REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than an Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

1. NAME OF COMMITTEE (in full)
ANESTHESIA SERVICE MEDICAL GROUP, INC. GOOD GOV'T FUND

ADDRESS (number and street) ☐ Check if different than previously reported.
3626 RUFFIN ROAD, P.O. BOX 82807

CITY, STATE and ZIP CODE
SAN DIEGO, CA 92138

2. FEC IDENTIFICATION NUMBER
DEC 3 3 33 AM '98
C00216184

3. ☐ This committee has qualified as a multicandidate committee (see FEC FORM 1M)

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

☐ January 31 Year End Report

☐ July 31 Mid-Year Report (Non-election Year Only)

☐ Termination Report

Monthly Report Due on:

☐ February 20	☐ June 20	☐ October 20
☐ March 20	☐ July 20	☐ November 20
☐ April 20	☐ August 20	☐ December 20
☐ May 20	☐ September 20	☐ January 31

☐ Twelfth day report preceeding _____ (Type of Election) election on _____ in the State of _____

☒ Thirtieth day report following the General Election on 11/03/98 in the State of CA

(b) Is this Report an Amendment? ☐ YES ☒ NO

SUMMARY 5. Covering Period 10/15/98 through 11/23/98	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 1998		3,907.52
(b) Cash on Hand at Beginning of Reporting Period	3,025.52	
(c) Total Receipts (from Line 19)	3,900.00	13,821.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	6,925.52	17,728.52
7. Total Disbursements (from Line 30)	21.47	10,024.47
8. Cash on Hand at Close of Reporting Period (subtract Line7 from Line 6(d))	6,904.05	6,904.05
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	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-376-3120

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
ROBERT K. HERTZKA, M.D.

Signature of Treasurer

Date 11/30/98

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this Report to the penalties of 2 U. S. C. p437g.

FEC FORM 3X
(revised 9/93)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

NAME OF COMMITTEE: ANESTHESIA SERVICE MEDICAL GROUP, INC. GOOD GOV'T FUND

REPORT COVERING PERIOD
FROM: 10/15/98 TO: 11/23/98

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individuals/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	1,050.00	3,075.00	11(a)(i)
ii. Unitemized	2,850.00	10,720.00	11(a)(ii)
iii. Total	3,900.00	0.00	11(a)(iii)
b. Political Party Committees	0.00	0.00	11(b)
c. Other Political Committees (such as PACs)	0.00	0.00	11(c)
d. Total Contributions	3,900.00	13,795.00	11(d)
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12
13. All Loans Received	0.00	0.00	13
14. Loan Repayments Received	0.00	0.00	14
15. Offsets to Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	26.00	17
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18)	3,900.00	13,821.00	19
20. Total Federal Receipts (subtract line 18 from line 19)	3,900.00	13,821.00	20
II. Disbursements			
21. Operating Expenditures			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21(a)(i)
ii. Non-Federal Share	0.00	0.00	21(a)(ii)
b. Other Federal Operating Expenditures	21.47	3,324.47	21(b)
c. Total Operating Expenditures (add a i, a ii, and b)	21.47	3,324.47	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Party Committees	0.00	3,500.00	23
24. Independent Expenditures (use Schedule E)	0.00	0.00	24
25. Coordinated Expenditures Made by Party Committees(2 U.S.C.441a(d))(use Schedule F)	0.00	0.00	25
26. Loan Repayments Made	0.00	0.00	26
27. Loans Made	0.00	0.00	27
28. Refunds of Contributions To:			28
a. Individuals/Persons Other Than Political Committees	0.00	0.00	28(a)
b. Political Party Committees	0.00	0.00	28(b)
c. Other Political Committees (such as PACs)	0.00	0.00	28(c)
d. Total Contribution Refunds (add a, b and c)	0.00	0.00	28(d)
29. Other Disbursements	0.00	4,000.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)	21.47	10,824.47	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30)	21.47	10,824.47	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	3,900.00	13,795.00	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	3,900.00	13,795.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b)	21.47	3,324.47	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35)	21.47	3,324.47	37

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page (10/15/98 - 11/23/98)

PAGE 1 OF 2

FOR LINE NUMBER 11(a)(i)

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 purposed, 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, INC. COOH COV'T FUND C00216184

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date(month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Dr. Robert Adams 655 Alameda Blvd. Coronado, CA 92118 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $ 350.00	payroll deduction	100.00 ($50 Monthly)
B. Full Name, Mailing Address and ZIP Code Dr. Marvin Benson 13890 Crest Way Del Mar, CA 92014 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $ 385.00	payroll deduction	110.00 ($55 Monthly)
C. Full Name, Mailing Address and ZIP Code Dr. Robert Brucker 13054 Grimaldi Del Mar, CA 92014 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $ 350.00	payroll deduction	100.00 ($50 Monthly)
D. Full Name, Mailing Address and ZIP Code Dr. Daniel DeRoo 4420 Mt. Castle Road San Diego, CA 92117 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: ASMG Occupation: Anesthiologist Aggregate Year-to-Date > $ 350.00	payroll deduction	100.00 ($50 Monthly)
E. Full Name, Mailing Address and ZIP Code Dr. Brock Fisher 2335 32nd Street San Diego, CA 92104 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $ 210.00	payroll deduction	60.00 ($30 Monthly)
F. Full Name, Mailing Address and ZIP Code Dr. Bradley Foltz 9787 Caminito Munoz San Diego, CA 92131-2114 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $ 210.00	payroll deduction	60.00 ($30 Monthly)
G. Full Name, Mailing Address and ZIP Code Ms. Claudia Herd, M.D. P.O. Box 9061 Rancho Santa Fe, CA 92067 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $ 350.00	payroll deduction	100.00 ($50 Monthly)

SUBTOTAL of Receipts This Page (optional)	630.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page (10/15/98 - 11/25/98)

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

ANESTHESIA SERVICE MEDICAL GROUP, INC. GOOD GOV'T FUND C00216184

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Dr. Garth Huston 12941 Caminito Del Canto Del Mar, CA 92014 Receipt For: Primary / General / Other (specify):	Name of Employer: ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $ 350.00	payroll deduction	100.00 ($50 Monthly)
B. Dr. Thomas Joue P.O.Box 82807 San Diego, CA 92138-2807 Receipt For: Primary / General / Other (specify):	Name of Employer: ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $ 350.00	payroll deduction	100.00 ($50 Monthly)
C. Mrs. Inge Johansen, M.D. 5425 Pacifica Drive La Jolla, CA 92037 Receipt For: Primary / General / Other (specify):	Name of Employer: ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $ 210.00	payroll deduction	60.00 ($30 Monthly)
D. Dr. Barbara Strawn 4006 Montclair Terrace San Diego, CA 92130 Receipt For: Primary / General / Other (specify):	Name of Employer: ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $ 210.00	payroll deduction	60.00 ($30 Monthly)
E. Dr. John Wright 3053 Cranbrook Court La Jolla, CA 92037 Receipt For: Primary / General / Other (specify):	Name of Employer: ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $ 250.00	payroll deduction	150.00 ($50 Monthly)
F. Full Name, Mailing Address and ZIP Code Receipt For: Primary / General / Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: Primary / General / Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	420.00
TOTAL This Period (last page this line number only)	1,050.00

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Other Federal Operating Expenses

Use separate schedule(s) for each category of the Detailed Summary Page (15/15/98 - 11/25/98)

PAGE 1 OF 1

FOR LINE NUMBER 21 (b)

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 committees.

NAME OF COMMITTEE (In Full)

ANESTHESIA SERVICE MEDICAL GROUP, INC. GOOD GOV'T FUND C00216194

A. Full Name, Mailing Address and ZIP Code Unitemized other federal operating expenses (less than $200) This Period: 10/15/98 - 11/21/98	Purpose of Disbursement Disbursement For: ☐ Primary ☐ General ☐ Other (specify):	Date(month, day, year)	Amount of Each Disbursement this Period 21.47
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: ☐ Primary ☐ General ☐ Other (specify):	Date(month, day, year)	Amount of Each Disbursement this Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: ☐ Primary ☐ General ☐ Other (specify):	Date(month, day, year)	Amount of Each Disbursement this Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: ☐ Primary ☐ General ☐ Other (specify):	Date(month, day, year)	Amount of Each Disbursement this Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: ☐ Primary ☐ General ☐ Other (specify):	Date(month, day, year)	Amount of Each Disbursement this Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: ☐ Primary ☐ General ☐ Other (specify):	Date(month, day, year)	Amount of Each Disbursement this Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: ☐ Primary ☐ General ☐ Other (specify):	Date(month, day, year)	Amount of Each Disbursement this Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: ☐ Primary ☐ General ☐ Other (specify):	Date(month, day, year)	Amount of Each Disbursement this Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: ☐ Primary ☐ General ☐ Other (specify):	Date(month, day, year)	Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)	21.47
TOTAL This Period (last page this line number only)	21.47

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	Date of Receipt
☐	First Class Mail	POSTMARKED
☒	Registered/Certified Mail	POSTMARKED 12/1/98
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

RBW
PREPARER

12/5/98
DATE PREPARED

(4/98)