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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 L

Check if different than previously reported. (ACC)

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

2. FEC IDENTIFICATION NUMBER: C00215184

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

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:
- April 15 Quarterly Report (Q1)
- [X] 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 ____

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

Election on ____ In the State of ____

5. Covering Period: 04 01 2004 through 06 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] Date: 07 13 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 Govt Fund - Federal

Report Covering the Period: From: 04 01 2004 To: 06 30 2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2004		1003.59
(b) Cash on Hand at Beginning of Reporting Period	2375.44	
(c) Total Receipts (from Line 19)	6810.00	11350.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	9185.44	12353.59
7. Total Disbursements (from Line 31)	2476.96	5645.11
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	6708.48	6708.48
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	

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: 04 01 2004 To: 06 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)	1215.00	
(ii) Unitemized	5595.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	6810.00	11350.00
(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)	6810.00	11350.00
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))	6810.00	11350.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	6810.00	11350.00

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	476.96	645.11
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ➤	476.96	645.11
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	2000.00	5000.00
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))	2476.96	5645.11
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)	2476.96	5645.11

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)	6810.00	11350.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6810.00	11350.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	476.96	645.11
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	476.96	645.11

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 11
(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: 275.00
Date of Receipt
Transaction ID: 11(a)(i)12093
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: 250.00
Date of Receipt
Transaction ID: 11(a)(i)12095
Amount of Each Receipt this Period: 150.00
Payroll Deduction ($50 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: 250.00
Date of Receipt
Transaction ID: 11(a)(i)12137
Amount of Each Receipt this Period: 150.00
Payroll Deduction ($50 Monthly)

SUBTOTAL of Receipts This Page (optional) ..... ▶ 465.00

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 / 11
(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
Aggregate Year-to-Date: 250.00
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Date of Receipt: MM / DD / YYYY
Transaction ID: 11(a)(i)12106
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
Aggregate Year-to-Date: 250.00
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Date of Receipt: MM / DD / YYYY
Transaction ID: 11(a)(i)12184
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
Aggregate Year-to-Date: 250.00
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Date of Receipt: MM / DD / YYYY
Transaction ID: 11(a)(i)12155
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 / 11
(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
Aggregate Year-to-Date: 250.00
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: 11(a)(i)12113
Amount of Each Receipt this Period: 150.00
Payroll Deduction ($50 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
Aggregate Year-to-Date: 250.00
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: 11(a)(i)12121
Amount of Each Receipt this Period: 150.00
Payroll Deduction ($50 Monthly)

SUBTOTAL of Receipts This Page (optional) ..... ▶ 300.00

TOTAL This Period (last page this line number only) ..... ▶ 1215.00

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

PAGE 9 / 11

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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)405
Date of Disbursement 08 / 25 / 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)404
Date of Disbursement 05 / 29 / 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 Professional Fees
Candidate Name
Category/Type 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: B21(b)401
Date of Disbursement 04 / 27 / 2004
Amount of Each Disbursement this Period 110.95

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 326.95

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

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)

[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. 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)08/30/2004
Date of Disbursement

Amount of Each Disbursement this Period: 150.00

SUBTOTAL of Disbursements This Page (optional) ▶	150.00
TOTAL This Period (last page this line number only) ▶	476.96

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

Transaction ID: B23403

A. Full Name (Last, First, Middle Initial)
Bill Jones for U.S. Senate

Date of Disbursement
05 / 25 / 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:

SUBTOTAL of Disbursements This Page (optional) ▶ 2000.00

TOTAL This Period (last page this line number only) ▶ 2000.00

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.

☐ Hand Delivered	Date of Receipt
☐ USPS First Class Mail	Postmarked
☑ USPS Registered/Certified	Postmarked (R/C) 7-13-04
☐ USPS Priority Mail	Postmarked Delivery Confirmation ™ Label ☐
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☐ 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
JMP PREPARER	7-18-04 DATE PREPARED

(5/2004)