

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED  
FEC MAIL CENTER  
2016 JAN 14 AM 9:48

Office Use Only

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 (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End 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

Primary (12P)

General (12G)

Runoff (12R)

PRE-Election Report for the:

Convention (12C)

Special (12S)

Election on

01 / 01 / 2015

in the State of

(d) 30-Day

POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

01 / 01 / 2015

in the State of

5. Covering Period

07 / 01 / 2015

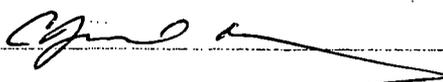
through

12 / 31 / 2015

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

01 / 08 / 2016

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. 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="2015"/>		<input type="text" value="2778.50"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="5677.95"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="10235.00"/>	<input type="text" value="21150.00"/>
(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="15912.95"/>	<input type="text" value="23928.50"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="7368.87"/>	<input type="text" value="15384.42"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="8544.08"/>	<input type="text" value="8544.08"/>
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 Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**Anesthesia Service Medical Group Advocacy Fund - Federal**

Report Covering the Period: From:

MM / DD / YYYY  
07 / 01 / 2015

To:

MM / DD / YYYY  
12 / 31 / 2015

**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).....

3300.00

5100.00

(ii) Unitemized.....

3935.00

13050.00

(iii) TOTAL (add Lines 11(a)(i) and (ii).....▶

7235.00

18150.00

(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).....▶

7235.00

18150.00

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).....

3000.00

3000.00

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 Transfers (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)).....▶

10235.00

21150.00

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

10235.00

21150.00

20150114 09:00:00 AM









**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 17

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 Advocacy Fund - Federal**

**A. 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: 2015  
 Primary  General  
 Other (specify)  Calendar Year  
Aggregate Year-to-Date **250.00**  
Date of Receipt **12 / 31 / 2015**  
Transaction ID : **11AI-31855-IP**  
Amount of Each Receipt this Period **100.00**  
Payroll Deduction (\$50 Monthly)

**B. 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: 2015  
 Primary  General  
 Other (specify)  Calendar Year  
Aggregate Year-to-Date **500.00**  
Date of Receipt **12 / 31 / 2015**  
Transaction ID : **11AI-31864-IP**  
Amount of Each Receipt this Period **200.00**  
Payroll Deduction (\$100 Monthly)

**C. Scott Gillin**  
Full Name (Last, First, Middle Initial)  
Mailing Address 13990 Mercado Drive  
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: 2015  
 Primary  General  
 Other (specify)  Calendar Year  
Aggregate Year-to-Date **250.00**  
Date of Receipt **12 / 31 / 2015**  
Transaction ID : **11AI-31865-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).....

2010-01-14 10:00:00

**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 9 OF 17
	<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) <b>A. Zachary Gordon</b>		Date of Receipt MM / DD / YYYY 12 / 31 / 2015
Mailing Address 3535 Lebon Dr Apt # 4419		Transaction ID : 11AI-31868-IP
City San Diego	State CA	Zip Code 92122
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: 2015 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Calendar Year	Aggregate Year-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>B. Claudia Herd</b>		Date of Receipt MM / DD / YYYY 12 / 31 / 2015
Mailing Address 16723 Circa Del Norte		Transaction ID : 11AI-31872-IP
City Rancho Santa Fe	State CA	Zip Code 92067
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: 2015 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Calendar Year	Aggregate Year-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>C. Khanh Hoang</b>		Date of Receipt MM / DD / YYYY 12 / 31 / 2015
Mailing Address 501 Del Corro Ct		Transaction ID : 11AI-31875-IP
City Chula Vista	State CA	Zip Code 91910
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: 2015 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Calendar Year	Aggregate Year-to-Date 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	400.00
<b>TOTAL</b> 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 10 OF 17  
(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) <b>A. Garth Huston</b>		Date of Receipt MM / DD / YYYY 12 / 31 / 2015
Mailing Address 407 Shore View Ln		Transaction ID : 11AI-31878-IP
City Leucadia	State CA	Zip Code 92024
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: 2015 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Calendar Year	Aggregate Year-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>B. James Jaworski</b>		Date of Receipt MM / DD / YYYY 12 / 31 / 2015
Mailing Address 16029 Cayenne Ridge Rd		Transaction ID : 11AI-31880-IP
City San Diego	State CA	Zip Code 92127
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: 2015 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Calendar Year	Aggregate Year-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>C. Eung Do Kim</b>		Date of Receipt MM / DD / YYYY 12 / 31 / 2015
Mailing Address 1067 Volcano Creek Rd		Transaction ID : 11AI-31832-IP
City Chula Vista	State CA	Zip Code 91913
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: 2015 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Calendar Year	Aggregate Year-to-Date 250.00	

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

2010-01-14 AM 00:00:00

**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 11 OF 17
	<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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**Anesthesia Service Medical Group Advocacy Fund - Federal**

Full Name (Last, First, Middle Initial) <b>A. Dandy Lee</b>		Date of Receipt MM / DD / YYYY 12 / 31 / 2015
Mailing Address 701 Midori Ct.		Transaction ID : 11AI-31834-IP
City Solana Beach	State CA	Zip Code 92075
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: 2015 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Calendar Year	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Michael Lee</b>		Date of Receipt MM / DD / YYYY 12 / 31 / 2015
Mailing Address 440 Pearl St Apt 102		Transaction ID : 11AI-31835-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: 2015 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Calendar Year	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Christine Nieman</b>		Date of Receipt MM / DD / YYYY 12 / 31 / 2015
Mailing Address 5341 Calle Vista		Transaction ID : 11AI-31795-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: 2015 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Calendar Year	Aggregate Year-to-Date ▼ 500.00	

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

2015 RELEASE UNDER E.O. 13526

**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 17
	<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) <b>A. Mark S. Ransom</b>		Date of Receipt MM / DD / YYYY 12 / 31 / 2015
Mailing Address 859 Morning Sun Drive		Transaction ID : 11A1-31804-IP
City Encinitas	State CA	Zip Code 92024
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer ASMG	Occupation Anesthesiologist	Payroll Deduction (\$100 Monthly)
Receipt For: 2015 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Calendar Year	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Peter Raudaskoski</b>		Date of Receipt MM / DD / YYYY 12 / 31 / 2015
Mailing Address 11256 Sherrard Way		Transaction ID : 11A1-31806-IP
City San Diego	State CA	Zip Code 92131
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer ASMG	Occupation Anesthesiologist	Payroll Deduction (\$50 Monthly)
Receipt For: 2015 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Calendar Year	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Stephen Rogers</b>		Date of Receipt MM / DD / YYYY 12 / 31 / 2015
Mailing Address 1340 Opal Street		Transaction ID : 11A1-31808-IP
City San Diego	State CA	Zip Code 92109
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer ASMG	Occupation Anesthesiologist	Payroll Deduction (\$50 Monthly)
Receipt For: 2015 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Calendar Year	Aggregate Year-to-Date ▼ 250.00	

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

20150114 10:41 AM

**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 17  
(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**

**A. Steven A. Saltz**

Full Name (Last, First, Middle Initial)  
Mailing Address 2757 Inverness Dr.

City Carlsbad State CA Zip Code 92008

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

Name of Employer ASMG Occupation Anesthesiologist

Receipt For: 2015  
 Primary  General  
 Other (specify)  Calendar Year

Aggregate Year-to-Date **250.00**

Date of Receipt **12 / 31 / 2015**  
Transaction ID : **11AI-31830-IP**

Amount of Each Receipt this Period **100.00**

Payroll Deduction (\$50 Monthly)

**B. Lei Wang**

Full Name (Last, First, Middle Initial)  
Mailing Address 11149 Corte Mar de Cristal

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: 2015  
 Primary  General  
 Other (specify)  Calendar Year

Aggregate Year-to-Date **250.00**

Date of Receipt **12 / 31 / 2015**  
Transaction ID : **11AI-31822-IP**

Amount of Each Receipt this Period **100.00**

Payroll Deduction (\$50 Monthly)

**C. H. Michael Worthen**

Full Name (Last, First, Middle Initial)  
Mailing Address 4637 Vista Dela Tierra

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: 2015  
 Primary  General  
 Other (specify)  Calendar Year

Aggregate Year-to-Date **250.00**

Date of Receipt **12 / 31 / 2015**  
Transaction ID : **11AI-31826-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).....

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

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

FOR LINE NUMBER: PAGE 14 OF 17  
(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**

**A. John Wright**

Full Name (Last, First, Middle Initial)  
Mailing Address 3063 Cranbrook Ct

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: 2015  
 Primary  General  
 Other (specify)  Calendar Year

Aggregate Year-to-Date **250.00**

Date of Receipt: 12 / 31 / 2015  
**Transaction ID : 11AI-31897-IP**

Amount of Each Receipt this Period: **100.00**

Payroll Deduction (\$50 Monthly)

**B. Roger Zeman**

Full Name (Last, First, Middle Initial)  
Mailing Address 3545 Front St

City San Diego	State CA	Zip Code 92103
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FEC ID number of contributing federal political committee. **C**

Name of Employer ASMG	Occupation Anesthesiologist
--------------------------	--------------------------------

Receipt For: 2015  
 Primary  General  
 Other (specify)  Calendar Year

Aggregate Year-to-Date **250.00**

Date of Receipt: 12 / 31 / 2015  
**Transaction ID : 11AI-31828-IP**

Amount of Each Receipt this Period: **100.00**

Payroll Deduction (\$50 Monthly)

**C. A. Andrew Zimmerman**

Full Name (Last, First, Middle Initial)  
Mailing Address 229 W Brookes

City San Diego	State CA	Zip Code 92103
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FEC ID number of contributing federal political committee. **C**

Name of Employer ASMG	Occupation Anesthesiologist
--------------------------	--------------------------------

Receipt For: 2015  
 Primary  General  
 Other (specify)  Calendar Year

Aggregate Year-to-Date **250.00**

Date of Receipt: 12 / 31 / 2015  
**Transaction ID : 11AI-31829-IP**

Amount of Each Receipt this Period: **100.00**

Payroll Deduction (\$50 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>300.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>3300.00</b>

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

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

FOR LINE NUMBER: PAGE 15 OF 17  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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) <b>A. Georgians for Isakson</b>		Date of Receipt MM / DD / YYYY 07 / 09 / 2015
Mailing Address P.O. Box 250116		Transaction ID : 15-1926-o
City Atlanta	State GA	Zip Code 30325
FEC ID number of contributing federal political committee. <b>C</b> C00384693	Amount of Each Receipt this Period 2000.00	
Name of Employer	Occupation	Fundraiser Cancelled
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Calendar Year	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>B. McCarthy Victory Fund</b>		Date of Receipt MM / DD / YYYY 07 / 09 / 2015
Mailing Address P.O. Box 661045		Transaction ID : 15-1925-o
City Sacramento	State CA	Zip Code 95866
FEC ID number of contributing federal political committee. <b>C</b> C00541011	Amount of Each Receipt this Period 1000.00	
Name of Employer	Occupation	Fundraiser Cancelled
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Calendar Year	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt MM / DD / YYYY
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee. <b>C</b>	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 ▼	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3000.00
<b>TOTAL</b> This Period (last page this line number only).....	3000.00

20150714 11:01:00 AM

**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

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**

Full Name (Last, First, Middle Initial)

**A. C. April Boling, CPA**

Mailing Address 7185 Navajo Rd Ste P

Date of Disbursement

MM / DD / YYYY	08 / 20 / 2015
----------------	----------------

City State Zip Code  
San Diego CA 92119

Purpose of Disbursement  
Software

001
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Candidate Name

Category/  
Type

Transaction ID : 21B-980

Amount of Each Disbursement this Period

50.00
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Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. C. April Boling, CPA**

Mailing Address 7185 Navajo Rd Ste P

Date of Disbursement

MM / DD / YYYY	08 / 20 / 2015
----------------	----------------

City State Zip Code  
San Diego CA 92119

Purpose of Disbursement  
Federal Express

001
-----

Candidate Name

Category/  
Type

Transaction ID : 21B-981

Amount of Each Disbursement this Period

18.87
-------

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. C. April Boling, CPA**

Mailing Address 7185 Navajo Rd Ste P

Date of Disbursement

MM / DD / YYYY	10 / 27 / 2015
----------------	----------------

City State Zip Code  
San Diego CA 92119

Purpose of Disbursement  
Accounting Services

001
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Candidate Name

Category/  
Type

Transaction ID : 21B-985

Amount of Each Disbursement this Period

300.00
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Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

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

368.87
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TOTAL This Period (last page this line number only).....▶

368.87
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 17 OF 17

<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

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**

Full Name (Last, First, Middle Initial)

**A. Isadore Hall for Congress 2016**

Mailing Address 249 E. Ocean Blvd., Suite 685

City Long Beach State CA Zip Code 90802

Purpose of Disbursement  
Political Contribution

Candidate Name  
**Isadore Hall**

Office Sought:  House  
 Senate  
 President  
State: CA District: 44

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM	DD	YYYY
08	19	2015

Transaction ID : 23-982

Amount of Each Disbursement this Period

2000.00
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011
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Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Price for Congress**

Mailing Address PO Box 425

City Roswell State GA Zip Code 30077

Purpose of Disbursement  
Political Contribution

Candidate Name  
**Tom Price**

Office Sought:  House  
 Senate  
 President  
State: GA District: 06

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM	DD	YYYY
10	08	2015

Transaction ID : 23-984

Amount of Each Disbursement this Period

1000.00
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011
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Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Price for Congress**

Mailing Address PO Box 425

City Roswell State GA Zip Code 30077

Purpose of Disbursement  
Political Contribution

Candidate Name  
**Tom Price**

Office Sought:  House  
 Senate  
 President  
State: GA District: 06

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM	DD	YYYY
10	08	2015

Transaction ID : 23-983

Amount of Each Disbursement this Period

4000.00
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011
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Category/  
Type

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

7000.00
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UNITED STATES US

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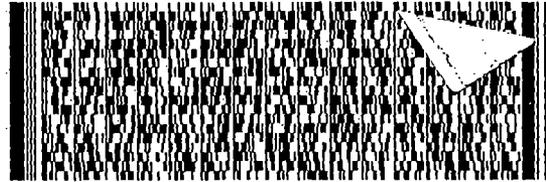
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