REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than an Authorized Committee
(Summary Page)

FEB 2 4 02 PM '96

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) ANESTHESIA SERVICE MEDICAL GROUP, INC. GOOD GOV'T FUND	
ADDRESS (number and street) ☐ Check if different than previously reported. 3626 RUFFIN ROAD, P.O. BOX 82807	2. FEC IDENTIFICATION NUMBER C00216184
CITY, STATE and ZIP CODE SAN DIEGO, CA 92138	3. ☐ This committee has qualified as a multicandidate committee (see FEC FORM 1M)

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 preceeding _____ (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 5. Covering Period 07/01/95 through 12/31/95	**COLUMN A This Period**	**COLUMN B Calendar Year-to-Date**
6. (a) Cash on Hand January 1, 1995		11,032.24
(b) Cash on Hand at Beginning of Reporting Period	5,071.24	
(c) Total Receipts (from Line 19)	5,875.00	10,705.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	10,946.24	21,737.24
7. Total Disbursements (from Line 30)	8,274.76	19,065.76
8. Cash on Hand at Close of Reporting Period (subtract Line7 from Line 6(d))	2,671.48	
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	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-376-3120

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. HERTZKA, M.D.

Signature of Treasurer

Date 1/29/96

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U. S. C. p437g.

FEC FORM 3X
(revised 9/93)

9 6 0 3 0 2 6 0 2 8 1

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

NAME OF COMMITTEE: ANESTHESIA SERVICE MEDICAL GROUP, INC. GOOD GOV'T FUND

REPORT COVERING PERIOD FROM: 07/01/95 TO: 12/31/95

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individuals/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	5,700.00	5,950.00	11(a)(i)
ii. Unitemized	175.00	4,755.00	11(a)(ii)
iii. Total	5,875.00	10,705.00	11(a)(iii)
b. Political Party Committees	0.00	0.00	11(b)
c. Other Political Committees (such as PACs)	0.00	0.00	11(c)
d. Total Contributions	5,875.00	10,705.00	11(d)
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12
13. All Loans Received	0.00	0.00	13
14. Loan Repayments Received	0.00	0.00	14
15. Offsets to Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00	17
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18)	5,875.00	10,705.00	19
20. Total Federal Receipts (subtract line 18 from line 19)	5,875.00	10,705.00	20
II. Disbursements			
21. Operating Expenditures			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21(a)(i)
ii. Non-Federal Share	0.00	0.00	21(a)(ii)
b. Other Federal Operating Expenditures	3,274.76	3,965.76	21(b)
c. Total Operating Expenditures (add a i, a ii, and b)	3,274.76	3,965.76	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Party Committees	5,000.00	15,100.00	23
24. Independent Expenditures (use Schedule E)	0.00	0.00	24
25. Coordinated Expenditures Made by Party Committees(2 U.S.C.441a(d))(use Schedule F)	0.00	0.00	25
26. Loan Repayments Made	0.00	0.00	26
27. Loans Made	0.00	0.00	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0.00	0.00	28(a)
b. Political Party Committees	0.00	0.00	28(b)
c. Other Political Committees (such as PACs)	0.00	0.00	28(c)
d. Total Contribution Refunds (add a, b and c)	0.00	0.00	28(d)
29. Other Disbursements	0.00	0.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)	8,274.76	19,065.76	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30)	8,274.76	19,065.76	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	5,875.00	10,705.00	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	5,875.00	10,705.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b)	3,274.76	3,965.76	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35)	3,274.76	3,965.76	37

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page (07/01/96 - 12/31/96)

PAGE 1 OF 6

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

ANESTHESIA SERVICE MEDICAL GROUP, INC. GOOD GOV'T FUND C00216184

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date(month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Mr. John Arnold, M.D. 4871 Rancho Viejo Drive Del Mar, CA 92014 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $ 250.00	payroll deduction	125.00 ($25 monthly)
B. Full Name, Mailing Address and ZIP Code Mr. Frank Barrack, M.D. 12514 Rue Cheaumont San Diego, CA 92131 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $ 250.00	payroll deduction	125.00 ($25 monthly)
C. Full Name, Mailing Address and ZIP Code Mr. David Bittar, M.D. 1440 Highland Drive Solona Beach, CA 92075 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $ 250.00	payroll deduction	125.00 ($25 monthly)
D. Full Name, Mailing Address and ZIP Code Dr. Barbara Blake Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > $ 300.00	payroll deduction	75.00 ($15 monthly)
E. Full Name, Mailing Address and ZIP Code C. Plowden Bridges, M.D. 9915 Alto Drive La Mesa, CA 91941 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $ 250.00	payroll deduction	125.00 ($25 monthly)
F. Full Name, Mailing Address and ZIP Code Miss Carol Ceriani, M.D. 12975 Long Boat Way Del Mar, CA 92014 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $ 250.00	payroll deduction	125.00 ($25 monthly)
G. Full Name, Mailing Address and ZIP Code Mr. Walter Emery, M.D. 9631 Sierra Vista La Mesa, CA 91941 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $ 250.00	payroll deduction	125.00 ($25 monthly)

SUBTOTAL of Receipts This Page (optional)	825.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page (07/01/98 - 12/31/98)

PAGE 2 OF 6

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

ANESTHESIA SERVICE MEDICAL GROUP, INC. GOOD GOV'T FUND C00216184

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date(month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Mr. Aubrey 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 > $	payroll deduction 250.00	125.00 ($25 monthly)
B. Full Name, Mailing Address and ZIP Code Dr. Thomas Farrell 13306 Roxton Circle San Diego, CA 92130 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $	payroll deduction 550.00	300.00 ($75 monthly)
C. Full Name, Mailing Address and ZIP Code Ms. 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 > $	payroll deduction 500.00	250.00 ($50 monthly)
D. Full Name, Mailing Address and ZIP Code Dr. David Hoban Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > $	payroll deduction 250.00	125.00 ($25 monthly)
E. Full Name, Mailing Address and ZIP Code Dr. Garth Huston 12941 Caminito Del Canto Del Mar, CA 92014 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $	payroll deduction 800.00	300.00 ($75 monthly)
F. Full Name, Mailing Address and ZIP Code Mrs. Inge Johansen, M.D. 5425 Pacifica Drive La Jolla, CA 92037 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $	payroll deduction 290.00	120.00 ($30 monthly)
G. Full Name, Mailing Address and ZIP Code Graham Judson 760 Carlow Court El Cajon, CA 92020 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $	payroll deduction 250.00	125.00 ($25 monthly)

SUBTOTAL of Receipts This Page (optional)	1,375.00
TOTAL This Period (last page this line number only)	

9 6 0 3 0 2 6 0 2 8 4

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page (07/01/05 - 12/31/05)

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

ANESTHESIA SERVICE MEDICAL GROUP, INC. GOOD GOV'T FUND C00216184

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Mrs. Kathleen Kaya, M.D. 6113 Avenida Chamnez La Jolla, CA 92037 Receipt For: Primary / General / Other (specify):	Employer: ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $ 250.00	payroll deduction	125.00 ($25 monthly)
B. Mr. Michael Martin, M.D. 10825 Birch Bluff Avenue San Diego, CA 92131 Receipt For: Primary / General / Other (specify):	Employer: ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $ 250.00	payroll deduction	125.00 ($25 monthly)
C. Mr. Walter Millar, M.D. 13759 Vista Poniente Poway, CA 92064 Receipt For: Primary / General / Other (specify):	Employer: ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $ 250.00	payroll deduction	125.00 ($25 monthly)
D. Mr. Nelson T. Nakaji, M.D. 4039 Rancho Grande Del Mar, CA 92014 Receipt For: Primary / General / Other (specify):	Employer: ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $ 250.00	payroll deduction	125.00 ($25 monthly)
E. Mr. William Nelson, M.D. 187 Ocean View Drive Del Mar, CA 92014 Receipt For: Primary / General / Other (specify):	Employer: ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $ 250.00	payroll deduction	125.00 ($25 monthly)
F. Mr. Dayle E. O'Conner, M.D. 1844 Ocean Front Del Mar, CA 92014 Receipt For: Primary / General / Other (specify):	Employer: ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $ 250.00	payroll deduction	125.00 ($25 monthly)
G. Ms. Laura O'Donnell, M.D. 4306 Pescadero Avenue San Diego, CA 92107 Receipt For: Primary / General / Other (specify):	Employer: ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $ 250.00	payroll deduction	125.00 ($25 monthly)

SUBTOTAL of Receipts This Page (optional)	875.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page (07/01/05 - 12/31/05)

FOR LINE NUMBER 11|a|(i)

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NAME OF COMMITTEE (In Full)

ANESTHESIA SERVICE MEDICAL GROUP, INC. GOOD GOV'T FUND C00216184

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Mr. Rollin Odem, M.D. 4463 Hortensia Street San Diego, CA 92103 Receipt For: Primary / General / Other (specify):	ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $ 250.00	payroll deduction	125.00 ($25 monthly)
B. Ms. Deborah Page, M.D. 2111 Blackmore Court San Diego, CA 92109 Receipt For: Primary / General / Other (specify):	ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $ 250.00	payroll deduction	125.00 ($25 monthly)
C. Ms. Jenny Parker, M.D. 2593 Via Pisa Del Mar, CA 92014 Receipt For: Primary / General / Other (specify):	ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $ 250.00	payroll deduction	125.00 ($25 monthly)
D. Mr. Stanley Perkins, M.D. 2475 Loring Street San Diego, CA 92109 Receipt For: Primary / General / Other (specify):	ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $ 250.00	payroll deduction	125.00 ($25 monthly)
E. Mr. Bradley Peterson, M.D. P.O. Box 1055 Rancho Santa Fe, CA 92067 Receipt For: Primary / General / Other (specify):	ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $ 250.00	payroll deduction	125.00 ($25 monthly)
F. Mr. James Pettit, M.D. 12323 Rue Cheemont San Diego, CA 92131 Receipt For: Primary / General / Other (specify):	ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $ 250.00	payroll deduction	125.00 ($25 monthly)
G. Mr. Glenn Plummer, M.D. P.O. Box 2566 Rancho Santa Fe, CA 92067 Receipt For: Primary / General / Other (specify):	ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $ 250.00	payroll deduction	125.00 ($25 monthly)

SUBTOTAL of Receipts This Page (optional) > 875.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page (07/01/05 - 12/31/06)

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

ANESTHESIA SERVICE MEDICAL GROUP, INC. GOOD GOV'T FUND C00216184

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Mr. Paul J. Ponganis, M.D. 13326 Landfair Road San Diego, CA 92130 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $	payroll deduction 250.00	125.00 ($25 monthly)
B. Full Name, Mailing Address and ZIP Code Mr. Jenkins Schley, M.D. 1220 Concord Street San Diego, CA 92106 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $	payroll deduction 250.00	125.00 ($25 monthly)
C. Full Name, Mailing Address and ZIP Code Mrs. Penelope Smith, M.D. 760 Armada Terrace San Diego, CA 92106 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $	payroll deduction 250.00	125.00 ($25 monthly)
D. Full Name, Mailing Address and ZIP Code Mr. Robert Wagner, Jr. M D 2551 Soderblom Ave. San Diego, CA 92122 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $	payroll deduction 250.00	125.00 ($25 monthly)
E. Full Name, Mailing Address and ZIP Code Mr. Clarence Ward, M.D. 11212 Zorit Court San Diego, CA 92124 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $	payroll deduction 250.00	125.00 ($25 monthly)
F. Full Name, Mailing Address and ZIP Code Mr. Michael Weber, M.D. 3604 Garrison Avenue San Diego, CA 92106 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $	payroll deduction 250.00	125.00 ($25 monthly)
G. Full Name, Mailing Address and ZIP Code Dr. Douglas Wemmer 426 SanRemo Way San Diego, CA 92106 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $	payroll deduction 550.00	300.00 ($75 monthly)

SUBTOTAL of Receipts This Page (optional)	1,050.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page (07/01/95 - 12/31/96)

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

ANESTHESIA SERVICE MEDICAL GROUP, INC. GOOD GOV'T FUND C00216184

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date(month, day, year)	Amount of Each Receipt this Period
A. Mr. C. Judson Westover, M.D. 442 8th Street Del Mar, CA 92014 Receipt For: Primary General Other (specify):	ASMG Anesthesiologist Aggregate Year-to-Date $	payroll deduction 250.00	125.00 ($25 monthly)
B. Mr. Curtis B. Winters, M.D. 10251 Rue Saint Jacques San Diego, CA 92131 Receipt For: Primary General Other (specify):	ASMG Anesthesiologist Aggregate Year-to-Date $	07/24/95 08/23/95 09/26/95 10/26/95 11/28/95 550.00	25.00 200.00 100.00 100.00 100.00
C. Dr. H. Michael Worthen 4637 Vista Dela Tierra Del Mar, CA 92014 Receipt For: Primary General Other (specify):	ASMG Anesthesiologist Aggregate Year-to-Date $	payroll deduction 290.00	150.00 ($30 monthly)
D. Full Name, Mailing Address and ZIP Code Receipt For: Primary General Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date(month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: Primary General Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date(month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: Primary General Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date(month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: Primary General Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date(month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	700.00
TOTAL This Period (last page this line number only)	5,700.00

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Other Federal Operating Expenses

Use separate schedule(s) for each category of the Detailed Summary Page (07/01/95 - 12/31/95)

PAGE 1 OF 1

FOR LINE NUMBER 21(b)

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NAME OF COMMITTEE (In Full)

ANESTHESIA SERVICE MEDICAL GROUP, INC. GOOD GOV'T FUND C00216184

A. Full Name, Mailing Address and ZIP Code Lincoln Club of San Diego County P.O.Box 1279 La Jolla, CA 92038	Purpose of Disbursement FEC Conference Disbursement For: ☐ Primary ☐ General ☐ Other (specify):	Date(month, day, year) 08/17/95	Amount of Each Disbursement this Period 2,750.00
B. Full Name, Mailing Address and ZIP Code Miyako Hotel	Purpose of Disbursement FEC Conference Disbursement For: ☐ Primary ☐ General ☐ Other (specify):	Date(month, day, year) 09/28/95	Amount of Each Disbursement this Period 221.76
C. Full Name, Mailing Address and ZIP Code Unitemized other federal operating expenses (less than $200) This Period: 07/01/95 - 12/31/95	Purpose of Disbursement Disbursement For: ☐ Primary ☐ General ☐ Other (specify):	Date(month, day, year)	Amount of Each Disbursement this Period 303.00
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)	3,274.76
TOTAL This Period (last page this line number only)	3,274.76

9 6 0 3 0 4 6 0 2 7 9

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Contribution to Federal Candidates/Committees and Other Party Committees

Use separate schedule(s) for each category of the Detailed Summary Page (07/01/95 - 12/31/95)

PAGE 1 OF 1

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

ANESTHESIA SERVICE MEDICAL GROUP, INC. GOOD GOV'T FUND C00216184

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date(month, day, year)	Amount of Each Disbursement this Period
A. Bob Filner for Congress P.O. Box 127868 San Diego, CA 92112	CA-51, Bob Filner, Congress Disbursement For: ☐ Primary ☐ General ☐ Other (specify):	07/25/95	1,000.00
B. Brian Bilbray For Congress P.O. Box 455 Rancho Santa Fe, CA 92067	CA-49, Brian Bilbray, Congress Disbursement For: ☐ Primary ☐ General ☐ Other (specify):	12/27/95	2,000.00
C. Dole for President P.O. Box 455 Rancho Santa Fe, CA 92067	Bob Dole, President Disbursement For: ☐ Primary ☐ General ☐ Other (specify):	11/20/95	1,000.00
D. Tom Campbell for Congress P.O. Box 1297 El Grenada, CA 94018	CA-15, Tom Campbell, Congress Disbursement For: ☐ Primary ☐ General ☐ Other (specify):	11/20/95	1,000.00
E.	Purpose of Disbursement Disbursement For: ☐ Primary ☐ General ☐ Other (specify):	Date(month, day, year)	Amount of Each Disbursement this Period
F.	Purpose of Disbursement Disbursement For: ☐ Primary ☐ General ☐ Other (specify):	Date(month, day, year)	Amount of Each Disbursement this Period
G.	Purpose of Disbursement Disbursement For: ☐ Primary ☐ General ☐ Other (specify):	Date(month, day, year)	Amount of Each Disbursement this Period
H.	Purpose of Disbursement Disbursement For: ☐ Primary ☐ General ☐ Other (specify):	Date(month, day, year)	Amount of Each Disbursement this Period
I.	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)	5,000.00
TOTAL This Period (last page this line number only)	5,000.00

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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.

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☐	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

PREPARER

2/2/96
DATE PREPARED

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