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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

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 ▼ C00316184 — CITY ▲ — STATE ▲ — ZIPCODE ▲

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

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:
- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- X 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)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S)
Election on ____ in the State of ____

(d) 30-Day Post-Election Report for the: General (30G) Runoff (30R) Special (30S)
Election on ____ in the State of ____

5. Covering Period 07 01 2004 through 09 30 2004

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: [signature] 10 02 2004

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

FEC FORM 3X (Rev. 02/2003)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name
Anesthesia Service Medical Group Good Gov't Fund - Federal

Report Covering the Period: From: 07 01 2004 To: 09 30 2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. (a) Cash on Hand January 1 2004		1003.59
(b) Cash on Hand at Beginning of Reporting Period	6708.48	
(c) Total Receipts (from Line 19)	6685.00	18035.00
(d) Subtotal (add lines 5(b) and 5(c) for Column A and Lines 5(a) and 5(c) for Column B)	13393.48	19038.59
7. Total Disbursements (from Line 31)	5136.68	10781.99
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 5(d))	8256.80	8256.80
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D)	0.00	

X 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. 02/2003)

Write or Type Committee Name

Anesthesia Service Medical Group Good Gov't Fund - Federal

Report Covering the Period: From 07 01 2004 To: 09 30 2004

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)	1560.00	
(ii) Unitemized	5125.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ➤	6685.00	18035.00
(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) ➤	6685.00	18035.00
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))	6685.00	18035.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	6685.00	18035.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

B. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures	586.88	1231.99
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ➤	586.88	1231.99
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	4500.00	9500.00
24. Independent Expenditures (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	50.00	50.00
(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)) ➤	50.00	50.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H5)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) "Levin" Share		
(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))	5136.88	10781.99
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)	5136.88	10781.99

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	6685.00	18035.00
34. Total Contribution Refunds (from Line 28(d))	50.00	50.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6635.00	17985.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	586.88	1231.99
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	586.88	1231.99

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6/13
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 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

A. Full Name (Last, First, Middle Initial)
Dr. Marvin Benson
Mailing Address 13890 Crest Way
City: Del Mar State: CA Zip Code: 92014
FEC ID number of contributing federal political committee: C
Name of Employer: ASMG
Occupation: Anesthesiologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 440.00
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: 11(a)(i)12617
Amount of Each Receipt this Period: 165.00
Payroll Deduction ($55 Monthly)

B. Full Name (Last, First, Middle Initial)
Dr. Robert Brucker
Mailing Address 9539 Genesee Ave. No. 421
City: San Diego State: CA Zip Code: 92121
FEC ID number of contributing federal political committee: C
Name of Employer: ASMG
Occupation: Anesthesiologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 450.00
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: 11(a)(i)12619
Amount of Each Receipt this Period: 150.00
Payroll Deduction ($50 Monthly)

C. Full Name (Last, First, Middle Initial)
Dr. Patrick D. Damore
Mailing Address 687 Guadalupe Avenue
City: Coronado State: CA Zip Code: 92118
FEC ID number of contributing federal political committee: C
Name of Employer: ASMG
Occupation: Anesthesiologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 125.00
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: 11(a)(i)12692
Amount of Each Receipt this Period: 50.00
Payroll Deduction ($25 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 365.00

TOTAL 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 / 19
(check only one)
X 11a ☐ 11b ☐ 11c ☐ 12
13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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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)
Dr. Brock Fisher
Mailing Address 2425 Marilouise Way
City: San Diego State: CA Zip Code: 92109
FEC ID number of contributing federal political committee: C
Name of Employer: ASMG
Occupation: Anesthesiologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 240.00
Date of Receipt
Transaction ID: 11(a)(i)12624
Amount of Each Receipt this Period: 90.00
Payroll Deduction ($30 Monthly)

B. Full Name (Last, First, Middle Initial)
Dr. Bradley Foltz
Mailing Address 12385 Sycamore Ridge Court
City: San Diego State: CA Zip Code: 92131
FEC ID number of contributing federal political committee: C
Name of Employer: ASMG
Occupation: Anesthesiologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 240.00
Date of Receipt
Transaction ID: 11(a)(i)12626
Amount of Each Receipt this Period: 90.00
Payroll Deduction ($30 Monthly)

C. Full Name (Last, First, Middle Initial)
Dr. Claudia Herd
Mailing Address 16723 Circa Del Norte
City: Rancho Santa Fe State: CA Zip Code: 92067
FEC ID number of contributing federal political committee: C
Name of Employer: ASMG
Occupation: Anesthesiologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 400.00
Date of Receipt
Transaction ID: 11(a)(i)12660
Amount of Each Receipt this Period: 150.00
Payroll Deduction ($50 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 330.00

TOTAL 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 8 / 13
(check only one)
X 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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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)
Dr. Garth Huston
Mailing Address 407 Shore View Lane
City: Del Mar | State: CA | Zip Code: 92024
FEC ID number of contributing federal political committee: C
Name of Employer: ASMG
Occupation: Anesthesiologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 400.00
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: 11(a)(i)12630
Amount of Each Receipt this Period: 150.00
Payroll Deduction ($50 Monthly)

B. Full Name (Last, First, Middle Initial)
Dr. Dandy Lee
Mailing Address 701 Midori Ct.
City: Solana Beach | State: CA | Zip Code: 92075
FEC ID number of contributing federal political committee: C
Name of Employer: ASMG
Occupation: Anesthesiologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 400.00
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: 11(a)(i)12667
Amount of Each Receipt this Period: 150.00
Payroll Deduction ($50 Monthly)

C. Full Name (Last, First, Middle Initial)
Dr. Alex Pue
Mailing Address 3626 Ruffin Road
City: San Diego | State: CA | Zip Code: 92123
FEC ID number of contributing federal political committee: C
Name of Employer: ASMG
Occupation: Anesthesiologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 400.00
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: 11(a)(i)12578
Amount of Each Receipt this Period: 150.00
Payroll Deduction ($50 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 450.00

TOTAL 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 9 / 13
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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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)
Dr. Stephen Rogers
Mailing Address 1340 Opal Street
City: San Diego State: CA Zip Code: 92109
FEC ID number of contributing federal political committee: C
Name of Employer: ASMG
Occupation: Anesthesiologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 400.00
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: 11(a)(i)12637
Amount of Each Receipt this Period: 150.00
Payroll Deduction ($50 Monthly)

B.
Full Name (Last, First, Middle Initial)
Dr. Barbara Brown
Mailing Address 12852 Via Nestore
City: Del Mar State: CA Zip Code: 92014
FEC ID number of contributing federal political committee: C
Name of Employer: ASMG
Occupation: Anesthesiologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 240.00
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: 11(a)(i)12639
Amount of Each Receipt this Period: 90.00
Payroll Deduction ($30 Monthly)

C.
Full Name (Last, First, Middle Initial)
Dr. John Wright
Mailing Address 9053 Crestbrook Court
City: La Jolla State: CA Zip Code: 92037
FEC ID number of contributing federal political committee: C
Name of Employer: ASMG
Occupation: Anesthesiologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 400.00
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: 11(a)(i)12644
Amount of Each Receipt this Period: 150.00
Payroll Deduction ($50 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 390.00

TOTAL This Period (last page this line number only) ▶ 1535.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER (check only one)
[X] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30(b)

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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)
C. April Ms. Boling, CPA

Mailing Address 7185 Navajo Road Suite L

City: San Diego State: CA Zip Code: 92119

Purpose of Disbursement: Accounting
Candidate Name:
Category/Type: 001

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary / General / Other (specify)

Transaction ID: B21(b)419
Date of Disbursement: 08 / 27 / 2004
Amount of Each Disbursement this Period: 108.00

B. Full Name (Last, First, Middle Initial)
C. April Ms. Boling, CPA

Mailing Address 7185 Navajo Road Suite L

City: San Diego State: CA Zip Code: 92119

Purpose of Disbursement: Accounting
Candidate Name:
Category/Type: 001

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary / General / Other (specify)

Transaction ID: B21(b)412
Date of Disbursement: 08 / 28 / 2004
Amount of Each Disbursement this Period: 108.00

C. Full Name (Last, First, Middle Initial)
C. April Ms. Boling, CPA

Mailing Address 7185 Navajo Road Suite L

City: San Diego State: CA Zip Code: 92119

Purpose of Disbursement: Accounting
Candidate Name:
Category/Type: 001

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary / General / Other (specify)

Transaction ID: B21(b)417
Date of Disbursement: 08 / 28 / 2004
Amount of Each Disbursement this Period: 108.00

SUBTOTAL of Disbursements This Page (optional) ▶ 324.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER (check only one)

[X] 21b	[ ] 22	[ ] 23	[ ] 24	[ ] 25	[ ] 26
[ ] 27	[ ] 28a	[ ] 28b	[ ] 28c	[ ] 29	[ ] 30b

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

Full Name (Last, First, Middle Initial)
A. C. April Ms. Soling, CPA

Mailing Address 7185 Navajo Road Suite L

City San Diego | State CA | Zip Code 92119

Purpose of Disbursement
Accounting, software, postage

Candidate Name

Category/Type 001

Office Sought: House / Senate / President

State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: S21(b)411

Date of Disbursement 07 / 26 / 2004

Amount of Each Disbursement this Period 262.88

SUBTOTAL of Disbursements This Page (optional) ► 262.88

TOTAL This Period (last page this line number only) ► 536.88

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)
21b 22 X 23 24 25 26
27 28a 28b 28c 29 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)
Bill Jones for U.S. Senate

Transaction ID: B23413
Date of Disbursement
08 30 2004

Mailing Address 10387 Friars Road #103

City San Diego State CA Zip Code 92120

Amount of Each Disbursement this Period
2000.00

Purpose of Disbursement
Political Contribution

011 Category/Type

Candidate Name
Bill Jones

Office Sought: House / X Senate / President

Disbursement For: 2004 Primary / X General / Other (specify) ▼

State: CA District:

B. Full Name (Last, First, Middle Initial)
Issa for Congress

Transaction ID: B23407
Date of Disbursement
07 13 2004

Mailing Address P.O. Box 760

City Vista State CA Zip Code 92085

Amount of Each Disbursement this Period
2500.00

Purpose of Disbursement
Political Contribution

011 Category/Type

Candidate Name
Darrell Issa

Office Sought: X House / Senate / President

Disbursement For: 2004 Primary / X General / Other (specify) ▼

State: CA District: 49

SUBTOTAL of Disbursements This Page (optional) ▶ 4500.00

TOTAL This Period (last page this line number only) ▶ 4500.00

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)
☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☒ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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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. Unitemized refunds of contributions This Period: 07/01/2004 - 09/30/2004

Transaction ID: B29(a)09/30/2004
Date of Disbursement
M M / D D / Y Y Y Y

Mailing Address 7185 Navajo Road Suite L

City San Diego | State CA | Zip Code 92119

Amount of Each Disbursement this Period: 50.00

Purpose of Disbursement
Unitemized expenses

Category/Type: 001

Candidate Name

Office Sought: House / Senate / President

State: District:

Disbursement For: Primary / General / Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	50.00
TOTAL This Period (last page this line number only) ▶	50.00

24038534260

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.

[ ] Hand Delivered	Date of Receipt
[ ] USPS First Class Mail	Postmarked
[✓] USPS Registered/Certified	Postmarked (R/C) 10-4-04
[ ] USPS Priority Mail	Postmarked Delivery Confirmation ™ Label [ ]
[ ] USPS Express Mail	Postmarked
[ ] Postmark Illegible	
[ ] No Postmark	
[ ] Overnight Delivery Service (Specify):	Shipping Date
[ ] Received from House Records & Registration Office	Date of Receipt
[ ] Received from Senate Public Records Office	Date of Receipt
[ ] Received from Electronic Filing Office	Date of Receipt
[ ] Other (Specify):	Date of Receipt or Postmarked
JMJ0 PREPARER	10-12-04 DATE PREPARED

(5/2004)