

NOTIFICATION OF MULTICANDIDATE STATUS

(See reverse side for instructions)
 This form should be filed after the Committee qualifies as a multicandidate committee.

RECEIVED
 FEDERAL ELECTION
 COMMISSION MAIL ROOM

1. (a) NAME OF COMMITTEE IN FULL <i>ANESTHESIA SERVICES MEDICAL GROUP INC, GORD GOVERNMENT FUND</i>		1999 DEC -6 P 3:51
(b) Number and Street Address <i>7185 NAVATO ROAD SUITE L</i>		
(c) City, State and ZIP Code <i>SAN DIEGO CA 92119</i>		2. FEC IDENTIFICATION NUMBER <i>C00216184</i>
		3. TYPE OF COMMITTEE (check one) <input type="checkbox"/> STATE PARTY <input checked="" type="checkbox"/> OTHER

I certify that one of the following situations is correct (complete line 4 or 5):

4. **STATUS BY AFFILIATION:** The committee submitted its Statement of Organization (FEC FORM 1) on _____ and simultaneously qualified as a multicandidate committee through its affiliation with:

Committee Name: _____
 FEC Identification Number: _____

5. **STATUS BY QUALIFICATION:**

(a) **Candidates:** The committee has made contributions to the five (5) federal candidates listed below (ONLY State party committees may leave this blank.):

	Name	Office Sought	State/District	Date
(i)	<i>DORNAN FOR CONGRESS</i>	<i>HOUSE</i>	<i>CA / 46th</i>	<i>2/10/94</i>
(ii)	<i>LYNN SCHOENK FOR CONGRESS</i>	<i>HOUSE</i>	<i>CA / 49th</i>	<i>3/3/94</i>
(iii)	<i>FRIENDS OF CUNNINGHAM</i>	<i>HOUSE</i>	<i>CA / 51st</i>	<i>3/25/94</i>
(iv)	<i>BOB FILNER FOR CONGRESS</i>	<i>HOUSE</i>	<i>CA / 50th</i>	<i>5/28/94</i>
(v)	<i>KEN CALVERT FOR CONGRESS</i>	<i>HOUSE</i>	<i>CA / 43rd</i>	<i>5/1/94</i>

(b) **Contributors:** The committee received a contribution from its 51st contributor on: *5/31/94*

(c) **Registration:** The committee has been registered for at least 6 months. FEC FORM 1 was submitted on: *7/16/87*

(d) **Qualification:** The committee met the above requirements on: *5/31/94*

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

TYPE OR PRINT NAME OF TREASURER <i>C APRIL BOWING</i>	SIGNATURE OF TREASURER <i>C April Bowling</i>	DATE <i>12/3/99</i>
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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.

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