

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED  
FEC MAIL CENTER  
2008 APR 11 AM 9:32

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

Anesthesia Service Medical Group Good Gov't Fund - Federal

ADDRESS (number and street) 7185 Navajo Road, Suite L

Check if different than previously reported. (ACC)

San Diego CA 92119

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C00216184

3. IS THIS REPORT X NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- X April 15 Quarterly Report(Q1)
- July 15 Quarterly Report(Q2)
- October 15 Quarterly Report(Q3)
- January 31 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)	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)

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

Primary (12P)	General (12G)	Runoff (12R)
Convention (12C)	Special (12G)	

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

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

General (30G)	Runoff (30R)	Special (30S)
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Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 01 01 2008 through 03 31 2008

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



Date 04 10 2008

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

Office Use Only								
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**FEC FORM 3X**  
(Rev. 12/2004)

28039674222

**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: <sup>M M</sup> 0 1 <sup>D D</sup> 0 1 <sup>Y Y W Y</sup> 2 0 0 8 To: <sup>M M</sup> 0 3 <sup>D D</sup> 3 1 <sup>Y Y Y Y</sup> 2 0 0 8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>Y Y Y Y</sup> 2008		6910.00
(b) Cash on Hand at Beginning of Reporting Period .....	6910.00	
(c) Total Receipts (from Line 19) .....	0.00	0.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	6910.00	6910.00
7. Total Disbursements (from Line 31) .....	3423.41	3423.41
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	3486.59	3486.59
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on 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

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**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: <sup>M M</sup> 0 1 <sup>D D</sup> 0 1 <sup>Y Y Y Y</sup> 2 0 0 8 To: <sup>M M</sup> 0 3 <sup>D D</sup> 3 1 <sup>Y Y Y Y</sup> 2 0 0 8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	0.00	0.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)) .....	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 Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) .....	0.00	0.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)) .....	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	0.00	0.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	0.00	0.00

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**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<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) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....		0.00	0.00
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		423.41	423.41
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	▶	423.41	423.41
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		3000.00	3000.00
24. Independent Expenditure (use Schedule E).....		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees.....		0.00	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	0.00
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share.....		0.00	0.00
(ii) "Levin" Share.....		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds.....		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		3423.41	3423.41
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....		3423.41	3423.41

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**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) from Line 11(d), page 3) .....	0.00	0.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	423.41	423.41
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	423.41	423.41

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**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 6 / 7
	<input checked="" type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 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

A. Full Name (Last, First, Middle Initial) Roll Call	Transaction ID: 21b-604	
	Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2008	
Mailing Address 50 F St NW 7th Floor	Amount of Each Disbursement this Period	
City Washington State DC Zip Code 20077-0102	307.00	
Purpose of Disbursement Subscription	001 Category/ Type	
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) .....	▶	307.00
TOTAL This Period (last page this line number only) .....	▶	307.00

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**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 7 / 7

<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

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NAME OF COMMITTEE (In Full)  
Anesthesia Service Medical Group Good Gov't Fund - Federal

A.	Full Name (Last, First, Middle Initial) Brian Bilbray for Congress			Transaction ID: 23-607 Date of Disbursement		
	Mailing Address PO Box 455			M M / D D / Y Y Y Y 03 / 06 / 2008		
	City Rancho Santa Fe		State CA	Zip Code 92067		Amount of Each Disbursement this Period  1000.00
	Purpose of Disbursement Political Contribution		011 Category/ Type			
Candidate Name Brian Bilbray		Office Sought: <input checked="" type="checkbox"/> House Senate President				
State: CA District: 50		Disbursement For: 2008		<input checked="" type="checkbox"/> Primary General Other (specify) ▼		
B.	Full Name (Last, First, Middle Initial) Bob Filner for Congress			Transaction ID: 23-606 Date of Disbursement		
	Mailing Address PO Box 127868			M M / D D / Y Y Y Y 03 / 06 / 2008		
	City San Diego		State CA	Zip Code 92112		Amount of Each Disbursement this Period  1000.00
	Purpose of Disbursement Political Contribution		011 Category/ Type			
Candidate Name Bob Filner		Office Sought: <input checked="" type="checkbox"/> House Senate President				
State: CA District: 51		Disbursement For: 2008		<input checked="" type="checkbox"/> Primary General Other (specify) ▼		
C.	Full Name (Last, First, Middle Initial) Andy Harris for Congress			Transaction ID: 23-608 Date of Disbursement		
	Mailing Address PO Box 1527			M M / D D / Y Y Y Y 03 / 06 / 2008		
	City Annapolis		State MD	Zip Code 21404		Amount of Each Disbursement this Period  1000.00
	Purpose of Disbursement Political Contribution		011 Category/ Type			
Candidate Name Andy Harris		Office Sought: <input checked="" type="checkbox"/> House Senate President				
State: MD District: 01		Disbursement For: 2008		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 3000.00  
TOTAL This Period (last page this line number only) ..... ▶ 3000.00

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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.

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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 <i>4/16/08</i>
Next Business Day Delivery <input 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

*Jms*  
 PREPARER

*4/11/08*  
 DATE PREPARED

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