

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED

2012 OCT 25 AM 9:52 Office Use Only

12FE4M5 FEC MAIL CENTER

1. NAME OF COMMITTEE (in full) 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 P

Check if different than previously reported. (ACC)

San Diego

CA

92119

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C C00216184

3. IS THIS REPORT

NEW (N) OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(b) Monthly Report Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

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

Termination Report (TER)

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

Primary (12P)

X

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on 11 06 2012

in the State of CA

(d) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

10 01 2012

through 10 17 2012

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

C. April Boling

Date

10 20 2012

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

Table with 8 columns for Office Use Only

FEC FORM 3X Rev. 12/2004

12030931200

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**Anesthesia Service Medical Group Good Gov't Fund - Federal**

Report Covering the Period: From: 10 / 01 / 2012 To: 10 / 17 / 2012

12030931201

|  | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1, 2012   |                         | 6521.99                           |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | 7439.30                 |                                   |
| (c) Total Receipts (from Line 19).....   | 2905.00                 | 22915.00                          |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....      | 10344.30                | 29436.99                          |
| 7. Total Disbursements (from Line 31).....   | 9000.00                 | 28092.69                          |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                 | 1344.30                 | 1344.30                           |
| 9. Debts and Obligations Owed TO<br>the Committee (Itemize all on<br>Schedule C and/or Schedule D).....  | 0.00                    |                                   |
| 10. Debts and Obligations Owed BY<br>the Committee (Itemize all on<br>Schedule C and/or Schedule D)..... | 0.00                    |                                   |

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. 06/2004)

Page 3

Write or Type Committee Name

**Anesthesia Service Medical Group Good Gov't Fund - Federal**

Report Covering the Period: From: 10 / 01 / 2012 To: 10 / 17 / 2012

12030931202

| I. Receipts   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:  |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees   |                               |                                   |
| (i) Itemized (use Schedule A).....  | 1140.00                       | 6465.00                           |
| (ii) Unitemized.....  | 1765.00                       | 16450.00                          |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶   | 2905.00                       | 22915.00                          |
| (b) Political Party Committees.....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....  | 0.00                          | 0.00                              |
| (d) Total Contributions (add Line 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶   | 2905.00                       | 22915.00                          |
| 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 H9).....   | 0.00                          | 0.00                              |
| (b) Levin Funds (from Schedule H5).....   | 0.00                          | 0.00                              |
| (c) Total Transfers (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)).....▶                         | 2905.00                       | 22915.00                          |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶                                   | 2905.00                       | 22915.00                          |

**DETAILED SUMMARY PAGE**

of Disbursements

12030931203

| <b>II. Disbursements</b>   |   | <b>COLUMN A</b>          | <b>COLUMN B</b>              |
|--|---|--------------------------|------------------------------|
|  |   | <b>Total This Period</b> | <b>Calendar Year-to-Date</b> |
| 21. Operating Expenditures:  |   |                          |                              |
| (a) Allocated 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 .....   |   | 0.00                     | 2592.69                      |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | ▶ | 0.00                     | 2592.69                      |
| 22. Transfers to Affiliated/Other Party Committees.....  |   | 0.00                     | 0.00                         |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         |   | 9000.00                  | 21500.00                     |
| 24. Independent Expenditures (use Schedule E).....   |   | 0.00                     | 0.00                         |
| 25. Coordinated Party Expenditures (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                     | 4000.00                      |
| 30. Federal Election Activity (2 U.S.C. §431(20))  |   |                          |                              |
| (a) Allocated 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))..       |   | 9000.00                  | 28092.69                     |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | ▶ | 9000.00                  | 28092.69                     |

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

**III. Net Contributions/Operating Expenditures**

**COLUMN A  
Total This Period**

**COLUMN B  
Calendar Year-to-Date**

|  |         |          |
|--|---------|----------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 2905.00 | 22915.00 |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 0.00    | 0.00     |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 2905.00 | 22915.00 |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 0.00    | 2592.69  |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....                | 0.00    | 0.00     |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | 0.00    | 2592.69  |

12030931204

**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 6 OF 16                       |                                   |
|   | <input checked="" type="checkbox"/> 11a<br>13 | <input type="checkbox"/> 11b<br>14 | <input type="checkbox"/> 11c<br>15 | <input type="checkbox"/> 12<br>16 |

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**

12030931205

|   |             |                                  |  |  |
|---|-------------|----------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Terrance Breen</b>   |             |                                  | Date of Receipt<br>M M / D D / Y Y Y Y<br>10 17 2012 |  |
| Mailing Address 5503 Rutgers Rd   |             |                                  | Transaction ID : 11AI-27479-IP                       |  |
| City<br>La Jolla  | State<br>CA | Zip Code<br>92037                | Amount of Each Receipt this Period<br>800.00         |  |
| FEC ID number of contributing federal political committee.<br>C   |             |                                  | Payroll Deduction (\$100 Monthly)                    |  |
| Name of Employer<br>ASMG  |             | Occupation<br>Anesthesiologist   |  |  |
| Receipt For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Calendar Year |             | Aggregate Year-to-Date<br>800.00 |  |  |

|   |             |                                  |  |  |
|---|-------------|----------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Robert Brucker</b>   |             |                                  | Date of Receipt<br>M M / D D / Y Y Y Y<br>10 17 2012 |  |
| Mailing Address 3253 Lahitte Court  |             |                                  | Transaction ID : 11AI-27403-IP                       |  |
| City<br>San Diego   | State<br>CA | Zip Code<br>92122                | Amount of Each Receipt this Period<br>50.00          |  |
| FEC ID number of contributing federal political committee.<br>C   |             |                                  | Payroll Deduction (\$50 Monthly)                     |  |
| Name of Employer<br>ASMG  |             | Occupation<br>Anesthesiologist   |  |  |
| Receipt For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Calendar Year |             | Aggregate Year-to-Date<br>400.00 |  |  |

|   |             |                                  |  |  |
|---|-------------|----------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. James Cage</b>   |             |                                  | Date of Receipt<br>M M / D D / Y Y Y Y<br>10 17 2012 |  |
| Mailing Address 4105 Alameda Drive  |             |                                  | Transaction ID : 11AI-27404-IP                       |  |
| City<br>San Diego   | State<br>CA | Zip Code<br>92103                | Amount of Each Receipt this Period<br>50.00          |  |
| FEC ID number of contributing federal political committee.<br>C   |             |                                  | Payroll Deduction (\$50 Monthly)                     |  |
| Name of Employer<br>ASMG  |             | Occupation<br>Anesthesiologist   |  |  |
| Receipt For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Calendar Year |             | Aggregate Year-to-Date<br>400.00 |  |  |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 200.00 |
| <b>TOTAL</b> 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 7 OF 16                 |                             |
| (check only one)                        |                              |                              |                             |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
|   |                              | <input type="checkbox"/> 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**

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Michael Danielson</b>  |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>10 17 2012 |
| Mailing Address 500 W. Harbor Drive, Suite 1102   |                                    | Transaction ID : 11AI-27483-IP                       |
| City San Diego  | State CA                           | Zip Code 92101                                       |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    | Amount of Each Receipt this Period<br>50.00          |
| Name of Employer<br>ASMG  | Occupation<br>Anesthesiologist     | Payroll Deduction (\$50 Monthly)                     |
| Receipt For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Calendar Year | Aggregate Year-to-Date ▼<br>400.00 |  |

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Daniel DeRoo</b>   |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>10 17 2012 |
| Mailing Address 12649 Sagecrest Drive   |                                    | Transaction ID : 11AI-27406-IP                       |
| City Poway  | State CA                           | Zip Code 92064                                       |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    | Amount of Each Receipt this Period<br>50.00          |
| Name of Employer<br>ASMG  | Occupation<br>Anesthesiologist     | Payroll Deduction (\$50 Monthly)                     |
| Receipt For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Calendar Year | Aggregate Year-to-Date ▼<br>400.00 |  |

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Kent Diveley</b>   |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>10 17 2012 |
| Mailing Address 6537 Wandemere Drive  |                                    | Transaction ID : 11AI-27407-IP                       |
| City San Diego  | State CA                           | Zip Code 92120                                       |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    | Amount of Each Receipt this Period<br>50.00          |
| Name of Employer<br>ASMG  | Occupation<br>Anesthesiologist     | Payroll Deduction (\$50 Monthly)                     |
| Receipt For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Calendar Year | Aggregate Year-to-Date ▼<br>400.00 |  |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 150.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

12030931206

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

|   |   |                              |                              |                             |                             |                             |                             |                             |
|---|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)    |                              | PAGE 8 OF 16                 |                             |                             |                             |                             |                             |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |

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**

|  |             |                                |  |  |  |
|--|-------------|--------------------------------|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Brock Fisher</b>  |             |                                | Date of Receipt<br>M M / D D / Y Y Y Y<br>10 / 17 / 2012 |  |  |
| Mailing Address 2425 Marlouise Way   |             |                                | Transaction ID : 11A1-27409-IP                           |  |  |
| City<br>San Diego  | State<br>CA | Zip Code<br>92103              | Amount of Each Receipt this Period<br>30.00              |  |  |
| FEC ID number of contributing federal political committee.<br>C  |             |                                | Payroll Deduction (\$30 Monthly)                         |  |  |
| Name of Employer<br>ASMG   |             | Occupation<br>Anesthesiologist | Aggregate Year-to-Date ▼<br>240.00                       |  |  |
| Receipt For: 2012<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) ▼<br>Calendar Year |             |                                |  |  |  |

|  |             |                                |  |  |  |
|--|-------------|--------------------------------|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Bradley Foltz</b>   |             |                                | Date of Receipt<br>M M / D D / Y Y Y Y<br>10 / 17 / 2012 |  |  |
| Mailing Address 12385 Sycamore Ridge Ct  |             |                                | Transaction ID : 11A1-27411-IP                           |  |  |
| City<br>San Diego  | State<br>CA | Zip Code<br>92131              | Amount of Each Receipt this Period<br>30.00              |  |  |
| FEC ID number of contributing federal political committee.<br>C  |             |                                | Payroll Deduction (\$30 Monthly)                         |  |  |
| Name of Employer<br>ASMG   |             | Occupation<br>Anesthesiologist | Aggregate Year-to-Date ▼<br>235.00                       |  |  |
| Receipt For: 2012<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) ▼<br>Calendar Year |             |                                |  |  |  |

|  |             |                                |  |  |  |
|--|-------------|--------------------------------|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Brandon Giap</b>  |             |                                | Date of Receipt<br>M M / D D / Y Y Y Y<br>10 / 17 / 2012 |  |  |
| Mailing Address 6715 Rancho Toyon Place  |             |                                | Transaction ID : 11A1-27485-IP                           |  |  |
| City<br>San Diego  | State<br>CA | Zip Code<br>92130              | Amount of Each Receipt this Period<br>100.00             |  |  |
| FEC ID number of contributing federal political committee.<br>C  |             |                                | Payroll Deduction (\$100 Monthly)                        |  |  |
| Name of Employer<br>ASMG   |             | Occupation<br>Anesthesiologist | Aggregate Year-to-Date ▼<br>725.00                       |  |  |
| Receipt For: 2012<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) ▼<br>Calendar Year |             |                                |  |  |  |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 160.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

12030931207

**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 9 OF 16

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 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**

|  |                                    |  |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Claudia Herd</b>  |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>10 17 2012 |
| Mailing Address 16723 Circa Del Norte  |                                    | Transaction ID : 11AI-27443-IP                       |
| City Rancho Santa Fe   | State CA                           | Zip Code 92067                                       |
| FEC ID number of contributing federal political committee. <b>C</b>  |                                    | Amount of Each Receipt this Period<br>50.00          |
| Name of Employer<br>ASMG   | Occupation<br>Anesthesiologist     | Payroll Deduction (\$50 Monthly)                     |
| Receipt For: 2012<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Calendar Year | Aggregate Year-to-Date ▼<br>375.00 |  |

|  |                                    |  |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Garth Huston</b>  |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>10 17 2012 |
| Mailing Address 407 Shore View Ln  |                                    | Transaction ID : 11AI-27415-IP                       |
| City Leucadia  | State CA                           | Zip Code 92024                                       |
| FEC ID number of contributing federal political committee. <b>C</b>  |                                    | Amount of Each Receipt this Period<br>50.00          |
| Name of Employer<br>ASMG   | Occupation<br>Anesthesiologist     | Payroll Deduction (\$50 Monthly)                     |
| Receipt For: 2012<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Calendar Year | Aggregate Year-to-Date ▼<br>400.00 |  |

|  |                                    |  |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Dandy Lee</b>   |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>10 17 2012 |
| Mailing Address 701 Midori Ct.   |                                    | Transaction ID : 11AI-27464-IP                       |
| City Solana Beach  | State CA                           | Zip Code 92075                                       |
| FEC ID number of contributing federal political committee. <b>C</b>  |                                    | Amount of Each Receipt this Period<br>50.00          |
| Name of Employer<br>ASMG   | Occupation<br>Anesthesiologist     | Payroll Deduction (\$50 Monthly)                     |
| Receipt For: 2012<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Calendar Year | Aggregate Year-to-Date ▼<br>400.00 |  |

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

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

12030931208

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

|   |                             |   |                              |                              |                             |
|---|-----------------------------|---|------------------------------|------------------------------|-----------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:            |   | PAGE 10 OF 16                |                              |                             |
|   | (check only one)            | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
|   | <input type="checkbox"/> 13 | <input type="checkbox"/> 14             | <input type="checkbox"/> 15  | <input type="checkbox"/> 16  | <input type="checkbox"/> 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**

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Alex Pue</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>10 17 2012 |
| Mailing Address 3652 Carleton Street  |   | Transaction ID : 11AI-27456-IP                       |
| City San Diego  | State CA  | Zip Code 92106                                       |
| FEC ID number of contributing federal political committee. <b>C</b>   |   | Amount of Each Receipt this Period<br>50.00          |
| Name of Employer<br>ASMG  | Occupation<br>Anesthesiologist                            | Payroll Deduction (\$50 Monthly)                     |
| Receipt For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Calendar Year | Aggregate Year-to-Date <input type="checkbox"/><br>400.00 |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Mark S. Ransom</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>10 17 2012 |
| Mailing Address 859 Morning Sun Drive   |   | Transaction ID : 11AI-27457-IP                       |
| City Encinitas  | State CA  | Zip Code 92024                                       |
| FEC ID number of contributing federal political committee. <b>C</b>   |   | Amount of Each Receipt this Period<br>100.00         |
| Name of Employer<br>ASMG  | Occupation<br>Anesthesiologist                            | Payroll Deduction (\$100 Monthly)                    |
| Receipt For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Calendar Year | Aggregate Year-to-Date <input type="checkbox"/><br>800.00 |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Peter Raudaskoski</b>  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>10 17 2012 |
| Mailing Address 11256 Sherrard Way  |   | Transaction ID : 11AI-27421-IP                       |
| City San Diego  | State CA  | Zip Code 92131                                       |
| FEC ID number of contributing federal political committee. <b>C</b>   |   | Amount of Each Receipt this Period<br>50.00          |
| Name of Employer<br>ASMG  | Occupation<br>Anesthesiologist                            | Payroll Deduction (\$50 Monthly)                     |
| Receipt For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Calendar Year | Aggregate Year-to-Date <input type="checkbox"/><br>400.00 |  |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 200.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

12030931209

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

|   |                              |                              |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             |                              | PAGE 11 OF 16               |                             |
|   | (check only one)             |                              |                             |                             |
| <input checked="" type="checkbox"/> 11a                                       | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 | <input type="checkbox"/> 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**

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Stephen Rogers</b>   |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>10 / 17 / 2012 |
| Mailing Address 1340 Opal Street  |                                    | Transaction ID : 11AI-27422-IP                           |
| City<br>San Diego   | State<br>CA                        | Zip Code<br>92109  |
| FEC ID number of contributing federal political committee.<br>C   |                                    | Amount of Each Receipt this Period<br>50.00              |
| Name of Employer<br>ASMG  | Occupation<br>Anesthesiologist     | Payroll Deduction (\$50 Monthly)                         |
| Receipt For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Calendar Year | Aggregate Year-to-Date ▼<br>400.00 |  |

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Steven A. Saltz</b>  |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>10 / 17 / 2012 |
| Mailing Address 2757 Inverness Dr.  |                                    | Transaction ID : 11AI-27458-IP                           |
| City<br>Carlsbad  | State<br>CA                        | Zip Code<br>92008  |
| FEC ID number of contributing federal political committee.<br>C   |                                    | Amount of Each Receipt this Period<br>50.00              |
| Name of Employer<br>ASMG  | Occupation<br>Anesthesiologist     | Payroll Deduction (\$50 Monthly)                         |
| Receipt For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Calendar Year | Aggregate Year-to-Date ▼<br>400.00 |  |

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Barbara Strawn</b>   |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>10 / 17 / 2012 |
| Mailing Address 12852 Via Nestore   |                                    | Transaction ID : 11AI-27424-IP                           |
| City<br>Del Mar   | State<br>CA                        | Zip Code<br>92014  |
| FEC ID number of contributing federal political committee.<br>C   |                                    | Amount of Each Receipt this Period<br>30.00              |
| Name of Employer<br>ASMG  | Occupation<br>Anesthesiologist     | Payroll Deduction (\$30 Monthly)                         |
| Receipt For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Calendar Year | Aggregate Year-to-Date ▼<br>240.00 |  |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 130.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

12030931210

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

|   |                              |                              |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             |                              | PAGE 12 OF 16               |                             |
|   | (check only one)             |                              |                             |                             |
| <input checked="" type="checkbox"/> 11a                                       | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 | <input type="checkbox"/> 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**

|  |                                    |  |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Lei Wang</b>  |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>10 17 2012 |
| Mailing Address 11149 Corte Mar de Cristal   |                                    | Transaction ID : 11AI-27491-IP                       |
| City San Diego   | State CA                           | Zip Code 92130                                       |
| FEC ID number of contributing federal political committee. <b>C</b>  |                                    | Amount of Each Receipt this Period<br>50.00          |
| Name of Employer<br>ASMG   | Occupation<br>Anesthesiologist     | Payroll Deduction (\$50 Monthly)                     |
| Receipt For: 2012<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) <b>Calendar Year</b> | Aggregate Year-to-Date ▼<br>400.00 |  |

|  |                                    |  |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. John Wright</b>   |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>10 17 2012 |
| Mailing Address 3063 Cranbrook Ct  |                                    | Transaction ID : 11AI-27428-IP                       |
| City La Jolla  | State CA                           | Zip Code 92037                                       |
| FEC ID number of contributing federal political committee. <b>C</b>  |                                    | Amount of Each Receipt this Period<br>50.00          |
| Name of Employer<br>ASMG   | Occupation<br>Anesthesiologist     | Payroll Deduction (\$50 Monthly)                     |
| Receipt For: 2012<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) <b>Calendar Year</b> | Aggregate Year-to-Date ▼<br>400.00 |  |

|  |                                    |  |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Roger Zeman</b>   |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>10 17 2012 |
| Mailing Address 3545 Front St  |                                    | Transaction ID : 11AI-27430-IP                       |
| City San Diego   | State CA                           | Zip Code 92103                                       |
| FEC ID number of contributing federal political committee. <b>C</b>  |                                    | Amount of Each Receipt this Period<br>50.00          |
| Name of Employer<br>ASMG   | Occupation<br>Anesthesiologist     | Payroll Deduction (\$50 Monthly)                     |
| Receipt For: 2012<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) <b>Calendar Year</b> | Aggregate Year-to-Date ▼<br>400.00 |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 150.00  |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 1140.00 |

12030931211

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

|   |   |   |  |   |  |   |               |  |
|---|---|---|--|---|--|---|---------------|--|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)                        |   |  |   |  |   | PAGE 13 OF 16 |  |
|   | <input type="checkbox"/> 21b<br><input type="checkbox"/> 27 | <input type="checkbox"/> 22<br><input type="checkbox"/> 28a | <input checked="" type="checkbox"/> 23<br><input type="checkbox"/> 28b | <input type="checkbox"/> 24<br><input type="checkbox"/> 28c | <input type="checkbox"/> 25<br><input type="checkbox"/> 29 | <input type="checkbox"/> 26<br><input type="checkbox"/> 30b |               |  |

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**

|   |                    |  |   |  |  |
|---|--------------------|--|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Berg for Senate</b>  |                    |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 05 2012 |  |  |
| Mailing Address <b>PO Box 9394</b>  |                    |  | <b>Transaction ID : 23-816</b>                            |  |  |
| City<br><b>Fargo</b>  | State<br><b>ND</b> | Zip Code<br><b>58106</b>   |   |  |  |
| Purpose of Disbursement<br>Political Contribution   |                    | Candidate Name<br><b>Richard Berg</b>  | Amount of Each Disbursement this Period<br>1000.00        |  |  |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |                    |  | Category/<br>Type<br><b>011</b>                           |  |  |
| State: <b>ND</b> District: <b>00</b>  |                    | Disbursement For: 2012<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |  |  |

|  |                    |  |   |  |  |
|--|--------------------|--|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Jeff Flake for Senate</b>   |                    |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 17 2012 |  |  |
| Mailing Address <b>209 Pennsylvania Avenue, SE</b>   |                    |  | <b>Transaction ID : 23-821</b>                            |  |  |
| City<br><b>Washington</b>  | State<br><b>DC</b> | Zip Code<br><b>20003</b>   |   |  |  |
| Purpose of Disbursement<br>Political Contribution  |                    | Candidate Name<br><b>Jeff Flake</b>  | Amount of Each Disbursement this Period<br>500.00         |  |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |                    |  | Category/<br>Type<br><b>011</b>                           |  |  |
| State: <b>AZ</b> District:   |                    | Disbursement For: 2012<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |  |  |

|   |                    |  |   |  |  |
|---|--------------------|--|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Ricky Gill for Congress</b>  |                    |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 05 2012 |  |  |
| Mailing Address <b>PO Box 691900</b>  |                    |  | <b>Transaction ID : 23-814</b>                            |  |  |
| City<br><b>Stockton</b>   | State<br><b>CA</b> | Zip Code<br><b>95269</b>   |   |  |  |
| Purpose of Disbursement<br>Political Contribution   |                    | Candidate Name<br><b>Ricky Gill</b>  | Amount of Each Disbursement this Period<br>1000.00        |  |  |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |                    |  | Category/<br>Type<br><b>011</b>                           |  |  |
| State: <b>CA</b> District: <b>09</b>  |                    | Disbursement For: 2012<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |  |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....         | 2500.00 |
| <b>TOTAL</b> This Period (last page if this line number only)..... |         |

12030931212

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 14 OF 16 |
|   | <input type="checkbox"/> 21b <input type="checkbox"/> 22 <input checked="" type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26<br><input type="checkbox"/> 27 <input type="checkbox"/> 28a <input type="checkbox"/> 28b <input type="checkbox"/> 28c <input type="checkbox"/> 29 <input type="checkbox"/> 30b |               |

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**

12030931213

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Heller for Senate</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 17 / 2012 |
| Mailing Address PO Box 371907  |  | Transaction ID : 23-823                                       |
| City<br>Las Vegas  | State<br>NV  |   |
| Zip Code<br>89137  |  | Amount of Each Disbursement this Period<br>500.00             |
| Purpose of Disbursement<br>Political Contribution  | 011<br>Category/<br>Type   |   |
| Candidate Name<br><b>Dean Heller</b>   |  |   |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2012<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: NV   District:  |  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Lungren for Congress</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 17 / 2012 |
| Mailing Address PO Box 3006  |  | Transaction ID : 23-824                                       |
| City<br>Rancho Cordova   | State<br>CA  |   |
| Zip Code<br>95741  |  | Amount of Each Disbursement this Period<br>500.00             |
| Purpose of Disbursement<br>Political Contribution  | 011<br>Category/<br>Type   |   |
| Candidate Name<br><b>Dan Lungren</b>   |  |   |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2012<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: CA   District: 07   |  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Abel Maldonado for Congress</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 17 / 2012 |
| Mailing Address 7984 Santa Maria Mesa Rd   |  | Transaction ID : 23-820                                       |
| City<br>Santa Maria  | State<br>CA  |   |
| Zip Code<br>93454  |  | Amount of Each Disbursement this Period<br>500.00             |
| Purpose of Disbursement<br>Political Contribution  | 011<br>Category/<br>Type   |   |
| Candidate Name<br><b>Abel Maldonado</b>  |  |   |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2012<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: CA   District: 24   |  |   |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 1500.00 |
| <b>TOTAL</b> 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)

PAGE 15 OF 16

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

Full Name (Last, First, Middle Initial)

**A. Kevin McCarthy for Congress**

Mailing Address 214 Main St  
Ste 404

City El Segundo State CA Zip Code 90245

Purpose of Disbursement  
Political Contribution

Candidate Name

Kevin McCarthy

Office Sought:  House  
 Senate  
 President  
State: CA District: 23

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y  
10 05 2012

Transaction ID : 23-819

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Montanans for Rehberg**

Mailing Address PO Box 7272

City Alexandria State VA Zip Code 22307

Purpose of Disbursement  
Political Contribution

Candidate Name

Denny Rehberg

Office Sought:  House  
 Senate  
 President  
State: MT District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y  
10 05 2012

Transaction ID : 23-817

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Strickland for Congress 2012**

Mailing Address 515 South Figueroa Street, 16th Fl

City Los Angeles State CA Zip Code 90071

Purpose of Disbursement  
Political Contribution

Candidate Name

Anthony Strickland

Office Sought:  House  
 Senate  
 President  
State: CA District: 26

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y  
10 05 2012

Transaction ID : 23-818

Amount of Each Disbursement this Period

1000.00

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

4500.00

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

12030931214

**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)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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**

Full Name (Last, First, Middle Initial)

**A. John Tavaglione for Congress**

Date of Disbursement

M M / D D / Y Y Y Y  
10 17 2012

Mailing Address 6900 Brockton Ave # 10

City Riverside State CA Zip Code 92506

Transaction ID : 23-822

Purpose of Disbursement  
Political Contribution

011

Amount of Each Disbursement this Period

Candidate Name  
**John Tavaglione**

Category/  
Type

500.00

Office Sought:  House  
 Senate  
 President  
State: CA District: 41

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

**B.** Full Name (Last, First, Middle Initial)  
Mailing Address

Date of Disbursement

M M / D D / Y Y Y Y

City State Zip Code

Purpose of Disbursement

Category/  
Type

Amount of Each Disbursement this Period

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**C.** Full Name (Last, First, Middle Initial)  
Mailing Address

Date of Disbursement

M M / D D / Y Y Y Y

City State Zip Code

Purpose of Disbursement

Category/  
Type

Amount of Each Disbursement this Period

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements: This Page (optional).....     | 500.00  |
| <b>TOTAL</b> This Period (last page this line number only)..... | 9000.00 |

12030931215

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.

12030931216

|  |                                  |
|--|----------------------------------|
| <input type="checkbox"/> Hand Delivered  | Date of Receipt                  |
| <input type="checkbox"/> USPS First Class Mail   | Postmarked                       |
| <input type="checkbox"/> USPS Registered/Certified                                       | Postmarked (R/C)                 |
| <input type="checkbox"/> USPS Priority Mail  | Postmarked                       |
| Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>         |                                  |
| <input type="checkbox"/> USPS Express Mail   | Postmarked                       |
| <input type="checkbox"/> Postmark Illegible  |                                  |
| <input type="checkbox"/> No Postmark   |                                  |
| <input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>Fed Exp</i> | Shipping Date<br><i>10/24/12</i> |
| Next Business Day Delivery <input checked="" type="checkbox"/>                           |                                  |
| <input type="checkbox"/> Received from House Records & Registration Office               | Date of Receipt                  |
| <input type="checkbox"/> Received from Senate Public Records Office                      | Date of Receipt                  |
| <input type="checkbox"/> Received from Electronic Filing Office                          | Date of Receipt                  |
| <input type="checkbox"/> Other (Specify):  | Date of Receipt or Postmarked    |
| <i>[Signature]</i><br>PREPARER   | <i>10/25/12</i><br>DATE PREPARED |