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)
ANESTHESIA SERVICE MEDICAL GROUP, INC. GOOD GOV'T FUND

ADDRESS (number and street) ☐ Check if different than previously reported.
3626 RUFFIN ROAD, P.O. BOX 82807

CITY, STATE and ZIP CODE
SAN DIEGO, CA 92138

RECEIVED FEDERAL ELECTION COMMISSION

2. FEC IDENTIFICATION NUMBER
C00216184

FEB 1 11 03 AM '99

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

☐ 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 preceeding _____ (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 ☒ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 11/24/98 through 12/31/98		
6. (a) Cash on Hand January 1, 1998		3,907.52
(b) Cash on Hand at Beginning of Reporting Period	6,904.05	
(c) Total Receipts (from Line 19)	3,875.00	17,696.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	10,779.05	21,603.52
7. Total Disbursements (from Line 30)	2,023.71	12,848.18
8. Cash on Hand at Close of Reporting Period (subtract Line7 from Line 6(d))	8,755.34	8,755.34
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-376-3120

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 1/28/99

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U. S. C. p437g.

FEC FORM 3X
(revised 9/98)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

NAME OF COMMITTEE: ANESTHESIA SERVICE MEDICAL GROUP, INC. GOOD GOV'T FUND

REPORT COVERING PERIOD FROM: 11/24/98 TO: 12/31/98

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individuals/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	3,750.00	6,825.00	11(a)(i)
ii. Unitemized	125.00	10,845.00	11(a)(ii)
iii. Total	3,875.00	17,670.00	11(a)(iii)
b. Political Party Committees	0.00	0.00	11(b)
c. Other Political Committees (such as PACs)	0.00	0.00	11(c)
d. Total Contributions	3,875.00	17,670.00	11(d)
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12
13. All Loans Received	0.00	0.00	13
14. Loan Repayments Received	0.00	0.00	14
15. Offsets to Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	26.00	17
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18)	3,875.00	17,696.00	19
20. Total Federal Receipts (subtract line 18 from line 19)	3,875.00	17,696.00	20
II. Disbursements			
21. Operating Expenditures			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21(a)(i)
ii. Non-Federal Share	0.00	0.00	21(a)(ii)
b. Other Federal Operating Expenditures	23.71	3,348.18	21(b)
c. Total Operating Expenditures (add a i, a ii, and b)	23.71	3,348.18	21(c)
22. Transfers to Affiliated/Other Party Committees	2,000.00	2,000.00	22
23. Contributions to Federal Candidates/Committees and Other Party Committees	0.00	3,500.00	23
24. Independent Expenditures (Use Schedule E)	0.00	0.00	24
25. Coordinated Expenditures Made by Party Committees(2 U.S.C.441a(d))(use Schedule F)	0.00	0.00	25
26. Loan Repayments Made	0.00	0.00	26
27. Loans Made	0.00	0.00	27
28. Refunds of Contributions To:			28
a. Individuals/Persons Other Than Political Committees	0.00	0.00	28(a)
b. Political Party Committees	0.00	0.00	28(b)
c. Other Political Committees (such as PACs)	0.00	0.00	28(c)
d. Total Contribution Refunds (add a, b and c)	0.00	0.00	28(d)
29. Other Disbursements	0.00	4,000.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)	2,023.71	12,848.18	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30)	2,023.71	12,848.18	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	3,875.00	17,670.00	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	3,875.00	17,670.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b)	23.71	3,348.18	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35)	23.71	3,348.18	37

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page (11/24/98 - 12/31/98)

PAGE 1 OF 10

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

ANESTHESIA SERVICE MEDICAL GROUP, INC. GOOD GOV'T FUND C00216184

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Dr. Robert Adams 655 Alameda Blvd. Coronado, CA 92118 Receipt For: Primary / General / Other (specify):	ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $ 450.00	payroll deduction	100.00 ($100 Monthly)
B. Dr. Henrick Anderson 103 G Rancho Real San Diego, CA 92014 Receipt For: Primary / General / Other (specify):	ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $ 225.00	payroll deduction	50.00 ($50 Monthly)
C. Dr. Douglas Arbon 12958 Long Boat Way Del Mar, CA 92014 Receipt For: Primary / General / Other (specify):	ASMG Occupation: Anesthiologist Aggregate Year-to-Date > $ 225.00	payroll deduction	50.00 ($50 Monthly)
D. Dr. David Arkin 6174 Travern Way San Diego, CA 92122 Receipt For: Primary / General / Other (specify):	ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $ 225.00	payroll deduction	50.00 ($50 Monthly)
E. Dr. John Arnold, M.D. 4871 Rancho Vista Drive Del Mar, CA 92014 Receipt For: Primary / General / Other (specify):	ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $ 225.00	payroll deduction	50.00 ($50 Monthly)
F. Dr. Frank Barrack, M.D. 12514 Rue Cheamont San Diego, CA 92131 Receipt For: Primary / General / Other (specify):	ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $ 225.00	payroll deduction	50.00 ($50 Monthly)
G. Dr. Marvin Benson 13890 Crest Way Del Mar, CA 92014 Receipt For: Primary / General / Other (specify):	ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $ 495.00	payroll deduction	110.00 ($110 Monthly)

SUBTOTAL of Receipts This Page (optional)	460.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page (11/24/99 - 12/31/99)

FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (In Full)

ANESTHESIA SERVICE MEDICAL GROUP, INC. GOOD GOV'T FUND C00216184

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Mr. David Bitter, M.D. 1440 Highland Drive Solana Beach, CA 92075 Receipt For: Primary General Other (specify):	ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $ 225.00	payroll deduction	50.00 ($50 Monthly)
B. Dr. Kris Bjornson 471 Carolina Road Del Mar, CA 92014 Receipt For: Primary General Other (specify):	ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $ 225.00	payroll deduction	50.00 ($50 Monthly)
C. C. Flowden Bridges, M.D. 9915 Alto Drive La Mesa, CA 91941 Receipt For: Primary General Other (specify):	ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $ 225.00	payroll deduction	50.00 ($50 Monthly)
D. Dr. Robert Brucker 13054 Grimaldi Del Mar, CA 92014 Receipt For: Primary General Other (specify):	ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $ 450.00	payroll deduction	100.00 ($100 Monthly)
E. Dr. James Cage 4105 Alameda Drive San Diego, CA 92103 Receipt For: Primary General Other (specify):	ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $ 225.00	payroll deduction	50.00 ($50 Monthly)
F. Dr. Christopher Cary 9838 Caminito Calor San Diego, CA 92131 Receipt For: Primary General Other (specify):	ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $ 225.00	payroll deduction	50.00 ($50 Monthly)
G. Miss Carol Ceriani, M.D. 12975 Long Boat Way Del Mar, CA 92014 Receipt For: Primary General Other (specify):	ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $ 225.00	payroll deduction	50.00 ($50 Monthly)

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

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page (1/24/99 - 12/31/99)

PAGE 3 OF 10

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

ANESTHESIA SERVICE MEDICAL GROUP, INC. CXXOD GOV'T FUND C00216184

Full Name, Mailing Address and ZIP Code	Name of Employer	Occupation	Date (month, day, year)	Aggregate Year-to-Date	Amount of Each Receipt this Period
A. Dr. Daniel DeNoc 4420 Mt. Castle Road San Diego, CA 92117 Receipt For: Primary General Other (specify):	ASMG	Anesthiologist	payroll deduction	$ 450.00	100.00 ($100 Monthly)
B. Mr. Aubrey Eyer, M.D. 3640 Overpark Road San Diego, CA 92120 Receipt For: Primary General Other (specify):	ASMG	Anesthesiologist	payroll deduction	$ 225.00	50.00 ($50 Monthly)
C. Dr. Thomas Farrell 13306 Roxton Circle San Diego, CA 92130 Receipt For: Primary General Other (specify):	ASMG	Anesthesiologist	payroll deduction	$ 225.00	50.00 ($50 Monthly)
D. Dr. Brock Fisher 2115 32nd Street San Diego, CA 92104 Receipt For: Primary General Other (specify):	ASMG	Anesthesiologist	payroll deduction	$ 270.00	60.00 ($60 Monthly)
E. Dr. Michael Flynn 4768 Sun Valley Road Del Mar, CA 92014 Receipt For: Primary General Other (specify):	ASMG	Anesthesiologist	payroll deduction	$ 225.00	50.00 ($50 Monthly)
F. Dr. Bradley Foltz 9787 Cecinito Munoz San Diego, CA 92131-2114 Receipt For: Primary General Other (specify):	ASMG	Anesthesiologist	payroll deduction	$ 270.00	60.00 ($50 Monthly)
G. Dr. Kathleen Gallahorn 13646 Glencliff Way San Diego, CA 92130 Receipt For: Primary General Other (specify):	ASMG	Anesthesiologist	payroll deduction	$ 225.00	50.00 ($50 Monthly)

SUBTOTAL of Receipts This Page (optional)	420.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page (11/24/98 - 12/31/98)

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

ANESTHESIA SERVICE MEDICAL GROUP, INC. GOOD GOV'T FUND C00216184

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date(month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Dr. Said Hanbom' 2974 Woodford Drive La Jolla, CA 92037 Receipt For: Primary General Other (specify):	Name of Employer: ASMG Occupation: Anesthesiologist Aggregate Year-to-Date $	payroll deduction 225.00	50.00 ($50 Monthly)
B. Full Name, Mailing Address and ZIP Code Mr. P. Lance Hendricks 549 Albion Street San Diego, CA 92106 Receipt For: Primary General Other (specify):	Name of Employer: Anesthesia Service Medical Group Occupation: Anesthesiologist Aggregate Year-to-Date $	payroll deduction 225.00	50.00 ($50 Monthly)
C. Full Name, Mailing Address and ZIP Code Ms. Claudia Herd, M.D. P.O. Box 9051 Rancho Santa Fe, CA 92067 Receipt For: Primary General Other (specify):	Name of Employer: ASMG Occupation: Anesthesiologist Aggregate Year-to-Date $	payroll deduction 450.00	100.00 ($100 Monthly)
D. Full Name, Mailing Address and ZIP Code Dr. Robert Hortzka 10344 Spruce Grove Avenue San Diego, CA 92131 Receipt For: Primary General Other (specify):	Name of Employer: ASMG Occupation: Anesthesiologist Aggregate Year-to-Date $	payroll deduction 225.00	50.00 ($50 Monthly)
E. Full Name, Mailing Address and ZIP Code Dr. David Doban Receipt For: Primary General Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date $	payroll deduction 225.00	50.00 ($50 Monthly)
F. Full Name, Mailing Address and ZIP Code Dr. John Holl P.O.Box 82807 San Diego, CA 92138-2807 Receipt For: Primary General Other (specify):	Name of Employer: ASMG Occupation: Anesthesiologist Aggregate Year-to-Date $	payroll deduction 225.00	50.00 ($50 Monthly)
G. Full Name, Mailing Address and ZIP Code Dr. Garth Huston 12941 Caminito Del Canto Del Mar, CA 92014 Receipt For: Primary General Other (specify):	Name of Employer: ASMG Occupation: Anesthesiologist Aggregate Year-to-Date $	payroll deduction 450.00	100.00 ($100 Monthly)

SUBTOTAL of Receipts This Page (optional)	450.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page (1/1/2/98 - 12/31/98)

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

ANESTHESIA SERVICE MEDICAL GROUP, INC. GOOD GOV'T FUND C00216184

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Robert Ilko 2110 Guy Street San Diego, CA 92103	ASMG	payroll deduction	50.00 ($50 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Anesthesiologist		
	Aggregate Year-to-Date > $ 225.00		
Dr. Gary Isley 526 "A" Avenue Coronado, CA 92118	ASMG	payroll deduction	50.00 ($50 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Anesthesiologist		
	Aggregate Year-to-Date > $ 225.00		
Dr. Thomas Joas P.O.Box 82807 San Diego, CA 92138-2807	ASMG	payroll deduction	100.00 ($100 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Anesthesiologist		
	Aggregate Year-to-Date > $ 450.00		
Mrs. Inge Johansen, M.D. 5425 Pacifica Drive La Jolla, CA 92037	ASMG	payroll deduction	60.00 ($50 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Anesthesiologist		
	Aggregate Year-to-Date > $ 270.00		
Dr. Thomas Karagianes 11731 Shadow Valley Road El Cajon, CA 92020	ASMG	payroll deduction	50.00 ($50 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Anesthesiologist		
	Aggregate Year-to-Date > $ 225.00		
Dr. David Levine 1645 Rubenstein Drive Cardiff, CA 92007	ASMG	payroll deduction	50.00 ($50 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Anesthesiologist		
	Aggregate Year-to-Date > $ 225.00		
Mr. Michael Martin, M.D. 10625 Birch Bluff Avenue San Diego, CA 92131	ASMG	payroll deduction	50.00 ($50 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Anesthesiologist		
	Aggregate Year-to-Date > $ 225.00		

SUBTOTAL of Receipts This Page (optional) >	410.00
TOTAL This Period (last page this line number only) >	

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page (11/24/98 - 12/31/98)

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

ANESTHESIA SERVICE MEDICAL GROUP, INC. GOOD GOV'T FUND C00216104

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Roland Miyada 417 S. Sierra, #173 Solana Beach, CA 92075	ASMG	payroll deduction	50.00 ($50 Monthly)
Receipt For: Primary General Other (specify):	Occupation: Anesthesiologist Aggregate Year-to-Date > $ 225.00		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mr. C. Craig Moldenhauer, MD 1630 Crest Drive Encinitas, CA 92024	ASMG	payroll deduction	50.00 ($50 Monthly)
Receipt For: Primary General Other (specify):	Occupation: Anesthesiologist Aggregate Year-to-Date > $ 225.00		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mr. Nelson T. Nakaji, M.D. 4839 Rancho Grande Del Mar, CA 92014	ASMG	payroll deduction	50.00 ($50 Monthly)
Receipt For: Primary General Other (specify):	Occupation: Anesthesiologist Aggregate Year-to-Date > $ 225.00		
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mr. William Nelson, M.D. 187 Ocean View Drive Del Mar, CA 92014	ASMG	payroll deduction	50.00 ($50 Monthly)
Receipt For: Primary General Other (specify):	Occupation: Anesthesiologist Aggregate Year-to-Date > $ 225.00		
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mr. Doyle E. O'Conner, M.D. 1844 Ocean Front Del Mar, CA 92014	ASMG	payroll deduction	50.00 ($50 Monthly)
Receipt For: Primary General Other (specify):	Occupation: Anesthesiologist Aggregate Year-to-Date > $ 225.00		
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Ms. Deborah Page, M.D. 2111 Blackmore Court San Diego, CA 92109	ASMG	payroll deduction	50.00 ($50 Monthly)
Receipt For: Primary General Other (specify):	Occupation: Anesthesiologist Aggregate Year-to-Date > $ 225.00		
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Mr. Stanley Perkins, M.D. 2475 Loring Street San Diego, CA 92109	ASMG	payroll deduction	50.00 ($50 Monthly)
Receipt For: Primary General Other (specify):	Occupation: Anesthesiologist Aggregate Year-to-Date > $ 225.00		

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

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page (11/24/98 - 12/31/98)

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 GOV'T FUND C00216184

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Bradley Peterson, M.D. P.O. Box 1055 Rancho Santa Fe, CA 92067	ASMG	payroll deduction	50.00 ($50 Monthly)
Receipt For: Primary General Other (specify):	Occupation: Anesthesiologist	Aggregate Year-to-Date > $ 225.00	

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. James Pettit, M.D. 12323 Rue Chaumont San Diego, CA 92131	ASMG	payroll deduction	50.00 ($50 Monthly)
Receipt For: Primary General Other (specify):	Occupation: Anesthesiologist	Aggregate Year-to-Date > $ 225.00	

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Paul C. Pongonis, M.D. 10336 Landfair Road San Diego, CA 92130	ASMG	payroll deduction	50.00 ($50 Monthly)
Receipt For: Primary General Other (specify):	Occupation: Anesthesiologist	Aggregate Year-to-Date > $ 225.00	

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Layne Rasmussen 8570 La Colla Scenic Drive North La Jolla, CA 92037	ASMG	payroll deduction	50.00 ($50 Monthly)
Receipt For: Primary General Other (specify):	Occupation: Anesthesiologist	Aggregate Year-to-Date > $ 225.00	

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Peter Roudaskoski 12460 Rue Riviere Verte San Diego, CA 92131	ASMG	payroll deduction	50.00 ($50 Monthly)
Receipt For: Primary General Other (specify):	Occupation: Anesthesiologist	Aggregate Year-to-Date > $ 225.00	

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Stephen Rogers 1340 Opal Street San Diego, CA 92109	ASMG	payroll deduction	50.00 ($50 Monthly)
Receipt For: Primary General Other (specify):	Occupation: Anesthesiologist	Aggregate Year-to-Date > $ 225.00	

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Jenkins Schley, M.D. 1220 Concord Street San Diego, CA 92106	ASMG	payroll deduction	50.00 ($50 Monthly)
Receipt For: Primary General Other (specify):	Occupation: Anesthesiologist	Aggregate Year-to-Date > $ 225.00	

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

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page (11/24/98 - 12/31/99)

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 GOV'T FUND C00210184

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Dr. Robert Spear 1130 Flora Avenue Coronado, CA 92118 Receipt For: Primary / General / Other (specify):	Name of Employer: ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $ 225.00	payroll deduction	50.00 ($50 Monthly)
B. Dr. Barbara Strawn 4006 Moratella Terrace San Diego, CA 92130 Receipt For: Primary / General / Other (specify):	Name of Employer: ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $ 270.00	payroll deduction	60.00 ($60 Monthly)
C. Dr. Geoffrey Thompson 4625 Yerba Santa Dr. San Diego, CA 92115 Receipt For: Primary / General / Other (specify):	Name of Employer: ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $ 225.00	payroll deduction	50.00 ($50 Monthly)
D. Dr. Janine Thompson 7724 Moonridge Place La Jolla, CA 92037 Receipt For: Primary / General / Other (specify):	Name of Employer: ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $ 225.00	payroll deduction	50.00 ($50 Monthly)
E. Mr. Robert Wagner, Jr. M.D. 2531 Soderblom Ave. San Diego, CA 92122 Receipt For: Primary / General / Other (specify):	Name of Employer: ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $ 225.00	payroll deduction	50.00 ($50 Monthly)
F. Dr. Jordan Waldman 2275 Cliffridge Court La Jolla, CA 92037 Receipt For: Primary / General / Other (specify):	Name of Employer: ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $ 225.00	payroll deduction	50.00 ($50 Monthly)
G. Dr. John Walker 6566 Ambrosia, #5411 San Diego, CA 92124 Receipt For: Primary / General / Other (specify):	Name of Employer: ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $ 225.00	payroll deduction	50.00 ($50 Monthly)

SUBTOTAL of Receipts This Page (optional) >	360.00
TOTAL This Period (last page this line number only) >	

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page (11/24/98 - 12/31/99)

FOR LINE NUMBER 11(a)(1)

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 GOV'T FUND C00216288

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Mr. Clarence Ward, M.D. 11212 Zorio Court San Diego, CA 92126 Receipt For: Primary General Other (specify):	Employer: ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $ 225.00	payroll deduction	50.00 ($50 Monthly)
B. Mr. Michael Weber, M.D. 3604 Garrison Avenue San Diego, CA 92106 Receipt For: Primary General Other (specify):	Employer: ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $ 225.00	payroll deduction	50.00 ($50 Monthly)
C. Dr. Douglas Wenzer 426 SanRemo Way San Diego, CA 92106 Receipt For: Primary General Other (specify):	Employer: ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $ 225.00	payroll deduction	50.00 ($50 Monthly)
D. Mr. C. Judson Westover, M.D. 442 8th Street Del Mar, CA 92014 Receipt For: Primary General Other (specify):	Employer: ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $ 225.00	payroll deduction	50.00 ($50 Monthly)
E. Mr. Curtis B. Winters, M.D. 10251 Rue Saint Jacques San Diego, CA 92131 Receipt For: Primary General Other (specify):	Employer: ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $ 225.00	payroll deduction	50.00 ($50 Monthly)
F. Dr. Robert Wang 1077 Kline Way Del Mar, CA 92014 Receipt For: Primary General Other (specify):	Employer: ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $ 225.00	payroll deduction	50.00 ($50 Monthly)
G. Dr. Glenn Woodworth 4165 Ponte de Merano, #152 San Diego, CA 92122 Receipt For: Primary General Other (specify):	Employer: ASMG Occupation: Anesthesiologist Aggregate Year-to-Date > $ 225.00	payroll deduction	50.00 ($50 Monthly)

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

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page (11/24/98 - 12/31/99)

PAGE 10 OF 10

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 GOV'T FUND C00216184

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. John Wright 3063 Cranbrook Court La Jolla, CA 92037	ASMG	payroll deduction	100.00 ($100 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Anesthesiologist Aggregate Year-to-Date > $ 450.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Barry Zamost 4274 Arguello St San Diego, CA 92103	ASMG	payroll deduction	50.00 ($50 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Anesthesiologist Aggregate Year-to-Date > $ 225.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Roger Zeman 561 South Sierra, #38 Solana Beach, CA 92075	ASMG	payroll deduction	50.00 ($50 Monthly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Anesthesiologist Aggregate Year-to-Date > $ 225.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	200.00
TOTAL This Period (last page this line number only)	3,750.00

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Other Federal Operating Expenses

Use separate schedule(s) for each category of the Detailed Summary Page (11/24/98 - 12/31/98)

PAGE 1 OF 1

FOR LINE NUMBER 21(b)

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NAME OF COMMITTEE (In Full)

ANESTHESIA SERVICE MEDICAL GROUP, INC. GOOD GOV'T FUND C00216184

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date(month, day, year)	Amount of Each Disbursement this Period
Unitemized other federal operating expenses (less than $200) This Period: 11/24/98 - 12/31/98	Disbursement For: Primary General Other (specify):		23.71
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)	23.71
TOTAL This Period (last page this line number only)	23.71

Use separate schedule(s) for each category of the Detailed Summary Page (11/24/98 - 12/31/98)	PAGE 1 OF 1
	FOR LINE NUMBER 22

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Transfers to Other Authorized Committees

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 GOV'T FUND C00216184

A. Full Name, Mailing Address and ZIP Code Anesthesia Service Medical Group Good Government Fund State P.O. Box 82907 San Diego, CA 92138 2507	Purpose of Disbursement Transfer to Authorized Committee Disbursement For: ☐ Primary ☐ General ☐ Other (specify):	Date(month, day, year) 12/30/98	Amount of Each Disbursement this Period 2,000.00
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)	2,000.00
TOTAL This Period (last page this line number only)	2,000.00

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	Date of Receipt
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 1-28-99
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

PREPARER

2-1-99

DATE PREPARED

(4/98)