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FEC MAIL CENTER

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

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 P

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:

- 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), 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 (12G)

Election on [] [] [] in the State of CA

- (d) 30-Day Post -Election Report for the: [X] General (30G), [] Runoff (30R), [] Special (30S)

Election on 11 02 2010 in the State of CA

5. Covering Period 10 01 2010 through 11 22 2010

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

[Handwritten Signature]

Date 11 29 2010

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. 12/2004)

10030501271

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Anesthesia Service Medical Group Good Govt Fund - Federal

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	W	Y
2	0	1	0

 To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

10030501272

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		15216.26
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	3497.95									
(c) Total Receipts (from Line 19)	5876.07	20901.07								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	9374.02	36117.33								
7. Total Disbursements (from Line 31)	6472.18	33215.49								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2901.84	2901.84								
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									

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:

MM
10

DD
01

Y Y W Y
2010

To:

MM
11

DD
22

Y Y Y Y
2010

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)	2290.00	5300.00
(ii) Unitemized	3586.07	15601.07
(iii) TOTAL (add Lines 11(a)(i) and (ii))	5876.07	20901.07
(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)	5876.07	20901.07
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))	5876.07	20901.07
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	5876.07	20901.07

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DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

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.....	472.18	2565.49
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	472.18	2565.49
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6000.00	30650.00
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))..	6472.18	33215.49
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6472.18	33215.49

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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	5876.07	20901.07
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5876.07	20901.07
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	472.18	2565.49
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	472.18	2565.49

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10030501275

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

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

FOR LINE NUMBER: PAGE 6 / 15

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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

A.	Full Name (Last, First, Middle Initial) Marvin Benson	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 13890 Crest Way	Transaction ID: 11AI-23753-IP
	City State Zip Code Del Mar CA 92014	Amount of Each Receipt this Period 110.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer ASMG Occupation Anesthesiologist	
	Receipt For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Calendar Year	Payroll Deduction (\$55 Monthly)
	Aggregate Year-to-Date 385.00	

B.	Full Name (Last, First, Middle Initial) Terrance Breen	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 5503 Rutgers Rd	Transaction ID: 11AI-23838-IP
	City State Zip Code La Jolla CA 92037	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer ASMG Occupation Anesthesiologist	
	Receipt For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Calendar Year	Payroll Deduction (\$100 Monthly)
	Aggregate Year-to-Date 700.00	

C.	Full Name (Last, First, Middle Initial) Robert Brucker	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 3253 Lahitte Court	Transaction ID: 11AI-23755-IP
	City State Zip Code San Diego CA 92122	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer ASMG Occupation Anesthesiologist	
	Receipt For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Calendar Year	Payroll Deduction (\$50 Monthly)
	Aggregate Year-to-Date 350.00	

SUBTOTAL of Receipts This Page (optional) 410.00

TOTAL This Period (last page this line number only)

10030501276

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

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

FOR LINE NUMBER: PAGE 7 / 15

(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			

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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)
Michael Danielson

Mailing Address 500 W. Harbor Drive, Suite 1102

City San Diego State CA Zip Code 92101

FEC ID number of contributing federal political committee. C

Name of Employer ASMG Occupation Anesthesiologist

Receipt For: 2010
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date 350.00

Date of Receipt 11 / 22 / 2010

Transaction ID: 11AI-23842-IP

Amount of Each Receipt this Period 100.00

Payroll Deduction (\$50 Monthly)

B.

Full Name (Last, First, Middle Initial)
Daniel DeRoo

Mailing Address 12649 Sagecrest Drive

City Poway State CA Zip Code 92064

FEC ID number of contributing federal political committee. C

Name of Employer ASMG Occupation Anesthesiologist

Receipt For: 2010
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date 350.00

Date of Receipt 11 / 22 / 2010

Transaction ID: 11AI-23758-IP

Amount of Each Receipt this Period 100.00

Payroll Deduction (\$50 Monthly)

C.

Full Name (Last, First, Middle Initial)
Kent Dively

Mailing Address 6537 Wandemere Drive

City San Diego State CA Zip Code 92120

FEC ID number of contributing federal political committee. C

Name of Employer ASMG Occupation Anesthesiologist

Receipt For: 2010
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date 350.00

Date of Receipt 11 / 22 / 2010

Transaction ID: 11AI-23759-IP

Amount of Each Receipt this Period 100.00

Payroll Deduction (\$50 Monthly)

SUBTOTAL of Receipts This Page (optional) 300.00

TOTAL This Period (last page this line number only)

10030501277

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

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

FOR LINE NUMBER: PAGE 8 / 15

(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	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)
Brock Fisher

Mailing Address 2425 Marilouise Way

City San Diego State CA Zip Code 92103

FEC ID number of contributing federal political committee. C

Name of Employer ASMG Occupation Anesthesiologist

Receipt For: 2010
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date 210.00

Date of Receipt 11 / 22 / 2010
 Transaction ID: 11AI-23761-IP
 Amount of Each Receipt this Period 60.00
 Payroll Deduction (\$30 Monthly)

B.

Full Name (Last, First, Middle Initial)
Bradley Foltz

Mailing Address 12385 Sycamore Ridge Ct

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: 2010
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date 210.00

Date of Receipt 11 / 22 / 2010
 Transaction ID: 11AI-23763-IP
 Amount of Each Receipt this Period 60.00
 Payroll Deduction (\$30 Monthly)

C.

Full Name (Last, First, Middle Initial)
Brandon Giap

Mailing Address 6715 Rancho Toyon Place

City San Diego State CA Zip Code 92130

FEC ID number of contributing federal political committee. C

Name of Employer ASMG Occupation Anesthesiologist

Receipt For: 2010
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date 700.00

Date of Receipt 11 / 22 / 2010
 Transaction ID: 11AI-23844-IP
 Amount of Each Receipt this Period 200.00
 Payroll Deduction (\$100 Monthly)

SUBTOTAL of Receipts This Page (optional)

320.00

TOTAL This Period (last page this line number only)

10030501278

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 15
(check only one)
 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)
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: 2010
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date 350.00

Date of Receipt 11 / 22 / 2010

Transaction ID: 11A1-23797-IP

Amount of Each Receipt this Period 100.00

Payroll Deduction (\$50 Monthly)

B.

Full Name (Last, First, Middle Initial)
Garth Huston

Mailing Address 407 Shore View Ln

City Leucadia State CA Zip Code 92024

FEC ID number of contributing federal political committee. C

Name of Employer ASMG Occupation Anesthesiologist

Receipt For: 2010
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date 350.00

Date of Receipt 11 / 22 / 2010

Transaction ID: 11A1-23767-IP

Amount of Each Receipt this Period 100.00

Payroll Deduction (\$50 Monthly)

C.

Full Name (Last, First, Middle Initial)
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: 2010
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date 350.00

Date of Receipt 11 / 22 / 2010

Transaction ID: 11A1-23822-IP

Amount of Each Receipt this Period 100.00

Payroll Deduction (\$50 Monthly)

SUBTOTAL of Receipts This Page (optional) 300.00

TOTAL This Period (last page this line number only)

10030501279

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

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

FOR LINE NUMBER: PAGE 10 / 15
(check only one)
 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

10030501280

A.

Full Name (Last, First, Middle Initial)
Alex Pue

Mailing Address 3652 Carleton Street

City San Diego State CA Zip Code 92106

FEC ID number of contributing federal political committee. C

Name of Employer ASMG Occupation Anesthesiologist

Receipt For: 2010
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date 350.00

Date of Receipt 11 / 22 / 2010

Transaction ID: 11AI-23813-IP

Amount of Each Receipt this Period 100.00

Payroll Deduction (\$50 Monthly)

B.

Full Name (Last, First, Middle Initial)
Mark S. Ransom

Mailing Address 859 Morning Sun Drive

City Encinitas State CA Zip Code 92024

FEC ID number of contributing federal political committee. C

Name of Employer ASMG Occupation Anesthesiologist

Receipt For: 2010
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date 700.00

Date of Receipt 11 / 22 / 2010

Transaction ID: 11AI-23815-IP

Amount of Each Receipt this Period 200.00

Payroll Deduction (\$100 Monthly)

C.

Full Name (Last, First, Middle Initial)
Peter Raudaskoski

Mailing Address 11256 Sherrard Way

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: 2010
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date 350.00

Date of Receipt 11 / 22 / 2010

Transaction ID: 11AI-23773-IP

Amount of Each Receipt this Period 100.00

Payroll Deduction (\$50 Monthly)

SUBTOTAL of Receipts This Page (optional) 400.00

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 11 / 15

(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
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NAME OF COMMITTEE (In Full)

Anesthesia Service Medical Group Good Gov't Fund - Federal

10030501281

A.

Full Name (Last, First, Middle Initial)
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: 2010
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date 350.00

Date of Receipt 11 / 22 / 2010

Transaction ID: 11AI-23774-IP

Amount of Each Receipt this Period 100.00

Payroll Deduction (\$50 Monthly)

B.

Full Name (Last, First, Middle Initial)
Steven A. Saltz

Mailing Address 2757 Inverness Dr.

City Carlsbad State CA Zip Code 92008

FEC ID number of contributing federal political committee. C

Name of Employer ASMG Occupation Anesthesiologist

Receipt For: 2010
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date 350.00

Date of Receipt 11 / 22 / 2010

Transaction ID: 11AI-23816-IP

Amount of Each Receipt this Period 100.00

Payroll Deduction (\$50 Monthly)

C.

Full Name (Last, First, Middle Initial)
Barbara Strawn

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: 2010
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date 210.00

Date of Receipt 11 / 22 / 2010

Transaction ID: 11AI-23776-IP

Amount of Each Receipt this Period 60.00

Payroll Deduction (\$30 Monthly)

SUBTOTAL of Receipts This Page (optional)

260.00

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 12 / 15
(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	

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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)
Lei Wang

Mailing Address 11149 Corte Mar de Cristal

City San Diego State CA Zip Code 92130

FEC ID number of contributing federal political committee. C

Name of Employer ASMG Occupation Anesthesiologist

Receipt For: 2010
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date 350.00

Date of Receipt 11 / 22 / 2010

Transaction ID: 11AI-23850-IP

Amount of Each Receipt this Period 100.00

Payroll Deduction (\$50 Monthly)

B.

Full Name (Last, First, Middle Initial)
John Wright

Mailing Address 3063 Cranbrook Ct

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: 2010
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date 350.00

Date of Receipt 11 / 22 / 2010

Transaction ID: 11AI-23781-IP

Amount of Each Receipt this Period 100.00

Payroll Deduction (\$50 Monthly)

C.

Full Name (Last, First, Middle Initial)
Roger Zeman

Mailing Address 3545 Front St

City San Diego State CA Zip Code 92103

FEC ID number of contributing federal political committee. C

Name of Employer ASMG Occupation Anesthesiologist

Receipt For: 2010
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date 350.00

Date of Receipt 11 / 22 / 2010

Transaction ID: 11AI-23783-IP

Amount of Each Receipt this Period 100.00

Payroll Deduction (\$50 Monthly)

SUBTOTAL of Receipts This Page (optional) 300.00

TOTAL This Period (last page this line number only) 2290.00

10030501282

**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 13 / 15				
	<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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

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

10030501283

A. Full Name (Last, First, Middle Initial) C. April Boling, CPA		Transaction ID: 21B-729 Date of Disbursement 10 / 29 / 2010	
Mailing Address 7185 Navajo Rd Ste P		Amount of Each Disbursement this Period 177.18	
City San Diego State CA Zip Code 92119	Purpose of Disbursement Accounting Services	Category/ Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:			
B. Full Name (Last, First, Middle Initial) Cook Political Report		Transaction ID: 21B-717 Date of Disbursement 10 / 01 / 2010	
Mailing Address 600 New Hampshire NW		Amount of Each Disbursement this Period 295.00	
City Washington State DC Zip Code 20037	Purpose of Disbursement Subscription	Category/ Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:			

SUBTOTAL of Disbursements This Page (optional)	472.18
TOTAL This Period (last page this line number only)	472.18

**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 14 / 15

<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)

John Boozman for Senate

Transaction ID: 23-719

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0	/	1	4	/	2	0	1	0		

Mailing Address 11300 Financial Centre Parkway, St

Amount of Each Disbursement this Period

1000.00

City State Zip Code
Little Rock AR 72211

Purpose of Disbursement
Political Contribution

011
Category/
Type

Candidate Name
John Boozman

Office Sought: House
 Senate
 President
State: CA District:

Disbursement For: 010"
 Primary General
 Other (specify) ▼

B.

Full Name (Last, First, Middle Initial)

Carly for California

Transaction ID: 23-726

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0	/	2	1	/	2	0	1	0		

Mailing Address PO Box 710187

Amount of Each Disbursement this Period

2000.00

City State Zip Code
San Diego CA 92171

Purpose of Disbursement
Political Contribution

011
Category/
Type

Candidate Name
Carly Fiorina

Office Sought: House
 Senate
 President
State: CA District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

C.

Full Name (Last, First, Middle Initial)

David Harmer for Congress

Transaction ID: 23-722

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0	/	2	1	/	2	0	1	0		

Mailing Address 6920 Koll Center Parkway, Suite 21

Amount of Each Disbursement this Period

1000.00

City State Zip Code
Pleasanton CA 94566

Purpose of Disbursement
Political Contribution

011
Category/
Type

Candidate Name
David Harmer

Office Sought: House
 Senate
 President
State: CA District: 11

Disbursement For: 2010
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

10030501284

**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 / 15

<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

10030501285

A. Full Name (Last, First, Middle Initial) Ron Johnson for US Senate		Transaction ID: 23-720 Date of Disbursement	
Mailing Address PO Box 1159		MM / DD / YYYY 10 / 14 / 2010	
City Oshkosh	State WI	Zip Code 54903-1159	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Political Contribution		011 Category/ Type	
Candidate Name Ron Johnson			
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 010" <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CA	District:		

B. Full Name (Last, First, Middle Initial) Kirk for Senate		Transaction ID: 23-718 Date of Disbursement	
Mailing Address PO Box 8		MM / DD / YYYY 10 / 14 / 2010	
City Winnetka	State IL	Zip Code 60093	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Political Contribution		011 Category/ Type	
Candidate Name Mark Kirk			
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 010" <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CA	District:		

SUBTOTAL of Disbursements This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	6000.00

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.

10030501286

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
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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>FedEx</i>	Shipping Date <i>11/25/10</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

[Signature]
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 (3/2005)

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