24038660042

RECEIVED
FEC MAIL
OPERATIONS CENTER

2004 DEC -8 A 9:26

# 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 MALLING 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) ▼ 7195 Navajo Road, Suite L

Check if different than previously reported. (ACC)

San Diego — CITY ▲ — CA — STATE ▲ — 92119 — ZIPCODE ▲

2. FEC IDENTIFICATION NUMBER ▼ C00216164

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)
- [ ] 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) [ ] General (12G) [ ] Runoff (12R) [ ] Convention (12C) [ ] Special (12G)
Election on ____ In the State of ____

(d) 30-Day Post-Election Report for the: [X] General (30G) [ ] Runoff (30R) [ ] Special (30S)
Election on 11 02 2004 In the State of CA

5. Covering Period 10 01 2004 through 11 22 2004

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 ____ 12 02 2004

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)

# 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: 10 01 2004 To: 11 22 2004

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|---|---|
| 6. (a) Cash on Hand January 1 2004 | | 1003.59 |
| (b) Cash on Hand at Begining of Reporting Period | 8256.60 | |
| (c) Total Receipts (from Line 19) | 4340.00 | 22375.00 |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 12596.60 | 23378.59 |
| 7. Total Disbursements (from Line 31) | 2054.88 | 12836.87 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 10541.72 | 10541.72 |
| 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

# 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: 10 01 2004 To: 11 22 2004

| 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) | 4190.00 | |
| (ii) Unitemized | 150.00 | |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 4340.00 | 22375.00 |
| (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) | 4340.00 | 22375.00 |
| 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)) | 4340.00 | 22375.00 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 4340.00 | 22375.00 |

# 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 | 54.88 | 1286.87 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ➤ | 54.88 | 1286.87 |
| 22. Transfers to Affiliated/Other Party Committees | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees | 2000.00 | 11500.00 |
| 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 | 50.00 |
| (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 | 50.00 |
| 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)) | 2054.88 | 12836.87 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31) | 2054.88 | 12836.87 |

# 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) | 4340.00 | 22375.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 50.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 4340.00 | 22325.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 54.88 | 1286.87 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 54.88 | 1286.87 |

# 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 / 32

[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. John Arnold
Mailing Address 4871 Rancho Viejo Drive
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: 250.00
Date of Receipt
Transaction ID: 11(a)(i)13275
Amount of Each Receipt this Period: 50.00
Payroll Deduction ($25 Monthly)

**B.** Full Name (Last, First, Middle Initial)
Dr. Frank Barnack
Mailing Address 12514 Rue Cheaumont
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: 250.00
Date of Receipt
Transaction ID: 11(a)(i)13276
Amount of Each Receipt this Period: 50.00
Payroll Deduction ($25 Monthly)

**C.** Full Name (Last, First, Middle Initial)
Dr. Marvin Benson
Mailing Address 13690 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: 550.00
Date of Receipt
Transaction ID: 11(a)(i)13236
Amount of Each Receipt this Period: 110.00
Payroll Deduction ($55 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 210.00

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: (check only one) PAGE 7 / 32
[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. Kris Bjorson
Mailing Address 471 Carolina Road
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: 250.00
Date of Receipt
Transaction ID: 11(a)(i)13237
Amount of Each Receipt this Period: 50.00
Payroll Deduction ($25 Monthly)

**B.** Full Name (Last, First, Middle Initial)
Dr. C. Plowden Bridges
Mailing Address 1633 Altamira Place
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: 250.00
Date of Receipt
Transaction ID: 11(a)(i)13277
Amount of Each Receipt this Period: 50.00
Payroll Deduction ($25 Monthly)

**C.** 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: 500.00
Date of Receipt
Transaction ID: 11(a)(i)13238
Amount of Each Receipt this Period: 100.00
Payroll Deduction ($50 Monthly)

SUBTOTAL of Receipts This Page (optional) ..... ▶ 200.00

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 8/32
(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. James Cage
Mailing Address 4105 Alameda Drive
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: 250.00
Date of Receipt: MM / DD / YYYY
Transaction ID: 11(a)(i)13239
Amount of Each Receipt this Period: 50.00
Payroll Deduction ($25 Monthly)

**B.** Full Name (Last, First, Middle Initial)
Dr. Michael Capozzo
Mailing Address 5445 Shannon Ridge Lane
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: 250.00
Date of Receipt: MM / DD / YYYY
Transaction ID: 11(a)(i)13272
Amount of Each Receipt this Period: 50.00
Payroll Deduction ($25 Monthly)

**C.** Full Name (Last, First, Middle Initial)
Dr. Christopher Cary
Mailing Address 9838 Caminito Calor
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: 250.00
Date of Receipt: MM / DD / YYYY
Transaction ID: 11(a)(i)13240
Amount of Each Receipt this Period: 50.00
Payroll Deduction ($25 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 150.00

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: (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. Carol Ceriani
Mailing Address: 5301 Marlborough Drive
City: San Diego | State: CA | Zip Code: 92116
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: 250.00
Date of Receipt: / /
Transaction ID: 11(a)(i)13278
Amount of Each Receipt this Period: 50.00
Payroll Deduction ($25 Monthly)

**B.**
Full Name (Last, First, Middle Initial): Dr. Paul Corey
Mailing Address: 13550 Nogales Drive
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: 250.00
Date of Receipt: / /
Transaction ID: 11(a)(i)13308
Amount of Each Receipt this Period: 50.00
Payroll Deduction ($25 Monthly)

**C.**
Full Name (Last, First, Middle Initial): Dr. David W. Dockweiler
Mailing Address: 3650 Copper Crest Road
City: Ollvenhain | 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: 250.00
Date of Receipt: / /
Transaction ID: 11(a)(i)13299
Amount of Each Receipt this Period: 50.00
Payroll Deduction ($25 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 150.00

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 10 / 32
(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. Thomas Farrell
Mailing Address 13811 Nob Ave.
City: Del Mar State: CA Zip Code: 92014
FEC ID number of contributing federal political committee: C
Name of Employer: ASMG
Occupation: Anesthesiologist
Aggregate Year-to-Date: 250.00
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Date of Receipt: MM / DD / YYYY
Transaction ID: 11(a)(i)13242
Amount of Each Receipt this Period: 50.00
Payroll Deduction ($25 Monthly)

**B.** Full Name (Last, First, Middle Initial)
Dr. Brock Fisher
Mailing Address 2425 Marlouise Way
City: San Diego State: CA Zip Code: 92103
FEC ID number of contributing federal political committee: C
Name of Employer: ASMG
Occupation: Anesthesiologist
Aggregate Year-to-Date: 300.00
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Date of Receipt: MM / DD / YYYY
Transaction ID: 11(a)(i)13243
Amount of Each Receipt this Period: 60.00
Payroll Deduction ($30 Monthly)

**C.** Full Name (Last, First, Middle Initial)
Dr. Michael Flynn
Mailing Address 4768 Sun Valley Road
City: Del Mar State: CA Zip Code: 92014
FEC ID number of contributing federal political committee: C
Name of Employer: ASMG
Occupation: Anesthesiologist
Aggregate Year-to-Date: 250.00
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Date of Receipt: MM / DD / YYYY
Transaction ID: 11(a)(i)13244
Amount of Each Receipt this Period: 50.00
Payroll Deduction ($25 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ▶ 160.00

**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: (check only one) [X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

PAGE 11 / 32

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. 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: 300.00
Date of Receipt: M D Y
Transaction ID: 11(a)(i)13245
Amount of Each Receipt this Period: 60.00
Payroll Deduction ($30 Monthly)

**B.** Full Name (Last, First, Middle Initial)
Dr. David R. Gambling
Mailing Address 5868 Sandburg Avenue
City: San Diego State: CA Zip Code: 92122-4132
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: 250.00
Date of Receipt: M D Y
Transaction ID: 11(a)(i)13309
Amount of Each Receipt this Period: 50.00
Payroll Deduction ($25 Monthly)

**C.** Full Name (Last, First, Middle Initial)
Dr. Margaret Garahan
Mailing Address 751 Cabrillo Avenue
City: San Diego State: CA Zip Code: 92118
FEC ID number of contributing federal political committee: C
Name of Employer: ASMG
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: M D Y
Transaction ID: 11(a)(i)13318
Amount of Each Receipt this Period: 50.00
Payroll Deduction ($25 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 160.00

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 12 / 32
[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. Kathleen Gullahorn
Mailing Address 13646 Glencliff Way
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: 250.00
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: 11(a)(i)13246
Amount of Each Receipt this Period: 50.00
Payroll Deduction ($25 Monthly)

**B.**
Full Name (Last, First, Middle Initial)
Dr. Gerald R. Haas
Mailing Address 250 Jacob Lane
City: Encinitas
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: 250.00
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: 11(a)(i)13310
Amount of Each Receipt this Period: 50.00
Payroll Deduction ($25 Monthly)

**C.**
Full Name (Last, First, Middle Initial)
Dr. James Halcomb
Mailing Address 14355 Harvest Crescent
City: Poway
State: CA
Zip Code: 92064
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: 250.00
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: 11(a)(i)13307
Amount of Each Receipt this Period: 50.00
Payroll Deduction ($25 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ▶ 150.00

**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 13/32
(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. Said Hashemi
Mailing Address 7664 Hillside Drive
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: 250.00
Date of Receipt: M / D / Y
Transaction ID: 11(a)(i)13247
Amount of Each Receipt this Period: 50.00
Payroll Deduction ($25 Monthly)

**B.** Full Name (Last, First, Middle Initial)
Dr. P. Lance Hennicks
Mailing Address 549 Albion Street
City: San Diego State: CA Zip Code: 92106
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: 250.00
Date of Receipt: M / D / Y
Transaction ID: 11(a)(i)13295
Amount of Each Receipt this Period: 50.00
Payroll Deduction ($25 Monthly)

**C.** 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: 500.00
Date of Receipt: M / D / Y
Transaction ID: 11(a)(i)13279
Amount of Each Receipt this Period: 100.00
Payroll Deduction ($50 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 200.00

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: (check only one) PAGE 14 / 32

[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. Robert Hertzka
Mailing Address: P.O. Box 1018/17174 El Vuelo
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: 250.00
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: 11(a)(i)13246
Amount of Each Receipt this Period: 50.00
Payroll Deduction ($25 Monthly)

**B.** Full Name (Last, First, Middle Initial): Dr. David Hoban
Mailing Address: 3704 Rosecroft Lane
City: San Diego State: CA Zip Code: 92106
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: 250.00
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: 11(a)(i)13267
Amount of Each Receipt this Period: 50.00
Payroll Deduction ($25 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: 500.00
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: 11(a)(i)13249
Amount of Each Receipt this Period: 100.00
Payroll Deduction ($50 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 200.00

**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: (check only one) PAGE 15 / 32
[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. Gloria Hwang
Mailing Address 5131 1/2 Cape May Ave.
City: San Diego State: CA Zip Code: 92107
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: 250.00
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: 11(a)(i)13311
Amount of Each Receipt this Period: 50.00
Payroll Deduction ($25 Monthly)

**B.** Full Name (Last, First, Middle Initial)
Dr. Gary Ialey
Mailing Address 526 A Avenue
City: Coronado State: CA Zip Code: 92118
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: 250.00
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: 11(a)(i)13250
Amount of Each Receipt this Period: 50.00
Payroll Deduction ($25 Monthly)

**C.** Full Name (Last, First, Middle Initial)
Dr. James P. Jorgensen
Mailing Address 4941 Armin Way
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: 250.00
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: 11(a)(i)13297
Amount of Each Receipt this Period: 50.00
Payroll Deduction ($25 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 150.00

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

24038660057

# SCHEDULE A (FEC Form 3X)
## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 32
(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. Thomas Karagianes
Mailing Address 11731 Shadow Valley Road
City: El Cajon State: CA Zip Code: 92020
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: 250.00
Date of Receipt
Transaction ID: 11(a)(i)13251
Amount of Each Receipt this Period: 50.00
Payroll Deduction ($25 Monthly)

**B.** Full Name (Last, First, Middle Initial)
Dr. Kathleen Kaya
Mailing Address 1660 La Jolla Rancho 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: 250.00
Date of Receipt
Transaction ID: 11(a)(i)13280
Amount of Each Receipt this Period: 50.00
Payroll Deduction ($25 Monthly)

**C.** Full Name (Last, First, Middle Initial)
Dr. Kira L. Lebowitz
Mailing Address 5414 Bothe Avenue
City: San Diego State: CA Zip Code: 92122
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: 250.00
Date of Receipt
Transaction ID: 11(a)(i)13312
Amount of Each Receipt this Period: 50.00
Payroll Deduction ($25 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... 150.00

**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 17 / 32
(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. 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: 500.00
Date of Receipt: M D Y
Transaction ID: 11(a)(i)13304
Amount of Each Receipt this Period: 100.00
Payroll Deduction ($50 Monthly)

**B.**
Full Name (Last, First, Middle Initial)
Dr. David Levine
Mailing Address 747 Avocado Place
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: 250.00
Date of Receipt: M D Y
Transaction ID: 11(a)(i)13252
Amount of Each Receipt this Period: 50.00
Payroll Deduction ($25 Monthly)

**C.**
Full Name (Last, First, Middle Initial)
Dr. Jason P. Lujan
Mailing Address 4630 E. Talmadge Drive
City: San Diego State: CA Zip Code: 92115-4349
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: 250.00
Date of Receipt: M D Y
Transaction ID: 11(a)(i)13313
Amount of Each Receipt this Period: 50.00
Payroll Deduction ($25 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 200.00

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 18 / 32
(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. Michael Martin
Mailing Address 10825 Birch Bluff Avenue
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: 250.00
Date of Receipt: M D Y
Transaction ID: 11(a)(i)13281
Amount of Each Receipt this Period: 50.00
Payroll Deduction ($25 Monthly)

**B.** Full Name (Last, First, Middle Initial)
Dr. C. Craig Moldenhauer
Mailing Address 1630 Crest Drive
City: Encinitas 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: 250.00
Date of Receipt: M D Y
Transaction ID: 11(a)(i)13282
Amount of Each Receipt this Period: 50.00
Payroll Deduction ($25 Monthly)

**C.** Full Name (Last, First, Middle Initial)
Dr. Nelson T. Nakaji
Mailing Address 8256 Station Village Lane #2406
City: San Diego State: CA Zip Code: 92108
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: 250.00
Date of Receipt: M D Y
Transaction ID: 11(a)(i)13283
Amount of Each Receipt this Period: 50.00
Payroll Deduction ($25 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 150.00

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 19 / 32
(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. Roy Naff
Mailing Address 17460 Via Cuatro Caminos
City: Rancho Santa Fe
State: CA
Zip Code: 92067
FEC ID number of contributing federal political committee: C
Name of Employer: ASMG
Occupation: Anesthesiologist
Aggregate Year-to-Date: 250.00
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: 11(a)(i)13268
Amount of Each Receipt this Period: 50.00
Payroll Deduction ($25 Monthly)

**B.** Full Name (Last, First, Middle Initial)
Dr. Daniel Ness
Mailing Address 1069 J Street
City: San Diego
State: CA
Zip Code: 92101
FEC ID number of contributing federal political committee: C
Name of Employer: ASMG
Occupation: Anesthesiologist
Aggregate Year-to-Date: 250.00
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: 11(a)(i)13314
Amount of Each Receipt this Period: 50.00
Payroll Deduction ($25 Monthly)

**C.** Full Name (Last, First, Middle Initial)
Dr. Laura O'Donnell
Mailing Address 4306 Pescadero Avenue
City: San Diego
State: CA
Zip Code: 92107
FEC ID number of contributing federal political committee: C
Name of Employer: ASMG
Occupation: Anesthesiologist
Aggregate Year-to-Date: 250.00
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: 11(a)(i)13284
Amount of Each Receipt this Period: 50.00
Payroll Deduction ($25 Monthly)

SUBTOTAL of Receipts This Page (optional) ..... ▶ 150.00

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 20 / 32
(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. Deborah Page
Mailing Address 2111 Blackmore Court
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: 250.00
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: 11(a)(i)13285
Amount of Each Receipt this Period: 50.00
Payroll Deduction ($25 Monthly)

**B.**
Full Name (Last, First, Middle Initial)
Dr. Jenny Parker
Mailing Address 5184 Seashell 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: 250.00
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: 11(a)(i)13286
Amount of Each Receipt this Period: 50.00
Payroll Deduction ($25 Monthly)

**C.**
Full Name (Last, First, Middle Initial)
Dr. Brian Partridge
Mailing Address 4563 Via Palabra
City: San Diego
State: CA
Zip Code: 92124
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: 250.00
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: 11(a)(i)13253
Amount of Each Receipt this Period: 50.00
Payroll Deduction ($25 Monthly)

SUBTOTAL of Receipts This Page (optional) ..... ▶ 150.00

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: (check only one) PAGE 21 / 32

[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. Bradley Paterson
Mailing Address: 3030 Childrens Wy #115
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: 250.00
Date of Receipt: MM / DD / YYYY
Transaction ID: 11(a)(i)13287
Amount of Each Receipt this Period: 50.00
Payroll Deduction ($25 Monthly)

**B.** Full Name (Last, First, Middle Initial): Dr. James Petit
Mailing Address: 12323 Rue Cheaumont
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: 250.00
Date of Receipt: MM / DD / YYYY
Transaction ID: 11(a)(i)13288
Amount of Each Receipt this Period: 50.00
Payroll Deduction ($25 Monthly)

**C.** Full Name (Last, First, Middle Initial): Dr. Paul J. Pergamis
Mailing Address: 13326 Landfair Road
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: 250.00
Date of Receipt: MM / DD / YYYY
Transaction ID: 11(a)(i)13289
Amount of Each Receipt this Period: 50.00
Payroll Deduction ($25 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 150.00

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 22 / 32
(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. Kim A. Porterfield
Mailing Address 2154 Corte Morel
City: Carlsbad State: CA Zip Code: 92009
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: 250.00
Date of Receipt: __/__/____
Transaction ID: 11(a)(i)13315
Amount of Each Receipt this Period: 50.00
Payroll Deduction ($25 Monthly)

**B.** Full Name (Last, First, Middle Initial)
Dr. Alex Pua
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: 500.00
Date of Receipt: __/__/____
Transaction ID: 11(a)(i)13296
Amount of Each Receipt this Period: 100.00
Payroll Deduction ($50 Monthly)

**C.** Full Name (Last, First, Middle Initial)
Dr. Mark S. Ransom
Mailing Address 7702 Cortina Court
City: Carlsbad State: CA Zip Code: 92009
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: 250.00
Date of Receipt: __/__/____
Transaction ID: 11(a)(i)13298
Amount of Each Receipt this Period: 50.00
Payroll Deduction ($25 Monthly)

SUBTOTAL of Receipts This Page (optional) ..... 200.00

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 23 / 32
(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. Layne Rasmusson
Mailing Address 12555 Kingspine Ave.
City: San Diego State: CA Zip Code: 92131
FEC ID number of contributing federal political committee. C
Name of Employer: ASMG
Occupation: Anesthesiologist
Aggregate Year-to-Date: 250.00
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: 11(a)(i)13254
Amount of Each Receipt this Period: 50.00
Payroll Deduction ($25 Monthly)

**B.** Full Name (Last, First, Middle Initial)
Dr. Peter Raydaskoski
Mailing Address 10450 Rue Riviere Verte
City: San Diego State: CA Zip Code: 92131
FEC ID number of contributing federal political committee. C
Name of Employer: ASMG
Occupation: Anesthesiologist
Aggregate Year-to-Date: 250.00
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: 11(a)(i)13255
Amount of Each Receipt this Period: 50.00
Payroll Deduction ($25 Monthly)

**C.** Full Name (Last, First, Middle Initial)
Dr. Blythe M. Robinson
Mailing Address 7044 Monte Vista Avenue
City: La Jolla State: CA Zip Code: 92037
FEC ID number of contributing federal political committee. C
Name of Employer: ASMG
Occupation: Anesthesiologist
Aggregate Year-to-Date: 250.00
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: 11(a)(i)13300
Amount of Each Receipt this Period: 50.00
Payroll Deduction ($25 Monthly)

SUBTOTAL of Receipts This Page (optional) ..... ▶ 150.00

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: (check only one) PAGE 24 / 32

[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'l Fund - Federal

**A.** 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
Aggregate Year-to-Date: 500.00
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Date of Receipt: __/__/____
Transaction ID: 11(a)(i)13258
Amount of Each Receipt this Period: 100.00
Payroll Deduction ($50 Monthly)

**B.** Full Name (Last, First, Middle Initial)
Dr. Jose Romero
Mailing Address 12787 Via Tercero
City: San Diego State: CA Zip Code: 92130
FEC ID number of contributing federal political committee: C
Name of Employer: ASMG
Occupation: Anesthesiologist
Aggregate Year-to-Date: 250.00
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Date of Receipt: __/__/____
Transaction ID: 11(a)(i)13305
Amount of Each Receipt this Period: 50.00
Payroll Deduction ($25 Monthly)

**C.** Full Name (Last, First, Middle Initial)
Dr. Caron Selell
Mailing Address 555 Amphitheatre Drive
City: Del Mar State: CA Zip Code: 92014
FEC ID number of contributing federal political committee: C
Name of Employer: ASMG
Occupation: Anesthesiologist
Aggregate Year-to-Date: 250.00
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Date of Receipt: __/__/____
Transaction ID: 11(a)(i)13302
Amount of Each Receipt this Period: 50.00
Payroll Deduction ($25 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 200.00

**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: (check only one) PAGE 26 / 32

[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. Theo van den Helder
Mailing Address 4720 Norma Drive
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: 250.00
Date of Receipt
Transaction ID: 11(a)(i)13301
Amount of Each Receipt this Period: 50.00
Payroll Deduction ($25 Monthly)

**B.** Full Name (Last, First, Middle Initial)
Dr. Glenn Vanstrum
Mailing Address 1262 Rhoda Drive
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: 250.00
Date of Receipt
Transaction ID: 11(a)(i)13270
Amount of Each Receipt this Period: 50.00
Payroll Deduction ($25 Monthly)

**C.** Full Name (Last, First, Middle Initial)
Dr. John Walker
Mailing Address 11794 Westview Parkway #115
City: San Diego State: CA Zip Code: 92126
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: 250.00
Date of Receipt
Transaction ID: 11(a)(i)13280
Amount of Each Receipt this Period: 50.00
Payroll Deduction ($25 Monthly)

SUBTOTAL of Receipts This Page (optional) ..... 150.00

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: (check only one) PAGE 25 / 32
[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. Robert Spear
Mailing Address 1130 Flora Avenue
City: Coronado State: CA Zip Code: 92118
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: 250.00
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: 11(a)(i)13257
Amount of Each Receipt this Period: 50.00
Payroll Deduction ($25 Monthly)

**B.** 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: 300.00
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: 11(a)(i)13258
Amount of Each Receipt this Period: 60.00
Payroll Deduction ($30 Monthly)

**C.** Full Name (Last, First, Middle Initial)
Dr. Geoffrey Thompson
Mailing Address 2446 Avenida de la Playa
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: 250.00
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: 11(a)(i)13259
Amount of Each Receipt this Period: 50.00
Payroll Deduction ($25 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 160.00

**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: PAGE 27 / 32
(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. Clarence Ward
Mailing Address 11212 Zorita Court
City: San Diego State: CA Zip Code: 92124
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: 250.00
Date of Receipt: MM / DD / YYYY
Transaction ID: 11(a)(i)13290
Amount of Each Receipt this Period: 50.00
Payroll Deduction ($25 Monthly)

**B.** Full Name (Last, First, Middle Initial)
Dr. Michael Weber
Mailing Address 3604 Garrison Avenue
City: San Diego State: CA Zip Code: 92106
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: 250.00
Date of Receipt: MM / DD / YYYY
Transaction ID: 11(a)(i)13291
Amount of Each Receipt this Period: 50.00
Payroll Deduction ($25 Monthly)

**C.** Full Name (Last, First, Middle Initial)
Dr. C. Judson Westover
Mailing Address 442 8th Street
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: 250.00
Date of Receipt: MM / DD / YYYY
Transaction ID: 11(a)(i)13292
Amount of Each Receipt this Period: 50.00
Payroll Deduction ($25 Monthly)

SUBTOTAL of Receipts This Page (optional) ..... ▶ 150.00

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: (check only one) [X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

PAGE 28 / 32

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. Curtis B. Winters
Mailing Address: 10251 Rue Saint Jacques
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: 250.00
Date of Receipt: / /
Transaction ID: 11(a)(i)13293
Amount of Each Receipt this Period: 50.00
Payroll Deduction ($25 Monthly)

**B.** Full Name (Last, First, Middle Initial): Dr. Robert Wang
Mailing Address: 348 13th Street
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: 250.00
Date of Receipt: / /
Transaction ID: 11(a)(i)13261
Amount of Each Receipt this Period: 50.00
Payroll Deduction ($25 Monthly)

**C.** Full Name (Last, First, Middle Initial): Dr. Glenn Woodworth
Mailing Address: 9949 Rue Biarritz
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: 250.00
Date of Receipt: / /
Transaction ID: 11(a)(i)13262
Amount of Each Receipt this Period: 50.00
Payroll Deduction ($25 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 150.00

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 29 / 32
[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. H. Michael Worthen
Mailing Address 4637 Vista Dela Tierra
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: 250.00
Date of Receipt: M D Y
Transaction ID: 11(a)(i)13274
Amount of Each Receipt this Period: 50.00
Payroll Deduction ($25 Monthly)

**B.** Full Name (Last, First, Middle Initial)
Dr. John Wright
Mailing Address 3083 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: 500.00
Date of Receipt: M D Y
Transaction ID: 11(a)(i)13263
Amount of Each Receipt this Period: 100.00
Payroll Deduction ($50 Monthly)

**C.** Full Name (Last, First, Middle Initial)
Dr. Stuart A. Young
Mailing Address 655 Zuni Drive
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: 250.00
Date of Receipt: M D Y
Transaction ID: 11(a)(i)13294
Amount of Each Receipt this Period: 50.00
Payroll Deduction ($25 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 200.00

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

# SCHEDULE B (FEC Form 3X)
# ITEMIZED DISBURSEMENTS

Use separate 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

PAGE 31 / 32

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)
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)423
Date of Disbursement: 11 / 11 / 2004

Amount of Each Disbursement this Period: 54.88

SUBTOTAL of Disbursements This Page (optional) ▶ 54.88

TOTAL This Period (last page this line number only) ▶ 54.88

# SCHEDULE A (FEC Form 3X)
## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 32
(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. Barry Zamost
Mailing Address 4274 Arguello St
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: 250.00
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: 11(a)(i)13264
Amount of Each Receipt this Period: 50.00
Payroll Deduction ($25 Monthly)

**B.**
Full Name (Last, First, Middle Initial)
Dr. Roger Zeman
Mailing Address 3545 Front St
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: 250.00
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: 11(a)(i)13265
Amount of Each Receipt this Period: 50.00
Payroll Deduction ($25 Monthly)

**C.**
Full Name (Last, First, Middle Initial)
Dr. Andrew Zimmerman
Mailing Address 9703 Claiborne Square
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: 250.00
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: 11(a)(i)13303
Amount of Each Receipt this Period: 50.00
Payroll Deduction ($25 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 150.00

TOTAL This Period (last page this line number only) ▶ 4190.00

# 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

PAGE 32 / 32

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)
Bill Jones for U.S. Senate

Mailing Address 10387 Friars Road #103

City San Diego | State CA | Zip Code 92120

Purpose of Disbursement
Political Contribution

Category/Type 011

Candidate Name
Bill Jones

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

Disbursement For: 2004
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: B23421
Date of Disbursement 10 / 22 / 2004

Amount of Each Disbursement this Period
1000.00

**B.**
Full Name (Last, First, Middle Initial)
Issa for Congress

Mailing Address P.O. Box 760

City Vista | State CA | Zip Code 92085

Purpose of Disbursement
Political Contribution

Category/Type 011

Candidate Name
Darrell Issa

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

Disbursement For: 2004
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: B23420
Date of Disbursement 10 / 22 / 2004

Amount of Each Disbursement this Period
1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 2000.00

TOTAL This Period (last page this line number only) ▶ 2000.00

24038660074

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) 12/02/04 |
| ☐ USPS Priority Mail | Postmarked<br>Delivery Confirmation ™ Label ☐ |
| ☐ USPS Express Mail | Postmarked |
| ☐ Postmark Illegible | |
| ☐ No Postmark | |
| ☐ Overnight Delivery Service (Specify): | Shipping Date |
| ☐ 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 |

JAH
PREPARER

12/8/04
DATE PREPARED

(5/2004)