REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)

[illegible]

Oct 11 3 22 PM '94

2. FEC IDENTIFICATION NUMBER
C00231184

3. [ ] This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

(a) [ ] April 15 Quarterly Report
[ ] July 15 Quarterly Report
[x] October 15 Quarterly Report
[ ] January 31 Year End Report
[ ] July 31 Mid Year Report (Non-election Year Only)
[ ] Termination Report

Monthly Report Due On:
[ ] February 20 [ ] June 20 [ ] October 20
[ ] March 20 [ ] July 20 [ ] November 20
[ ] April 20 [ ] August 20 [ ] December 20
[ ] May 20 [ ] September 20 [ ] January 31

[ ] Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____

[ ] Thirtieth day report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? [ ] YES [x] NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 7/1/94 through 9/30/94		
6. (a) Cash on Hand January 1, 19 94		$ 23,652.09
(b) Cash on Hand at Beginning of Reporting Period	$ 12,307.19	
(c) Total Receipts (from Line 19)	$ 2,980.00	$ 8,530.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 15,287.19	$ 32,182.09
7. Total Disbursements (from Line 30)	$ 5,635.00	$ 22,529.90
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 9,652.19	$ 9,652.19
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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
Robert E. Hertzka, M.D.

Signature of Treasurer

Date 10/5/94

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

FEC FORM 3X
(revised 9/93)

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE: Anesthesia Service Medical Group Good Government Fund

REPORT COVERING PERIOD FROM: 7/1/94 TO: 9/30/94

	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	2,925.00	3,225.00
ii. Unitemized	55.00	5,305.00
iii. Total (add i and ii) ➤	2,980.00	8,530.00
b. Political Party Committees	-0-	-0-
c. Other Political Committees (such as PACs)	-0-	-0-
d. Total Contributions (add a iii, b and c) ➤	2,980.00	8,530.00
12. Transfers From Affiliated/Other Party Committees	-0-	-0-
13. All Loans Received	-0-	-0-
14. Loan Repayments Received	-0-	-0-
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	-0-	-0-
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	-0-	-0-
17. Other Federal Receipts (Dividends, Interest, etc.)	-0-	-0-
18. Transfers from Nonfederal Account for Joint Activity	-0-	-0-
19. Total Receipts (add 11c, 12, 13, 14, 15, 16, 17, and 18) ➤	2,980.00	8,530.00
20. Total Federal Receipts (subtract line 18 from line 19) ➤	2,980.00	8,530.00
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share	-0-	-0-
ii. Non-Federal Share	-0-	-0-
b. Other Federal Operating Expenditures	635.00	2,779.90
c. Total Operating Expenditures (add a i, a ii, and b) ➤	635.00	2,779.90
22. Transfers to Affiliated/Other Party Committees	-0-	10,000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	5,000.00	9,750.00
24. Independent Expenditures (use Schedule E)	-0-	-0-
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	-0-	-0-
26. Loan Repayments Made	-0-	-0-
27. Loans Made	-0-	-0-
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees	-0-	-0-
b. Political Party Committees	-0-	-0-
c. Other Political Committees (such as PACs)	-0-	-0-
d. Total Contribution Refunds (add a, b and c) ➤	-0-	-0-
29. Other Disbursements	-0-	-0-
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	5,635.00	22,529.90
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	5,635.00	22,529.90
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	2,980.00	8,530.00
33. Total Contribution Refunds (from line 28d)	-0-	-0-
34. Net Contributions (other than loans)(subtract line 33 from 32)	2,980.00	8,530.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	635.00	2,779.90
36. Offsets to Operating Expenditures (from line 15)	-0-	-0-
37. Net Operating Expenditures (subtract line 36 from 35) ➤	635.00	2,779.90

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11(a)(i)

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, Inc. Good Government Fund

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. John E. Arnold, M.D. 4871 Rancho Viejo Drive Del Mar, CA 92014 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $ 200	Monthly Payroll Deduction	$75 ($25 per pay period)
B. Frank M. Barrack, M.D. 12514 Rue Cheaumont San Diego, CA 92131 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $ 200	Monthly Payroll Deduction	$75 ($25 per pay period)
C. David A. Bittar, M.D. 1440 Highland Drive Solana Beach, CA 92075 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $ 200	Monthly Payroll Deduction	$75 ($25 per pay period)
D. C. Plowden Bridges, M.D. 9915 Alto Drive La Mesa, CA 92041 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $ 200	Monthly Payroll Deduction	$75 ($25 per pay period)
E. Carol Cerlani, M.D. 12975 Long Boat Way Del Mar, CA 92014 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $ 200	Monthly Payroll Deduction	$75 ($25 per pay period)
F. Walter C. Emery, M.D. 9631 Sierra Vista La Mesa, CA 92041 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $ 200	Monthly Payroll Deduction	$75 ($25 per pay period)
G. Aubrey G. Eyer, M.D. 3540 Overpark Road San Diego, CA 92130 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $ 200	Monthly Payroll Deduction	$75 ($25 per pay period)

SUBTOTAL of Receipts This Page (optional) $525

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)
Anesthesia Service Medical Group, Inc. Good Government Fund

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. James L. Foelschow, M.D. 2361 Hickory Street San Diego, CA 92103 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	ASMG Occupation: Anesthesiologist Aggregate Year-to-Date $ 200	Monthly Payroll Deduction	$75 ($25 per pay period)
B. Donald I. Guttman, M.D. 6601 Dwane Avenue San Diego, CA 92120 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	ASMG Occupation: Anesthesiologist Aggregate Year-to-Date $ 200	Monthly Payroll Deduction	$75 ($25 per pay period)
C. Claudia Herd, M.D. P.O. Box 9051 Rancho Santa Fe, CA 92067 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	ASMG Occupation: Anesthesiologist Aggregate Year-to-Date $ 400	Monthly Payroll Deduction	$150 ($50 per pay period)
D. David A. Hoban, M.D. 4522 Newport Avenue San Diego, CA 92107 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	ASMG Occupation: Anesthesiologist Aggregate Year-to-Date $ 200	Monthly Payroll Deduction	$75 ($25 per pay period)
E. Inge Johansen, M.D. 5425 Pacifica Drive La Jolla, CA 92103 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	ASMG Occupation: Anesthesiologist Aggregate Year-to-Date $ 200	Monthly Payroll Deduction	$75 ($25 per pay period)
F. Graham Judson, M.D. 760 Carlow Court El Cajon, CA 92020 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	ASMG Occupation: Anesthesiologist Aggregate Year-to-Date $ 200	Monthly Payroll Deduction	$75 ($25 per pay period)
G. Kathleen Kaya, M.D. 6113 Avenida Chamoez La Jolla, CA 92037 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	ASMG Occupation: Anesthesiologist Aggregate Year-to-Date $ 200	Monthly Payroll Deduction	$75 ($25 per pay period)

SUBTOTAL of Receipts This Page (optional) $600

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

9 4 0 3 9 1 6 0 5 9 4

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 5 OF 10

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)
Anesthesia Service Medical Group, Inc. Good Government Fund

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Michael Martin, M.D. 10825 Birch Bluff Avenue San Diego, CA 92131 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $ 200	Monthly Payroll Deduction	$75 ($25 per pay period)
B. Walter L. Millar, M.D. 4197 Stettler Way San Diego, CA 92122 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $ 200	Monthly Payroll Deduction	$75 ($25 per pay period)
C. Nelson T. Nakaji, M.D. 4839 Rancho Grande Del Mar, CA 92014 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $ 200	Monthly Payroll Deduction	$75 ($25 per pay period)
D. William L. Nelson, M.D. 187 Ocean View Drive Del Mar, CA 92014 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $ 200	Monthly Payroll Deduction	$75 ($25 per pay period)
E. Dayle E. O'Conner, M.D. 13007 Via Latina Del Mar, CA 92014 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $ 200	Monthly Payroll Deduction	$75 ($25 per pay period)
F. Laura A. O'Donnell, M.D. 4306 Pescadero Avenue San Diego, CA 92107 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $ 200	Monthly Payroll Deduction	$75 ($25 per pay period)
G. Robin V. Cohen, M.D. 4463 Hortensia Street San Diego, CA 92103 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $ 200	Monthly Payroll Deduction	$75 ($25 per pay period)

SUBTOTAL of Receipts This Page (optional) $525

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 6 OF 10

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Anesthesia Service Medical Group, Inc. Good Government Fund

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Deborah E. Page, M.D. 2111 Blackmore Court San Diego, CA 92109 Receipt For: Primary / General / Other (specify):	ASMG Occupation: Anesthesiologist Aggregate Year-to-Date: $ 200	Monthly Payroll Deduction	$75 ($25 per pay period)
B. Jenny I. Parker, M.D. 2593 Via Pisa Del Mar, CA 92014 Receipt For: Primary / General / Other (specify):	ASMG Occupation: Anesthesiologist Aggregate Year-to-Date: $ 200	Monthly Payroll Deduction	$75 ($25 per pay period)
C. Stanley W. Perkins, M.D. 5644 Carnegie Street San Diego, CA 92122 Receipt For: Primary / General / Other (specify):	ASMG Occupation: Anesthesiologist Aggregate Year-to-Date: $ 200	Monthly Payroll Deduction	$75 ($25 per pay period)
D. Bradley M. Peterson, M.D. P.O. Box 1055 Rancho Santa Fe, CA 92067 Receipt For: Primary / General / Other (specify):	ASMG Occupation: Anesthesiologist Aggregate Year-to-Date: $ 200	Monthly Payroll Deduction	$75 ($25 per pay period)
E. James R. Pettit, M.D. 12323 Rue Cheaumont San Diego, CA 92131 Receipt For: Primary / General / Other (specify):	ASMG Occupation: Anesthesiologist Aggregate Year-to-Date: $ 200	Monthly Payroll Deduction	$75 ($25 per pay period)
F. Glenn O. Plummer, M.D. P.O. Box 2566 Rancho Santa Fe, CA 92067 Receipt For: Primary / General / Other (specify):	ASMG Occupation: Anesthesiologist Aggregate Year-to-Date: $ 200	Monthly Payroll Deduction	$75 ($25 per pay period)
G. Paul J. Ponganis, M.D. 13326 Landfair Road San Diego, CA 92130 Receipt For: Primary / General / Other (specify):	ASMG Occupation: Anesthesiologist Aggregate Year-to-Date: $ 200	Monthly Payroll Deduction	$75 ($25 per pay period)

SUBTOTAL of Receipts This Page (optional) $525

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

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 7 OF 10
	FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Anesthesia Service Medical Group, Inc. Good Government Fund

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Jenkins L. Schley, M.D. 1220 Concord Street San Diego, CA 92106 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	ASMG Occupation: Anesthesiologist Aggregate Year-to-Date: $ 200	Monthly Payroll Deduction	$75 ($25 per pay period)
B. Robert G. Seeman, M.D. 4400 New Hampshire Street San Diego, CA 92116 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	ASMG Occupation: Anesthesiologist Aggregate Year-to-Date: $ 400	Monthly Payroll Deduction	$150 ($50 per pay period)
C. Penelope C. Smith, M.D. 760 Armada Terrace San Diego, CA 92106 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	ASMG Occupation: Anesthesiologist Aggregate Year-to-Date: $ 200	Monthly Payroll Deduction	$75 ($25 per pay period)
D. Robert Lee Wagner, Jr., M.D. 2551 Soderblom Avenue San Diego, CA 92122 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	ASMG Occupation: Anesthesiologist Aggregate Year-to-Date: $ 200	Monthly Payroll Deduction	$75 ($25 per pay period)
E. Clarence F. Ward, M.D. 11212 Zorita Court San Diego, CA 92124 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	ASMG Occupation: Anesthesiologist Aggregate Year-to-Date: $ 200	Monthly Payroll Deduction	$75 ($25 per pay period)
F. Michael L. Weber, M.D. 3604 Garrison Avenue San Diego, CA 92106 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	ASMG Occupation: Anesthesiologist Aggregate Year-to-Date: $ 200	Monthly Payroll Deduction	$75 ($25 per pay period)
G. C. Judson Westover, Jr., M.D. 442 Eighth Street Del Mar, CA 92014 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	ASMG Occupation: Anesthesiologist Aggregate Year-to-Date: $ 200	Monthly Payroll Deduction	$75 ($25 per pay period)

SUBTOTAL of Receipts This Page (optional)	$600
TOTAL This Period (last page this line number only)	

9 4 0 3 9 4 6 0 5 9 7

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 8 OF 10
	FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)
Anesthesia Service Medical Group, Inc. Good Government Fund

	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Curtis B. Winters, M.D. 9907 Aviary Drive San Diego, CA 92131 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: ASMG Occupation: Anesthesiologist Aggregate Year-to-Date: $ 200	Monthly Payroll Deduction	$75 ($25 per pay period)
B. Full Name, Mailing Address and ZIP Code H. Michael Worthen, M.D. 4637 Vista De La Tierra Del Mar, CA 92014 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: ASMG Occupation: Anesthesiologist Aggregate Year-to-Date: $ 200	Monthly Payroll Deduction	$75 ($25 per pay period)
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date: $	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date: $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date: $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date: $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date: $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	$150
TOTAL This Period (last page this line number only)	$2,925

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 9 OF 10
	FOR LINE NUMBER 21b

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NAME OF COMMITTEE (in Full)

Anesthesia Service Medical Group, Inc. Good Government Fund

A. Full Name, Mailing Address and ZIP Code Cook Political Report 900 2nd Street, NE, Suite 107 Washington, DC 20002	Purpose of Disbursement Publication Disbursement for: ☐ Primary ☐ General ☐ Other (specify) Op Expenditure	Date (month, day, year) 07/05/94	Amount of Each Disbursement This Period $470
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	$470

9 4 0 3 9 2 6 0 5 9 9

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

Anesthesia Service Medical Group, Inc. Good Government Fund

A. Full Name, Mailing Address and ZIP Code Lynn Schenk for Congress Committee c/o Norma Nicolls, 120 "C" Avenue Coronado, California 92118 FEC# C00259853	Purpose of Disbursement Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	Date (month, day, year) 07/12/94 08/24/94	Amount of Each Disbursement This Period $500 $1,000
B. Full Name, Mailing Address and ZIP Code Lincoln Club of San Diego County P.O. Box 1279 La Jolla, California 92038	Purpose of Disbursement Contribution Disbursement for: [ ] Primary [ ] General [X] Other (specify) Membership	Date (month, day, year) 07/12/94	Amount of Each Disbursement This Period $750
C. Full Name, Mailing Address and ZIP Code Democratic Leadership Council of California 2111 S. Anne Street Santa Ana, California 92704	Purpose of Disbursement Contribution Disbursement for: [ ] Primary [ ] General [X] Other (specify) Membership	Date (month, day, year) 08/03/94	Amount of Each Disbursement This Period $1,000
D. Full Name, Mailing Address and ZIP Code Bob Filner for Congress P.O. Box 127868 San Diego, California 92112 FEC# C00261388	Purpose of Disbursement Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	Date (month, day, year) 08/25/94	Amount of Each Disbursement This Period $1,000
E. Full Name, Mailing Address and ZIP Code Friends of Cunningham P.O. Box 40227 San Diego, California 92164 FEC# C00242446	Purpose of Disbursement Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	Date (month, day, year) 09/29/94	Amount of Each Disbursement This Period $750
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	$5,000

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Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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PREPARER

10-11-94
DATE PREPARED

FEC FORM 70-2 (12/92)

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