20 (M4)
- ☐ May 20 (M5)
- ☐ Jun 20 (M6)
- ☐ Jul 20 (M7)
- ☐ Aug 20 (M8)
- ☐ Sep 20 (M9)
- ☐ Oct 20 (M10)
- ☐ Nov 20 (M11) (Non-Election Year Only)
- ☐ Dec 20 (M12) (Non-Election Year Only)
- ☐ Jan 31 (YE)

(c) 12-Day **PRE**-Election Report for the:

- ☐ Primary (12P)
- ☐ Convention (12C)
- ☐ General (12G)
- ☐ Special (12G)
- ☐ Runoff (12R)

Election on ____ in the State of ____

(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 2007 through 12 31 2007

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 _____ Date 01 12 2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

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FEC FORM 3X
(Rev. 02/2003)

28039591005

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: MM 07 DD 01 YYYY 2007 To: MM 12 DD 31 YYYY 2007

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 YYYY 2007		8222.19
(b) Cash on Hand at Begining of Reporting Period	3276.61	
(c) Total Receipts (from Line 19)	12055.00	12055.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	15331.61	20277.19
7. Total Disbursements (from Line 31)	8421.61	13367.19
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	6910.00	6910.00
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

28039591006

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: MM 07 DD 01 YYYY 2007 To: MM 12 DD 31 YYYY 2007

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)	1420.00	1420.00
(ii) Unitemized	10635.00	10635.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	12055.00	12055.00
(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) ▶	12055.00	12055.00
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))	12055.00	12055.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	12055.00	12055.00

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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	2421.61	2867.19
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ▶	2421.61	2867.19
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	6000.00	10500.00
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))	8421.61	13367.19
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)	8421.61	13367.19

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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)	12055.00	12055.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12055.00	12055.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2421.61	2867.19
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2421.61	2867.19

28039591009

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 12
(check only one)
[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: 220.00
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: 11(a)(i)17130
Amount of Each Receipt this Period: 220.00
Payroll Deduction ($55 Monthly)

B.
Full Name (Last, First, Middle Initial)
Dr. Terrance Breen
Mailing Address 5503 Rutgers Road
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: 400.00
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: 11(a)(i)17215
Amount of Each Receipt this Period: 400.00
Payroll Deduction ($100 Monthly)

C.
Full Name (Last, First, Middle Initial)
Dr. Brandon Giap
Mailing Address 6715 Rancho Toyon Place
City: San Diego State: CA Zip Code: 92130
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: 400.00
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: 11(a)(i)17221
Amount of Each Receipt this Period: 400.00
Payroll Deduction ($100 Monthly)

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1020.00

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

28039591010

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 / 12

[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. S. Michael Millbern

Mailing Address 5463 Fremontia Lane

City: San Diego
State: CA
Zip Code: 92115

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 ▼
400.00

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

Transaction ID: 11(a)(i)17213

Amount of Each Receipt this Period
400.00

Payroll Deduction ($100 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶	400.00
TOTAL This Period (last page this line number only) ▶	1420.00

28039591011

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): Atlantic Information Services
Mailing Address: 1100 17th St, N.W. Suite 300
City: Washington State: DC Zip Code: 20036-4631
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)579
Date of Disbursement: 07 / 18 / 2007
Amount of Each Disbursement this Period: 787.00

B. Full Name (Last, First, Middle Initial): C. April 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)589
Date of Disbursement: 10 / 22 / 2007
Amount of Each Disbursement this Period: 108.00

C. Full Name (Last, First, Middle Initial): C. April 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)588
Date of Disbursement: 09 / 27 / 2007
Amount of Each Disbursement this Period: 216.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 1111.00

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

28039591012

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 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)583
Date of Disbursement: 08 / 04 / 2007
Amount of Each Disbursement this Period: 175.67

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)580
Date of Disbursement: 07 / 18 / 2007
Amount of Each Disbursement this Period: 470.00

C.
Full Name (Last, First, Middle Initial): National Journal Group, Inc
Mailing Address: P.O. Box 64408
City: Baltimore | State: MD | Zip Code: 21298-8228
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)578
Date of Disbursement: 07 / 18 / 2007
Amount of Each Disbursement this Period: 104.94

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 750.61

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

28039591013

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 64408

City: Baltimore
State: MD
Zip Code: 21298-8228

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)577
Date of Disbursement: 07 / 18 / 2007

Amount of Each Disbursement this Period: 560.00

SUBTOTAL of Disbursements This Page (optional) ▶	560.00
TOTAL This Period (last page this line number only) ▶	2421.61

28039591014

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): Andy Harris for Congress
Mailing Address: PO Box 1527
City: Annapolis State: MD Zip Code: 21404
Purpose of Disbursement: Political Contribution
Candidate Name: Andy Harris
Category/Type: 011
Office Sought: X House ☐ Senate ☐ President
State: MD District: 1
Disbursement For: 2008 X Primary ☐ General ☐ Other (specify) ▼
Transaction ID: B23592
Date of Disbursement: 10 / 30 / 2007
Amount of Each Disbursement this Period: 2500.00

B. Full Name (Last, First, Middle Initial): Andy Harris for Congress
Mailing Address: PO Box 1527
City: Annapolis State: MD Zip Code: 21404
Purpose of Disbursement: Political Contribution
Candidate Name: Andy Harris
Category/Type: 011
Office Sought: X House ☐ Senate ☐ President
State: MD District: 1
Disbursement For: 2008 X Primary ☐ General ☐ Other (specify) ▼
Transaction ID: B23586
Date of Disbursement: 09 / 25 / 2007
Amount of Each Disbursement this Period: 1500.00

C. Full Name (Last, First, Middle Initial): Bob Filner for Congress
Mailing Address: P.O. Box 127868
City: San Diego State: CA Zip Code: 92112
Purpose of Disbursement: Political Contribution
Candidate Name: Bob Filner
Category/Type: 011
Office Sought: X House ☐ Senate ☐ President
State: CA District: 51
Disbursement For: 2008 X Primary ☐ General ☐ Other (specify) ▼
Transaction ID: B23582
Date of Disbursement: 08 / 04 / 2007
Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 5000.00

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

28039591015

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)
Issa for Congress

Mailing Address PO Box 760

City: Vista
State: CA
Zip Code: 92085

Purpose of Disbursement
Political Contribution

Candidate Name
Darrell Issa

Category/Type: 011

Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 49

Disbursement For: 2008
☒ Primary ☐ General
Other (specify) ▼

Transaction ID: B23593
Date of Disbursement: MM 10 / DD 30 / YYYY 2007

Amount of Each Disbursement this Period
1000.00

SUBTOTAL of Disbursements This Page (optional) ▶	1000.00
TOTAL This Period (last page this line number only) ▶	6000.00

28039591016

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
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☐ USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label	☐
☐ USPS Express Mail	Postmarked
☐ Postmark Illegible	
☐ No Postmark	
☑ Overnight Delivery Service (Specify): FEDEX	Shipping Date 1/14/08
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
PREPARER	DATE PREPARED 1/16/08

(3/2005)

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