

FEC  
FORM 1

# STATEMENT OF ORGANIZATION

RECEIVED  
FEC MAIL  
OPERATIONS CENTER

2007 JAN -4 P 2:50

Office Use Only

1. NAME OF  
COMMITTEE (in full)

(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

ANESTHESIA SERVICE MEDICAL GROUP INC GOOD  
GOVERNMENT FUND

ADDRESS (number and street)

7185 NAVAJO ROAD SUITE L

(Check if address  
is changed)

SAN DIEGO CA 92119-1648

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

APRIL@APRILBOLING.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE

01 / 02 / 2007

3. FEC IDENTIFICATION NUMBER ▶

C00216184

4. IS THIS STATEMENT

NEW (N)

OR



AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

C. APRIL BOLING

Signature of Treasurer

Date

01 / 02 / 2007

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
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Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 02/2003)

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Federal Election Commission  
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 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

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 1/4/07  
 PREPARER DATE PREPARED

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