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FEC
FORM 3X

REPORT OF RECEIPTS
AND DISBURSEMENTS
For Other Than An Authorized Committee

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5

Anesthesia Service Medical Group Advocacy 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

C C00216184

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

Table with 4 columns: Report Type (Quarterly, 12-Day, 30-Day), Due Date, Report for the (Primary, General, Runoff, etc.), and Election on (Month/Day/Year).

5. Covering Period 10 01 2014 through 11 24 2014

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 11 25 2014

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 grid and FEC FORM 3X Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Anesthesia Service Medical Group Advocacy Fund - Federal

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		<input type="text" value="12319.65"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="248.44"/>	
(c) Total Receipts (from Line 19).....	<input type="text" value="7260.00"/>	<input type="text" value="31095.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="7508.44"/>	<input type="text" value="43414.65"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="3865.04"/>	<input type="text" value="39771.25"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="3643.40"/>	<input type="text" value="3643.40"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="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 Disbursements

II. Disbursements

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

21. Operating Expenditures:		
(a) Allocated 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	365.04	1771.25
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	365.04	1771.25
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3500.00	38000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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) Allocated 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)) ..	3865.04	39771.25
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3865.04	39771.25

LAWSON | HUNT | WOOD

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

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

FOR LINE NUMBER: PAGE 7 OF 29
(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 Advocacy Fund - Federal

A. James Cage

Full Name (Last, First, Middle Initial)
Mailing Address 4105 Alameda Drive

City San Diego State CA Zip Code 92103

FEC ID number of contributing federal political committee. **C1**

Name of Employer ASMG Occupation Anesthesiologist

Receipt For: 2014
 Primary General
 Other (specify) **Calendar Year**

Aggregate Year-to-Date **400.00**

Date of Receipt **11 / 24 / 2014**
Transaction ID: **11AI-30555-IP**

Amount of Each Receipt this Period **100.00**

Payroll Deduction (\$50 Monthly)

B. Rhodel Dacanay

Full Name (Last, First, Middle Initial)
Mailing Address 14478 Southern Hills Ln

City Poway State CA Zip Code 92064

FEC ID number of contributing federal political committee. **C1**

Name of Employer ASMG Occupation Anesthesiologist

Receipt For: 2014
 Primary General
 Other (specify) **Calendar Year**

Aggregate Year-to-Date **800.00**

Date of Receipt **11 / 24 / 2014**
Transaction ID: **11AI-30563-IP**

Amount of Each Receipt this Period **200.00**

Payroll Deduction (\$100 Monthly)

C. Michael Danielson

Full Name (Last, First, Middle Initial)
Mailing Address 500 W. Harbor Drive, Suite 1102

City San Diego State CA Zip Code 92101

FEC ID number of contributing federal political committee. **C1**

Name of Employer ASMG Occupation Anesthesiologist

Receipt For: 2014
 Primary General
 Other (specify) **Calendar Year**

Aggregate Year-to-Date **400.00**

Date of Receipt **11 / 24 / 2014**
Transaction ID: **11AI-30564-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) **400.00**

13031341-2442

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 Advocacy Fund - Federal

1403-134-2443

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

Mailing Address 15238 Maple Grove Ln

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: 2014
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date 400.00

Date of Receipt 11 / 24 / 2014
Transaction ID : 11AI-30565-IP

Amount of Each Receipt this Period 100.00

Payroll Deduction (\$50 Monthly)

B. Kent Diveley
Full Name (Last, First, Middle Initial)

Mailing Address 1205 Pacific Highway # 2603

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: 2014
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date 400.00

Date of Receipt 11 / 24 / 2014
Transaction ID : 11AI-30566-IP

Amount of Each Receipt this Period 100.00

Payroll Deduction (\$50 Monthly)

C. Brock Fisher
Full Name (Last, First, Middle Initial)

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: 2014
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date 240.00

Date of Receipt 11 / 24 / 2014
Transaction ID : 11AI-30570-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: (check only one)	PAGE 9 OF 29
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14
	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Anesthesia Service Medical Group Advocacy Fund - Federal

A. Michael Flynn
Full Name (Last, First, Middle Initial)

Mailing Address 4768 Sun Valley Rd

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: 2014
 Primary General
 Other (specify) **Calendar Year**

Aggregate Year-to-Date **400.00**

Date of Receipt **11 / 24 / 2014**

Transaction ID : **11AI-30571-IP**

Amount of Each Receipt this Period **100.00**

Payroll Deduction (\$50 Monthly)

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

Mailing Address 8439 Run of the Knolls

City San Diego State CA Zip Code 92127

FEC ID number of contributing federal political committee. **C**

Name of Employer ASMG Occupation Anesthesiologist

Receipt For: 2014
 Primary General
 Other (specify) **Calendar Year**

Aggregate Year-to-Date **240.00**

Date of Receipt **11 / 24 / 2014**

Transaction ID : **11AI-30572-IP**

Amount of Each Receipt this Period **60.00**

Payroll Deduction (\$30 Monthly)

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

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: 2014
 Primary General
 Other (specify) **Calendar Year**

Aggregate Year-to-Date **800.00**

Date of Receipt **11 / 24 / 2014**

Transaction ID : **11AI-30576-IP**

Amount of Each Receipt this Period **200.00**

Payroll Deduction (\$100 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **360.00**

TOTAL This Period (last page this line number only)..... **360.00**

110001 - 1101 - 2014

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 29
	<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 Advocacy Fund - Federal

Full Name (Last, First, Middle Initial) A. Scott Gillin		Date of Receipt 11 / 24 / 2014 Transaction ID : 11AI-30577-IP
Mailing Address 13990 Mercado Drive		Amount of Each Receipt this Period 100.00
City Del Mar	State CA	Zip Code 92014
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$50 Monthly)
Name of Employer ASMG	Occupation Anesthesiologist	
Receipt For: 2014 <input checked="" type="checkbox"/> Other (specify) Calendar Year	Aggregate Year-to-Date 400.00	

Full Name (Last, First, Middle Initial) B. Zachary Gordon		Date of Receipt 11 / 24 / 2014 Transaction ID : 11AI-30580-IP
Mailing Address 3535 Lebon Dr Apt # 4419		Amount of Each Receipt this Period 200.00
City San Diego	State CA	Zip Code 92122
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$100 Monthly)
Name of Employer ASMG	Occupation Anesthesiologist	
Receipt For: 2014 <input checked="" type="checkbox"/> Other (specify) Calendar Year	Aggregate Year-to-Date 800.00	

Full Name (Last, First, Middle Initial) C. Claudia Herd		Date of Receipt 11 / 24 / 2014 Transaction ID : 11AI-30584-IP
Mailing Address 16723 Circa Del Norte		Amount of Each Receipt this Period 100.00
City Rancho Santa Fe	State CA	Zip Code 92067
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$50 Monthly)
Name of Employer ASMG	Occupation Anesthesiologist	
Receipt For: 2014 <input checked="" type="checkbox"/> Other (specify) Calendar Year	Aggregate Year-to-Date 400.00	

SUBTOTAL of Receipts This Page (optional).....	400.00
TOTAL This Period (last page this line number only).....	

1100011041-2014

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

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

FOR LINE NUMBER: PAGE 11 OF 29
(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 Advocacy Fund - Federal

Full Name (Last, First, Middle Initial)
A. Khanh Hoang

Mailing Address 501 Del Corro Ct

City Chula Vista State CA Zip Code 91910

FEC ID number of contributing federal political committee. **C**

Name of Employer ASMG Occupation Anesthesiologist

Receipt For: 2014
 Primary General
 Other (specify) **Calendar Year**

Aggregate Year-to-Date **400.00**

Date of Receipt **11 / 24 / 2014**
Transaction ID : 11AI-30587-IP

Amount of Each Receipt this Period **100.00**

Payroll Deduction (\$50 Monthly)

Full Name (Last, First, Middle Initial)
B. 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: 2014
 Primary General
 Other (specify) **Calendar Year**

Aggregate Year-to-Date **400.00**

Date of Receipt **11 / 24 / 2014**
Transaction ID : 11AI-30590-IP

Amount of Each Receipt this Period **100.00**

Payroll Deduction (\$50 Monthly)

Full Name (Last, First, Middle Initial)
C. James Jaworski

Mailing Address 16029 Cayenne Ridge Rd

City San Diego State CA Zip Code 92127

FEC ID number of contributing federal political committee. **C**

Name of Employer ASMG Occupation Anesthesiologist

Receipt For: 2014
 Primary General
 Other (specify) **Calendar Year**

Aggregate Year-to-Date **400.00**

Date of Receipt **11 / 24 / 2014**
Transaction ID : 11AI-30592-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).....

140011411-2448

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Anesthesia Service Medical Group Advocacy Fund - Federal

Full Name (Last, First, Middle Initial)
A. Eung Do Kim

Mailing Address 1067 Volcano Creek Rd

City Chula Vista State CA Zip Code 91913

FEC ID number of contributing federal political committee. **C**

Name of Employer ASMG Occupation Anesthesiologist

Receipt For: 2014
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date **450.00**

Date of Receipt
 / /
11 / 24 / 2014

Transaction ID : **11AI-30543-IP**

Amount of Each Receipt this Period
 100.00

Payroll Deduction (\$50 Monthly)

Full Name (Last, First, Middle Initial)
B. Frances Kim

Mailing Address 321 10th Ave Unit 1401

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: 2014
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date **225.00**

Date of Receipt
 / /
11 / 24 / 2014

Transaction ID : **11AI-30544-IP**

Amount of Each Receipt this Period
 50.00

Payroll Deduction (\$25 Monthly)

Full Name (Last, First, Middle Initial)
C. 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: 2014
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date **450.00**

Date of Receipt
 / /
11 / 24 / 2014

Transaction ID : **11AI-30545-IP**

Amount of Each Receipt this Period
 100.00

Payroll Deduction (\$50 Monthly)

SUBTOTAL of Receipts This Page (optional) **250.00**

TOTAL This Period (last page this line number only)

14001 - 1111 - 2014

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

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

FOR LINE NUMBER: PAGE 13 OF 29

(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 Advocacy Fund - Federal

Full Name (Last, First, Middle Initial)

A. Michael Lee

Mailing Address 440 Pearl St Apt 102

City State Zip Code
La Jolla CA 92037

FEC ID number of contributing federal political committee.

C

Name of Employer

ASMG

Occupation

Anesthesiologist

Receipt For: 2014

Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date ▼

450.00

Date of Receipt

MM / DD / YYYY
11 / 24 / 2014

Transaction ID : 11AI-30546-IP

Amount of Each Receipt this Period

100.00

Payroll Deduction (\$50 Monthly)

Full Name (Last, First, Middle Initial)

B. Michael Martin

Mailing Address 10825 Birch Bluff Avenue

City State Zip Code
San Diego CA 92131

FEC ID number of contributing federal political committee.

C

Name of Employer

ASMG

Occupation

Anesthesiologist

Receipt For: 2014

Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date ▼

210.00

Date of Receipt

MM / DD / YYYY
11 / 24 / 2014

Transaction ID : 11AI-30547-IP

Amount of Each Receipt this Period

50.00

Payroll Deduction (\$15 Monthly)

Full Name (Last, First, Middle Initial)

C. S. Michael Millbern

Mailing Address 5463 Fremontia Ln

City State Zip Code
San Diego CA 92115

FEC ID number of contributing federal political committee.

C

Name of Employer

ASMG

Occupation

Anesthesiologist

Receipt For: 2014

Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date ▼

225.00

Date of Receipt

MM / DD / YYYY
11 / 24 / 2014

Transaction ID : 11AI-30501-IP

Amount of Each Receipt this Period

50.00

Payroll Deduction (\$25 Monthly)

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

200.00

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

12001 - 12041 - 2014 - 8

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 29
	<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 Advocacy Fund - Federal

Full Name (Last, First, Middle Initial) A. C. Craig Moldenhauer		Date of Receipt MM / DD / YYYY 11 / 24 / 2014
Mailing Address 1630 Crest Drive		Transaction ID : 11AI-30502-IP
City Encinitas	State CA	Zip Code 92024
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer ASMG	Occupation Anesthesiologist	Payroll Deduction (\$25 Monthly)
Receipt For: 2014 <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> General Calendar Year	Aggregate Year-to-Date 225.00	

Full Name (Last, First, Middle Initial) B. Blythe M. Newlin		Date of Receipt MM / DD / YYYY 11 / 24 / 2014
Mailing Address 7044 Monte Vista Avenue		Transaction ID : 11AI-30548-IP
City La Jolla	State CA	Zip Code 92037
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer ASMG	Occupation Anesthesiologist	Payroll Deduction (\$25 Monthly)
Receipt For: 2014 <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> General Calendar Year	Aggregate Year-to-Date 225.00	

Full Name (Last, First, Middle Initial) C. Christine Nieman		Date of Receipt MM / DD / YYYY 11 / 24 / 2014
Mailing Address 5341 Calle Vista		Transaction ID : 11AI-30503-IP
City San Diego	State CA	Zip Code 92109
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer ASMG	Occupation Anesthesiologist	Payroll Deduction (\$100 Monthly)
Receipt For: 2014 <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> General Calendar Year	Aggregate Year-to-Date 900.00	

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

140001 - 11/11/2014

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 OF 29	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
Anesthesia Service Medical Group Advocacy Fund - Federal

Full Name (Last, First, Middle Initial) A. Laura O'Donnell		Date of Receipt MM / DD / YYYY 11 / 24 / 2014
Mailing Address 4306 Pescadero Avenue		Transaction ID : 11AI-30504-IP
City San Diego	State CA	Zip Code 92107
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00	
Name of Employer ASMG	Occupation Anesthesiologist	Payroll Deduction (\$25 Monthly)
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Calendar Year	Aggregate Year-to-Date 225.00	

Full Name (Last, First, Middle Initial) B. Kevin Olson		Date of Receipt MM / DD / YYYY 11 / 24 / 2014
Mailing Address 14709 Caminito Punta Arenas		Transaction ID : 11AI-30506-IP
City Del Mar	State CA	Zip Code 92014
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00	
Name of Employer ASMG	Occupation Anesthesiologist	Payroll Deduction (\$25 Monthly)
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Calendar Year	Aggregate Year-to-Date 225.00	

Full Name (Last, First, Middle Initial) C. Deborah Page		Date of Receipt MM / DD / YYYY 11 / 24 / 2014
Mailing Address 2111 Blackmore Ct		Transaction ID : 11AI-30507-IP
City San Diego	State CA	Zip Code 92109
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00	
Name of Employer ASMG	Occupation Anesthesiologist	Payroll Deduction (\$25 Monthly)
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Calendar Year	Aggregate Year-to-Date 225.00	

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

FROM: 11/24/2014

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 OF 29
(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 Advocacy Fund - Federal

A. James Parker
Full Name (Last, First, Middle Initial)
Mailing Address 14027 Caminito Vistana
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: 2014
 Primary General
 Other (specify) Calendar Year
Aggregate Year-to-Date **225.00**

Date of Receipt
11 / 24 / 2014
Transaction ID : **11AI-30508-IP**
Amount of Each Receipt this Period
50.00
Payroll Deduction (\$25 Monthly)

B. Brian Partridge
Full Name (Last, First, Middle Initial)
Mailing Address 4583 Via Palabra
City San Diego State CA Zip Code 92124
FEC ID number of contributing federal political committee. **C**
Name of Employer ASMG Occupation Anesthesiologist
Receipt For: 2014
 Primary General
 Other (specify) Calendar Year
Aggregate Year-to-Date **225.00**

Date of Receipt
11 / 24 / 2014
Transaction ID : **11AI-30509-IP**
Amount of Each Receipt this Period
50.00
Payroll Deduction (\$25 Monthly)

C. Emmanuel Pentheroudakis
Full Name (Last, First, Middle Initial)
Mailing Address 14219 Recuerdo Dr
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: 2014
 Primary General
 Other (specify) Calendar Year
Aggregate Year-to-Date **225.00**

Date of Receipt
11 / 24 / 2014
Transaction ID : **11AI-30510-IP**
Amount of Each Receipt this Period
50.00
Payroll Deduction (\$25 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **150.00**
TOTAL This Period (last page this line number only).....

11001-1-4-1-2-1-1

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 29
	<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 Advocacy Fund - Federal

Full Name (Last, First, Middle Initial) A. James Pettit		Date of Receipt MM / DD / YYYY 11 / 24 / 2014
Mailing Address 12323 Rue Cheamont		Transaction ID : 11AI-30511-IP
City San Diego	State CA	Zip Code 92131
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer ASMG	Occupation Anesthesiologist	Payroll Deduction (\$25 Monthly)
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Calendar Year	Aggregate Year-to-Date 225.00	

Full Name (Last, First, Middle Initial) B. Paul J. Ponganis		Date of Receipt MM / DD / YYYY 11 / 24 / 2014
Mailing Address 13326 Landfair Rd		Transaction ID : 11AI-30512-IP
City San Diego	State CA	Zip Code 92130
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer ASMG	Occupation Anesthesiologist	Payroll Deduction (\$25 Monthly)
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Calendar Year	Aggregate Year-to-Date 225.00	

Full Name (Last, First, Middle Initial) C. Alex Pue		Date of Receipt MM / DD / YYYY 11 / 24 / 2014
Mailing Address 3652 Carleton Street		Transaction ID : 11AI-30396-IP
City San Diego	State CA	Zip Code 92106
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer ASMG	Occupation Anesthesiologist	Payroll Deduction (\$0)
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Calendar Year	Aggregate Year-to-Date 400.00	

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

1 FROM TIME 2014

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 29
	<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 Advocacy Fund - Federal

A. Mark S. Ransom
Full Name (Last, First, Middle Initial)
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: 2014
 Primary General
 Other (specify) Calendar Year
Aggregate Year-to-Date **900.00**

Date of Receipt **11 / 24 / 2014**
Transaction ID : **11AI-30513-IP**
Amount of Each Receipt this Period **200.00**
Payroll Deduction (\$100 Monthly)

B. Layne Rasmussen
Full Name (Last, First, Middle Initial)
Mailing Address 12555 Kingspine Ave.
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: 2014
 Primary General
 Other (specify) Calendar Year
Aggregate Year-to-Date **225.00**

Date of Receipt **11 / 24 / 2014**
Transaction ID : **11AI-30514-IP**
Amount of Each Receipt this Period **50.00**
Payroll Deduction (\$25 Monthly)

C. Peter Raudaskoski
Full Name (Last, First, Middle Initial)
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: 2014
 Primary General
 Other (specify) Calendar Year
Aggregate Year-to-Date **450.00**

Date of Receipt **11 / 24 / 2014**
Transaction ID : **11AI-30515-IP**
Amount of Each Receipt this Period **100.00**
Payroll Deduction (\$50 Monthly)

SUBTOTAL of Receipts This Page (optional).....	350.00
TOTAL This Period (last page this line number only).....	

FROM: 11/24/2014

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 29
	<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 Advocacy Fund - Federal

Full Name (Last, First, Middle Initial) A. Danielle Reicher		Date of Receipt MM / DD / YYYY 11 / 24 / 2014 Transaction ID : 11AI-30516-IP
Mailing Address 3626 Ruffin Rd		Amount of Each Receipt this Period 50.00
City San Diego	State CA	Zip Code 92123
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$25 Monthly)
Name of Employer ASMG	Occupation Anesthesiologist	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Calendar Year	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) B. Stephen Rogers		Date of Receipt MM / DD / YYYY 11 / 24 / 2014 Transaction ID : 11AI-30517-IP
Mailing Address 1340 Opal Street		Amount of Each Receipt this Period 100.00
City San Diego	State CA	Zip Code 92109
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$50 Monthly)
Name of Employer ASMG	Occupation Anesthesiologist	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Calendar Year	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) C. Jose Romero		Date of Receipt MM / DD / YYYY 11 / 24 / 2014 Transaction ID : 11AI-30518-IP
Mailing Address 12787 Via Terceto		Amount of Each Receipt this Period 50.00
City San Diego	State CA	Zip Code 92130
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$25 Monthly)
Name of Employer ASMG	Occupation Anesthesiologist	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Calendar Year	Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional).....	200.00
TOTAL This Period (last page this line number only).....	

1 FROM 1-4-11-2014

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 29
	<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 Advocacy Fund - Federal

Full Name (Last, First, Middle Initial) A. Steven A. Saltz		Date of Receipt MM / DD / YYYY 11 / 24 / 2014
Mailing Address 2757 Inverness Dr.		Transaction ID : 11AI-30541-IP
City Carlsbad	State CA	Zip Code 92008
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer ASMG	Occupation Anesthesiologist	Payroll Deduction (\$50 Monthly)
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Calendar Year	Aggregate Year-to-Date 450.00	

Full Name (Last, First, Middle Initial) B. Daniel Sears		Date of Receipt MM / DD / YYYY 11 / 24 / 2014
Mailing Address 1221 Parker Pl # 10		Transaction ID : 11AI-30519-IP
City San Diego	State CA	Zip Code 92109
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer ASMG	Occupation Anesthesiologist	Payroll Deduction (\$25 Monthly)
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Calendar Year	Aggregate Year-to-Date 225.00	

Full Name (Last, First, Middle Initial) C. Caron Selati		Date of Receipt MM / DD / YYYY 11 / 24 / 2014
Mailing Address 548 Serpentine Drive		Transaction ID : 11AI-30520-IP
City Del Mar	State CA	Zip Code 92014
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer ASMG	Occupation Anesthesiologist	Payroll Deduction (\$25 Monthly)
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Calendar Year	Aggregate Year-to-Date 225.00	

SUBTOTAL of Receipts This Page (optional).....	200.00
TOTAL This Period (last page this line number only).....	

1 FROM 11/11/2014

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

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

FOR LINE NUMBER: PAGE 21 OF 29
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<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 Advocacy Fund - Federal

A. Robert Spear

Full Name (Last, First, Middle Initial)
Mailing Address 1130 Flora 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: 2014
 Primary General
 Other (specify) **Calendar Year**

Aggregate Year-to-Date **225.00**

Date of Receipt **11 / 24 / 2014**
Transaction ID : 11AI-30523-IP

Amount of Each Receipt this Period **50.00**

Payroll Deduction (\$25 Monthly)

B. Barbara Strawn

Full Name (Last, First, Middle Initial)
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: 2014
 Primary General
 Other (specify) **Calendar Year**

Aggregate Year-to-Date **270.00**

Date of Receipt **11 / 24 / 2014**
Transaction ID : 11AI-30524-IP

Amount of Each Receipt this Period **60.00**

Payroll Deduction (\$30 Monthly)

C. Sepehr Tabibzadeh

Full Name (Last, First, Middle Initial)
Mailing Address 8875 Costa Verde Blvd # 1005

City San Diego State CA Zip Code 92122

FEC ID number of contributing federal political committee. **C**

Name of Employer ASMG Occupation Anesthesiologist

Receipt For: 2014
 Primary General
 Other (specify) **Calendar Year**

Aggregate Year-to-Date **225.00**

Date of Receipt **11 / 24 / 2014**
Transaction ID : 11AI-30525-IP

Amount of Each Receipt this Period **50.00**

Payroll Deduction (\$25 Monthly)

SUBTOTAL of Receipts This Page (optional) **160.00**

TOTAL This Period (last page this line number only)

FROM UNIT - 10041

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 29
	<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 Advocacy Fund - Federal

Full Name (Last, First, Middle Initial) A. Geoffrey Thompson		Date of Receipt MM / DD / YYYY 11 / 24 / 2014
Mailing Address 2446 Avenida de la Playa		Transaction ID : 11AI-30526-IP
City La Jolla	State CA	Zip Code 92037
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer ASMG	Occupation Anesthesiologist	Payroll Deduction (\$25 Monthly)
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Calendar Year	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) B. Theo Van Den Helder		Date of Receipt MM / DD / YYYY 11 / 24 / 2014
Mailing Address 1068 Santa Barbara Street		Transaction ID : 11AI-30528-IP
City San Diego	State CA	Zip Code 92107
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer ASMG	Occupation Anesthesiologist	Payroll Deduction (\$25 Monthly)
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Calendar Year	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) C. Glenn Vanstrum		Date of Receipt MM / DD / YYYY 11 / 24 / 2014
Mailing Address 1261 Rhoda Drive		Transaction ID : 11AI-30529-IP
City La Jolla	State CA	Zip Code 92037
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer ASMG	Occupation Anesthesiologist	Payroll Deduction (\$25 Monthly)
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Calendar Year	Aggregate Year-to-Date ▼ 225.00	

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 29
(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 Advocacy Fund - Federal

<p>Full Name (Last, First, Middle Initial) A. John Walker</p>		<p>Date of Receipt MM / DD / YYYY 11 / 24 / 2014 Transaction ID : 11AI-30530-IP</p>	
<p>Mailing Address 2848 Laning Road</p>		<p>Amount of Each Receipt this Period 50.00</p>	
<p>City State Zip Code San Diego CA 92106</p>	<p>FEC ID number of contributing federal political committee. C</p>	<p>Payroll Deduction (\$25 Monthly)</p>	
<p>Name of Employer Occupation ASMG Anesthesiologist</p>	<p>Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Calendar Year</p>	<p>Aggregate Year-to-Date 225.00</p>	
<p>Full Name (Last, First, Middle Initial) B. Lei Wang</p>		<p>Date of Receipt MM / DD / YYYY 11 / 24 / 2014 Transaction ID : 11AI-30531-IP</p>	
<p>Mailing Address 11149 Corte Mar de Cristal</p>		<p>Amount of Each Receipt this Period 100.00</p>	
<p>City State Zip Code San Diego CA 92130</p>	<p>FEC ID number of contributing federal political committee. C</p>	<p>Payroll Deduction (\$50 Monthly)</p>	
<p>Name of Employer Occupation ASMG Anesthesiologist</p>	<p>Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Calendar Year</p>	<p>Aggregate Year-to-Date 450.00</p>	
<p>Full Name (Last, First, Middle Initial) C. Eric Wardrip</p>		<p>Date of Receipt MM / DD / YYYY 11 / 24 / 2014 Transaction ID : 11AI-30532-IP</p>	
<p>Mailing Address PO Box 8103</p>		<p>Amount of Each Receipt this Period 50.00</p>	
<p>City State Zip Code Rancho Santa Fe CA 92067</p>	<p>FEC ID number of contributing federal political committee. C</p>	<p>Payroll Deduction (\$25 Monthly)</p>	
<p>Name of Employer Occupation ASMG Anesthesiologist</p>	<p>Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Calendar Year</p>	<p>Aggregate Year-to-Date 225.00</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>		<p>200.00</p>	
<p>TOTAL This Period (last page this line number only)..... ▶</p>		<p></p>	

1 FROM UNIT 2014

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 29
	<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 Advocacy Fund - Federal

A. C. Judson Westover
 Full Name (Last, First, Middle Initial)
 Mailing Address 442 8th Street
 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: 2014
 Primary General
 Other (specify) **C** Calendar Year
 Aggregate Year-to-Date **225.00**

Date of Receipt
 11 / 24 / 2014
 Transaction ID : 11AI-30533-IP
 Amount of Each Receipt this Period
 50.00
 Payroll Deduction (\$25 Monthly)

B. Curtis B. Winters
 Full Name (Last, First, Middle Initial)
 Mailing Address 10251 Rue Saint Jacques
 City San Diego State CA Zip Code 92131
 FEC ID number of contributing federal political committee. **CA**
 Name of Employer ASMG Occupation Anesthesiologist
 Receipt For: 2014
 Primary General
 Other (specify) **C** Calendar Year
 Aggregate Year-to-Date **225.00**

Date of Receipt
 11 / 24 / 2014
 Transaction ID : 11AI-30534-IP
 Amount of Each Receipt this Period
 50.00
 Payroll Deduction (\$25 Monthly)

C. Robert Wong
 Full Name (Last, First, Middle Initial)
 Mailing Address 348 13th Street
 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: 2014
 Primary General
 Other (specify) **C** Calendar Year
 Aggregate Year-to-Date **225.00**

Date of Receipt
 11 / 24 / 2014
 Transaction ID : 11AI-30535-IP
 Amount of Each Receipt this Period
 50.00
 Payroll Deduction (\$25 Monthly)

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

17001-1101-21000

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 OF 29							
	(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 Advocacy Fund - Federal

Full Name (Last, First, Middle Initial) A. H. Michael Worthen		Date of Receipt MM / DD / YYYY 11 / 24 / 2014
Mailing Address 4637 Vista Dela Tierra		Transaction ID : 11AI-30536-IP
City Del Mar	State CA	Zip Code 92014
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer ASMG	Occupation Anesthesiologist	Payroll Deduction (\$50 Monthly)
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Calendar Year	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) B. John Wright		Date of Receipt MM / DD / YYYY 11 / 24 / 2014
Mailing Address 3063 Cranbrook Ct		Transaction ID : 11AI-30537-IP
City La Jolla	State CA	Zip Code 92037
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer ASMG	Occupation Anesthesiologist	Payroll Deduction (\$50 Monthly)
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Calendar Year	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) C. Barry Zamost		Date of Receipt MM / DD / YYYY 11 / 24 / 2014
Mailing Address 4274 Arguello St		Transaction ID : 11AI-30538-IP
City San Diego	State CA	Zip Code 92103
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer ASMG	Occupation Anesthesiologist	Payroll Deduction (\$25 Monthly)
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Calendar Year	Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	

11/24/14 11:14:00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 29
	<input checked="" type="checkbox"/> 11a 13 <input type="checkbox"/> 11b 14 <input type="checkbox"/> 11c 15 <input type="checkbox"/> 12 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Anesthesia Service Medical Group Advocacy Fund - Federal

Full Name (Last, First, Middle Initial) A. Roger Zeman		Date of Receipt MM / DD / YYYY 11 / 24 / 2014
Mailing Address 3545 Front St		Transaction ID : 11AI-30539-IP
City San Diego	State CA	Zip Code 92103
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer ASMG	Occupation Anesthesiologist	Payroll Deduction (\$50 Monthly)
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Calendar Year	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) B. A. Andrew Zimmerman		Date of Receipt MM / DD / YYYY 11 / 24 / 2014
Mailing Address 229 W Brookes		Transaction ID : 11AI-30540-IP
City San Diego	State CA	Zip Code 92103
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer ASMG	Occupation Anesthesiologist	Payroll Deduction (\$50 Monthly)
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Calendar Year	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) C.		Date of Receipt MM / DD / YYYY
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	200.00
TOTAL This Period (last page this line number only).....▶	5130.00

1 FROM 11/24/2014

**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)

<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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Anesthesia Service Medical Group Advocacy Fund - Federal

Full Name (Last, First, Middle Initial)

A. C. April Boling, CPA

Mailing Address 7185 Navajo Rd Ste P

City State Zip Code
San Diego CA 92119

Purpose of Disbursement
Accounting Services

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 31 / 2014

Transaction ID : 21B-942

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

B. C. April Boling, CPA

Mailing Address 7185 Navajo Rd Ste P

City State Zip Code
San Diego CA 92119

Purpose of Disbursement
Software

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 31 / 2014

Transaction ID : 21B-943

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

C. C. April Boling, CPA

Mailing Address 7185 Navajo Rd Ste P

City State Zip Code
San Diego CA 92119

Purpose of Disbursement
Postage/Federal Express

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 31 / 2014

Transaction ID : 21B-944

Amount of Each Disbursement this Period

15.04

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

365.04

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

365.04

FROM INTENTION

**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)

<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 Advocacy Fund - Federal

Full Name (Last, First, Middle Initial)

A. Bill Cassidy for US Senate

Mailing Address PO Box 80505

City State Zip Code
Baton Rouge LA 70898

Purpose of Disbursement
Political Contribution

010
 011
Category/
Type

Candidate Name
Bill Cassidy

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: LA District:

Date of Disbursement

MM / DD / YYYY
11 / 05 / 2014

Transaction ID : 23-941

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Joni Ernst for U.S. Senate

Mailing Address P.O. Box 93441

City State Zip Code
Des Moines IA 50393

Purpose of Disbursement
Political Contribution

010
 011
Category/
Type

Candidate Name
Joni Ernst

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IA District: 12

Date of Disbursement

MM / DD / YYYY
10 / 27 / 2014

Transaction ID : 23-940

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Ben Sasse for US Senate Inc

Mailing Address PO Box 7272

City State Zip Code
Alexandria VA 22307-0272

Purpose of Disbursement
Political Contribution

010
 011
Category/
Type

Candidate Name
Ben Sasse

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NE District:

Date of Disbursement

MM / DD / YYYY
10 / 21 / 2014

Transaction ID : 23-938

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

FROM TIME NATION

**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)

<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 Advocacy Fund - Federal

Full Name (Last, First, Middle Initial)

A. Juan Vargas for Congress

Mailing Address 330 Encinitas Blvd., Suite 101

City Encinitas State CA Zip Code 92024

Purpose of Disbursement
Political Contribution

011

Category/
Type

Candidate Name

Juan Vargas

Office Sought:

House
 Senate
 President

Disbursement For: 2014

Primary General
 Other (specify) ▼

State: CA District: 51

Date of Disbursement

MM / DD / YYYY
10 / 22 / 2014

Transaction ID : 23-939

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

500.00

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

3500.00

FROM INT 2014

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Page 1 of 1

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<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>Fed Ex</i>	Shipping Date <i>11/26/14</i>
	Next Business Day Delivery <input type="checkbox"/>
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