FEC
FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED
FEC MAIL
OPERATIONS CENTER

2005 OCT 28 A 9:43

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)

CITY ▲ San Diego — STATE ▲ CA — ZIPCODE ▲ 92119 -

2. FEC IDENTIFICATION NUMBER ▼

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)
- 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) | [ ] 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)

Election on ____ in the State of ____

5. Covering Period 09 15 2005 through 09 30 2005

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 10 27 2005

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)

25959527508

# 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: M M 09 D D 15 Y Y Y Y 2005 To: M M 09 D D 30 Y Y Y Y 2005

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|---|---|
| 6. (a) Cash on Hand January 1 Y Y Y Y 2005 | | 14660.15 |
| (b) Cash on Hand at Begining of Reporting Period | 21061.75 | |
| (c) Total Receipts (from Line 19) | 2145.00 | 17235.00 |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 23206.75 | 31895.15 |
| 7. Total Disbursements (from Line 31) | 2130.57 | 10818.97 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 21076.18 | 21076.18 |
| 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

25959290501

# 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: M M 09 D D 15 Y Y Y Y 2005 To: M M 09 D D 30 Y Y Y Y 2005

| 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) | 495.00 | 3510.00 |
| (ii) Unitemized | 1650.00 | 13725.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶ | 2145.00 | 17235.00 |
| (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) ▶ | 2145.00 | 17235.00 |
| 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)) | 2145.00 | 17235.00 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 2145.00 | 17235.00 |

# DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)



| 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 | 130.57 | 3718.97 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ▶ | 130.57 | 3718.97 |
| 22. Transfers to Affiliated/Other Party Committees | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees | 2000.00 | 7100.00 |
| 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)) | 2130.57 | 10818.97 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31) | 2130.57 | 10818.97 |

# 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) | 2145.00 | 17235.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 2145.00 | 17235.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 130.57 | 3718.97 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 130.57 | 3718.97 |

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

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

FOR LINE NUMBER: (check only one) PAGE 6 / 11

[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)
Anasthesia 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)14509

Amount of Each Receipt this Period: 55.00

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: 400.00

Date of Receipt: M M / D D / Y Y Y Y

Transaction ID: 11(a)(i)14511

Amount of Each Receipt this Period: 50.00

Payroll Deduction ($50 Monthly)

**C.** Full Name (Last, First, Middle Initial)
Dr. 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: 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)14516

Amount of Each Receipt this Period: 30.00

Payroll Deduction ($30 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ▶ 135.00

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



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

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

FOR LINE NUMBER: (check only one) PAGE 7 / 11

[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. 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: M M / D D / Y Y Y Y
Transaction ID: 11(a)(i)14518
Amount of Each Receipt this Period: 30.00
Payroll Deduction ($30 Monthly)

**B.**
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: M M / D D / Y Y Y Y
Transaction ID: 11(a)(i)14552
Amount of Each Receipt this Period: 50.00
Payroll Deduction ($50 Monthly)

**C.**
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)14522
Amount of Each Receipt this Period: 50.00
Payroll Deduction ($50 Monthly)

**SUBTOTAL** of Receipts This Page (optional) ▶ 130.00

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

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

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

FOR LINE NUMBER: (check only one) | PAGE 8 / 11

[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. 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)14576
Amount of Each Receipt this Period: 50.00
Payroll Deduction ($50 Monthly)

**B.**
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)14568
Amount of Each Receipt this Period: 50.00
Payroll Deduction ($50 Monthly)

**C.**
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)14529
Amount of Each Receipt this Period: 50.00
Payroll Deduction ($50 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 150.00

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

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

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

FOR LINE NUMBER: (check only one) PAGE 9 / 11

[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. 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: 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)14531
Amount of Each Receipt this Period: 30.00
Payroll Deduction ($30 Monthly)

**B.**
Full Name (Last, First, Middle Initial): Dr. John Wright
Mailing Address: 3063 Cranbrook 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)14536
Amount of Each Receipt this Period: 50.00
Payroll Deduction ($50 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 80.00

TOTAL This Period (last page this line number only) ▶ 495.00

# 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 | [ ] 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): C. April Ms. Boling, CPA
Mailing Address: 7185 Navajo Road Suite L
City: San Diego | State: CA | Zip Code: 92119
Purpose of Disbursement: Accounting Services
Candidate Name:
Category/Type: 001
Office Sought: House / Senate / President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify) ▼

Transaction ID: B21(b)465
Date of Disbursement: M M 09 / D D 23 / Y Y Y Y 2005
Amount of Each Disbursement this Period: 108.00

**B.**
Full Name (Last, First, Middle Initial): Unitemized disbursements
Mailing Address: 7185 Navajo Road, Suite L
City: San Diego | State: CA | Zip Code: 92119
Purpose of Disbursement: Unitemized expenses
Candidate Name:
Category/Type: 001
Office Sought: House / Senate / President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify) ▼

Transaction ID: B21(b)09/30/2005
Date of Disbursement: M M / D D / Y Y Y Y
Amount of Each Disbursement this Period: 22.57

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 130.57

TOTAL This Period (last page this line number only) ..... ▶ 130.57

# 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)

| | | | | | |
|---|---|---|---|---|---|
| ☐ 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

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

Mailing Address P.O. Box 760

City: Vista
State: CA
Zip Code: 92085

Purpose of Disbursement
Political Contribution

Candidate Name
Darrell Issa

Category/Type: 011

Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 49

Disbursement For: 005"
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: B23463

Date of Disbursement
M M 09 / D D 22 / Y Y Y Y 2005

Amount of Each Disbursement this Period
2000.00

| | |
|---|---|
| **SUBTOTAL** of Disbursements This Page (optional) ▶ | 2000.00 |
| **TOTAL** This Period (last page this line number only) ▶ | 2000.00 |



25059520519

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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| ☐ USPS Registered/Certified | Postmarked (R/C) |
| ☐ USPS Priority Mail | Postmarked |
| Delivery Confirmation™ or Signature Confirmation™ Label ☐ | |
| ☐ USPS Express Mail | Postmarked |
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| ☐ No Postmark | |
| ☑ Overnight Delivery Service (Specify): fedEx | Shipping Date 10/27/05 |
| Next Business Day Delivery ☑ | |
| ☐ 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 |
| PREPARER | DATE PREPARED 10/28/05 |

(3/2005)