FEB 4 3 05 PM '94

ASMG

January 28, 1994

Federal Election Commission
999 "E" Street, N.W.
Washington, D.C. 20463

Re: ASMG Political Action Committee - FEC# C00216184

To Whom it May Concern:

Effective in June of 1993, Anesthesia Service Medical Group, Inc. changed it's physician employee payroll system, which has the effect of placing five payrolls in the January through June period, and seven payrolls in the July through December period. Therefore, for the reporting period July 1, 1993 through December 31, 1993, all amounts listed in the box "Amount of Each Receipt this Period" are multiples of seven (i.e. $25 per pay period = $175). This is a permanent change in our accounting practices will effect future reports in addition to the enclosed. If further information is needed, please call Diane Munson at (619) 565-9666.

Sincerely,

Robert E. Hertzka, M.D.
Treasurer

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
Anesthesia Service Medical Group, Inc.
Good Government 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 92138-2807

FEB 4 3 45 PM '94

2. FEC IDENTIFICATION NUMBER
C00216184

3. ☐ This committee qualified as a multicandidate committee **DURING THIS** Reporting Period on _____ (date).

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 preceding _____ (Type of Election) election on _____ in the State of _____

☐ Thirtieth day report following the General Election on _____ in the State of _____.

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

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 7/1/93 through 12/31/93		
6 (a) Cash on Hand January 1, 19 93		$ 15,071.62
(b) Cash on Hand at Beginning of Reporting Period	$ 16,334.09	
(c) Total Receipts (from Line 19)	$ 7,895.00	$ 13,570.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 24,229.09	$ 28,641.62
7. Total Disbursements (from Line 30)	$ 577.00	$ 4,989.53
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 23,652.09	$ 23,652.09
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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 E. Fertzka, M.D.

Signature of Treasurer

Date 1/29/94

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

FEC FORM 3X
(revised 1/1/91)

2 4 3 3 0 1 1 2 1 5

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2 FEC FORM 3X

(revised 1/1/93)

NAME OF COMMITTEE: Anesthesia Service Medical Group Good Government Fund

REPORT COVERING PERIOD FROM: 7/1/93 TO: 12/31/93

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	$ 7,750.00	$ 8,250.00
ii. Unitemized	145.00	5,320.00
iii. Total (add i and ii) ➤	7,895.00	13,570.00
b. Political Party Committees	-0-	-0-
c. Other Political Committees (such as PACs)	-0-	-0-
d. Total Contributions (add a iii, b and c) ➤	7,895.00	13,570.00
12. Transfers From Affiliated/Other Party Committees	-0-	-0-
13. All Loans Received	-0-	-0-
14. Loan Repayments Received	-0-	-0-
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	-0-	-0-
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	-0-	-0-
17. Other Federal Receipts (Dividends, Interest, etc.)	-0-	-0-
18. Transfers from Nonfederal Account for Joint Activity	-0-	-0-
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	7,895.00	13,570.00
20. Total Federal Receipts (subtract line 18 from line 19) ➤	7,895.00	13,570.00
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share	-0-	-0-
ii. Non-Federal Share	-0-	-0-
b. Other Federal Operating Expenditures	577.00	1,989.53
c. Total Operating Expenditures (add a i, a ii, and b) ➤	577.00	1,989.53
22. Transfers to Affiliated/Other Party Committees	-0-	-0-
23. Contributions to Federal Candidates/Committees and Other Political Committees	-0-	2,000.00
24. Independent Expenditures (use Schedule E)	-0-	-0-
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	-0-	-0-
26. Loan Repayments Made	-0-	-0-
27. Loans Made	-0-	-0-
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees	-0-	-0-
b. Political Party Committees	-0-	-0-
c. Other Political Committees (such as PACs)	-0-	-0-
d. Total Contribution Refunds (add a, b and c) ➤	-0-	-0-
29. Other Disbursements	-0-	1,000.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	577.00	4,989.53
31. Total Federal Disbursements (subtract line 21a ii from line 30) ➤	577.00	4,989.53
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from line 11d)	7,895.00	13,570.00
33. Total Contribution Refunds (from line 28d)	-0-	-0-
34. Net Contributions (other than loans) (subtract line 33 from 32)	7,895.00	13,570.00
35. Total Federal Operating Expenditures (add 21a ii and 21b) ➤	577.00	1,989.53
36. Offsets to Operating Expenditures (from line 15)	-0-	-0-
37. Net Operating Expenditures (subtract line 36 from 35) ➤	577.00	1,989.53

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 9

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 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, Inc. Good Government Fund

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. John E. Arnold, M.D. 4871 Rancho Viejo Drive Del Mar, CA 92014 Receipt For: Primary General Other (specify):	ASMG Anesthesiologist Aggregate Year-to-Date > $ 300	Monthly Payroll Deduction	$175 ($25 per pay period)
B. Frank M. Barrack, M.D. 12514 Rue Cheaumont San Diego, CA 92131 Receipt For: Primary General Other (specify):	ASMG Anesthesiologist Aggregate Year-to-Date > $ 300	Monthly Payroll Deduction	$175 ($25 per pay period)
C. David A. Bittar, M.D. 1440 Highland Drive Solana Beach, CA 92075 Receipt For: Primary General Other (specify):	ASMG Anesthesiologist Aggregate Year-to-Date > $ 300	Monthly Payroll Deduction	$175 ($25 per pay period)
D. C. Plowden Bridges, M.D. 9915 Alto Drive La Mesa, CA 92041 Receipt For: Primary General Other (specify):	ASMG Anesthesiologist Aggregate Year-to-Date > $ 300	Monthly Payroll Deduction	$175 ($25 per pay period)
E. Carol Ceriani, M.D. 12975 Long Boat Way Del Mar, CA 92014 Receipt For: Primary General Other (specify):	ASMG Anesthesiologist Aggregate Year-to-Date > $ 300	Monthly Payroll Deduction	$175 ($25 per pay period)
F. Timothy J. Dupont, M.D. 12296 Rue Cheaumont San Diego, CA 92131 Receipt For: Primary General Other (specify):	ASMG Anesthesiologist Aggregate Year-to-Date > $ 300	Monthly Payroll Deduction	$175 ($25 per pay period)
G. Walter C. Emery, M.D. 9631 Sierra Vista La Mesa, CA 92041 Receipt For: Primary General Other (specify):	ASMG Anesthesiologist Aggregate Year-to-Date > $ 300	Monthly Payroll Deduction	$175 ($25 per pay period)

SUBTOTAL of Receipts This Page (optional): $1225

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

FOR USE NUMBER 11(a)(1)

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NAME OF COMMITTEE (in Full)

Anesthesia Service Medical Group, Inc. Good Government Fund

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Aubrey G. Eyer, M.D. 3540 Overpark Road San Diego, CA 92130 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $ 300	Monthly Payroll Deduction	$175 ($25 per pay period)
B. James L. Foelschow, M.D. 2361 Hickory Street San Diego, CA 92103 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $ 300	Monthly Payroll Deduction	$175 ($25 per pay period)
C. Donald I. Guttman, M.D. 6601 Dwane Avenue San Diego, CA 92120 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $ 300	Monthly Payroll Deduction	$175 ($25 per pay period)
D. Claudia Herd, M.D. P.O. Box 9051 Rancho Santa Fe, CA 92067 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $ 600	Monthly Payroll Deduction	$350 ($50 per pay period)
E. David A. Hoban, M.D. 4522 Newport Avenue San Diego, CA 92107 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $ 300	Monthly Payroll Deduction	$175 ($25 per pay period)
F. Loren J. Jassy, M.D. 2305 Fort Stockton Drive San Diego, CA 92103 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $ 300	Monthly Payroll Deduction	$175 ($25 per pay period)
G. Inge Johansen, M.D. 5425 Pacifica Drive La Jolla, CA 92103 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $ 300	Monthly Payroll Deduction	$175 ($25 per pay period)

SUBTOTAL of Receipts This Page (optional) > $1400

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

Anesthesia Service Medical Group, Inc. Good Government Fund

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Graham Judson, M.D. 760 Carlow Court El Cajon, CA 92020 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $ 300	Monthly Payroll Deduction	$175 ($25 per pay period)
B. Kathleen Kaya, M.D. 6113 Avenida Chamnez La Jolla, CA 92037 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $ 300	Monthly Payroll Deduction	$175 ($25 per pay period)
C. Michael Martin, M.D. 10825 Birch Bluff Avenue San Diego, CA 92131 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $ 300	Monthly Payroll Deduction	$175 ($25 per pay period)
D. Walter L. Millar, M.D. 4197 Stettler Way San Diego, CA 92122 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $ 300	Monthly Payroll Deduction	$175 ($25 per pay period)
E. Nelson T. Nakaji, M.D. 4839 Rancho Grande Del Mar, CA 92014 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $ 300	Monthly Payroll Deduction	$175 ($25 per pay period)
F. William L. Nelson, M.D. 187 Ocean View Drive Del Mar, CA 92014 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $ 300	Monthly Payroll Deduction	$175 ($25 per pay period)
G. Dayle E. O'Conner, M.D. 13007 Via Latina Del Mar, CA 92014 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $ 300	Monthly Payroll Deduction	$175 ($25 per pay period)

SUBTOTAL of Receipts This Page (optional) $1225

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

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SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

Anesthesia Service Medical Group, Inc. Good Government Fund

A. Full Name, Mailing Address and ZIP Code Laura A. O'Donnell, M.D. 4306 Pescadero Avenue San Diego, CA 92107 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $ 300	Date (month, day, year): Monthly Payroll Deduction	Amount of Each Receipt this Period: $175 ($25 per pay period)
B. Full Name, Mailing Address and ZIP Code Rollin V. Oden, M.D. 4463 Hortensia Street San Diego, CA 92103 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $ 300	Date (month, day, year): Monthly Payroll Deduction	Amount of Each Receipt this Period: $175 ($25 per pay period)
C. Full Name, Mailing Address and ZIP Code Deborah E. Page, M.D. 2111 Blackmore Court San Diego, CA 92109 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $ 300	Date (month, day, year): Monthly Payroll Deduction	Amount of Each Receipt this Period: $175 ($25 per pay period)
D. Full Name, Mailing Address and ZIP Code Jenny I. Parker, M.D. 2593 Via Pisa Del Mar, CA 92014 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $ 300	Date (month, day, year): Monthly Payroll Deduction	Amount of Each Receipt this Period: $175 ($25 per pay period)
E. Full Name, Mailing Address and ZIP Code Stanley W. Perkins, M.D. 5644 Carnegie Street San Diego, CA 92122 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $ 300	Date (month, day, year): Monthly Payroll Deduction	Amount of Each Receipt this Period: $175 ($25 per pay period)
F. Full Name, Mailing Address and ZIP Code Bradley M. Peterson, M.D. P.O. Box 1055 Rancho Santa Fe, CA 92067 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $ 300	Date (month, day, year): Monthly Payroll Deduction	Amount of Each Receipt this Period: $175 ($25 per pay period)
G. Full Name, Mailing Address and ZIP Code James R. Pettit, M.D. 12323 Rue Cheaumont San Diego, CA 92131 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $ 300	Date (month, day, year): Monthly Payroll Deduction	Amount of Each Receipt this Period: $175 ($25 per pay period)

SUBTOTAL of Receipts This Page (optional) > $1225

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

SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

Anesthesia Service Medical Group, Inc. Good Government Fund

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Glenn O. Plummer, M.D. P.O. Box 2566 Rancho Santa Fe, CA 92067 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	ASMG Anesthesiologist Aggregate Year-to-Date > $ 300	Monthly Payroll Deduction	$175 ($25 per pay period)
B. Paul J. Ponganis, M.D. 13326 Landfair Road San Diego, CA 92130 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	ASMG Anesthesiologist Aggregate Year-to-Date > $ 300	Monthly Payroll Deduction	$175 ($25 per pay period)
C. Robert G. Seeman, M.D. 4400 New Hampshire Street San Diego, CA 92116 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	ASMG Anesthesiologist Aggregate Year-to-Date > $ 400	Monthly Payroll Deduction	$400 ($100 - 7/93; $50 per pay 8/93-12/93)
D. Jenkins L. Schley, M.D. 1220 Concord Street San Diego, CA 92106 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	ASMG Anesthesiologist Aggregate Year-to-Date > $ 300	Monthly Payroll Deduction	$175 ($25 per pay period)
E. Morton A. Simmons, Jr., M.D. 12962 Caminito Pointe Del Mar, CA 92067 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	ASMG Anesthesiologist Aggregate Year-to-Date > $ 300	Monthly Payroll Deduction	$175 ($25 per pay period)
F. Penelope C. Smith, M.D. 760 Armada Terrace San Diego, CA 92106 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	ASMG Anesthesiologist Aggregate Year-to-Date > $ 300	Monthly Payroll Deduction	$175 ($25 per pay period)
G. Glenn S. Vanstrum, M.D. 7777 Fay Avenue, #K-216 La Jolla, CA 92037 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	ASMG Anesthesiologist Aggregate Year-to-Date > $ 300	Monthly Payroll Deduction	$175 ($25 per pay period)

SUBTOTAL of Receipts This Page (optional) . . . . . > $1450

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

3 4 0 3 3 1 1 2 2 2

SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

Anesthesia Service Medical Group, Inc. Good Government Fund

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Robert Lee Wagner, Jr., M.D. 2551 Soderblom Avenue San Diego, CA 92122 Receipt For: Primary General Other (specify):	ASMG Occupation: Anesthesiologist Aggregate Year-to-Date $ 300	Monthly Payroll Deduction	$175 ($25 per pay period)
B. Clarence F. Ward, M.D. 11212 Zorita Court San Diego, CA 92124 Receipt For: Primary General Other (specify):	ASMG Occupation: Anesthesiologist Aggregate Year-to-Date $ 300	Monthly Payroll Deduction	$175 ($25 per pay period)
C. Michael L. Weber, M.D. 3604 Garrison Avenue San Diego, CA 92106 Receipt For: Primary General Other (specify):	ASMG Occupation: Anesthesiologist Aggregate Year-to-Date $ 300	Monthly Payroll Deduction	$175 ($25 per pay period)
D. C. Judson Westover, Jr., M.D. 442 Eighth Street Del Mar, CA 92014 Receipt For: Primary General Other (specify):	ASMG Occupation: Anesthesiologist Aggregate Year-to-Date $ 300	Monthly Payroll Deduction	$175 ($25 per pay period)
E. Curtis B. Winters, M.D. 9907 Aviary Drive San Diego, CA 92131 Receipt For: Primary General Other (specify):	ASMG Occupation: Anesthesiologist Aggregate Year-to-Date $ 300	Monthly Payroll Deduction	$175 ($25 per pay period)
F. H. Michael Worthen, M.D. 4637 Vista De La Tierra Del Mar, CA 92014 Receipt For: Primary General Other (specify):	ASMG Occupation: Anesthesiologist Aggregate Year-to-Date $ 300	Monthly Payroll Deduction	$175 ($25 per pay period)
G. Stuart A. Young, M.D. 13007 Via Latina Del Mar, CA 92014 Receipt For: Primary General Other (specify):	ASMG Occupation: Anesthesiologist Aggregate Year-to-Date $ 300	Monthly Payroll Deduction	$175 ($25 per pay period)

SUBTOTAL of Receipts This Page (optional)	$1225
TOTAL This Period (last page this line number only)	$7750

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 9 OF 9

FOR LINE NUMBER 21(b)

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NAME OF COMMITTEE (in Full)

Anesthesia Service Medical Group, Inc. Good Government Fund

A. Full Name, Mailing Address and ZIP Code Atlantic Information Systems 1050 17th St., N.W., #480 Washington, D.C. 20036	Purpose of Disbursement Publication Subscription Disbursement for [ ] Primary [ ] General [X] Other (specify) On Expenditure	Date (month, day, year) 10/29/93	Amount of Each Disbursement This Period $577
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)	
TOTAL This Period (last page this line number only)	$577

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 1-31-94
☐	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

S.L.G. — PREPARER

2-4-94 — DATE PREPARED

FEC FORM 70-2 (12/92)

24038112225