

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED

2014 OCT 10 AM 10:04

Office Use Only MAIL CENTER

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 OR AMENDED

X

Table with 4 columns: (a) Quarterly Reports, (b) Monthly Report Due On, (c) 12-Day PRE-Election Report for the, (d) 30-Day POST-Election Report for the. Includes options for Q1, Q2, Q3, YE, MY, TER and various election types like Primary, General, Runoff, Special.

5. Covering Period 07 01 2014 through 09 30 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 10 06 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:

/ /
07 / 01 / 2014

To:

/ /
09 / 30 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input data-bbox="437 598 594 651" type="text" value="YYYY"/> 2014		<input data-bbox="1106 598 1528 651" type="text" value="12319.65"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input data-bbox="644 682 1057 745" type="text" value="577.18"/>	
(c) Total Receipts (from Line 19)	<input data-bbox="644 777 1057 840" type="text" value="9040.00"/>	<input data-bbox="1106 777 1528 840" type="text" value="23835.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input data-bbox="644 892 1057 955" type="text" value="9617.18"/>	<input data-bbox="1106 892 1528 955" type="text" value="36154.65"/>
7. Total Disbursements (from Line 31).....	<input data-bbox="644 987 1057 1050" type="text" value="9368.74"/>	<input data-bbox="1106 987 1528 1050" type="text" value="35906.21"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input data-bbox="644 1102 1057 1165" type="text" value="248.44"/>	<input data-bbox="1106 1102 1528 1165" type="text" value="248.44"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input data-bbox="644 1228 1057 1291" type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input data-bbox="644 1354 1057 1417" 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: / / To: / /

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).....	4390.00	5590.00
(ii) Unitemized.....	4650.00	18245.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	9040.00	23835.00
(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).....▶	9040.00	23835.00
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).....	0.00	0.00
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)).....▶	9040.00	23835.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	9040.00	23835.00

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	368.74	1406.21
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	368.74	1406.21
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	9000.00	34500.00
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))	9368.74	35906.21
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	9368.74	35906.21

FROM HIND 1004

**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 7 OF 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <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. 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. **C**
 Name of Employer ASMG Occupation Anesthesiologist
 Receipt For: 2014
 Primary General
 Other (specify) Calendar Year
 Aggregate Year-to-Date **600.00**

Date of Receipt
 09 / 30 / 2014
 Transaction ID : 11AI-30165-IP
 Amount of Each Receipt this Period
200.00
 Payroll Deduction (\$100 Monthly)

B. 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. **C**
 Name of Employer ASMG Occupation Anesthesiologist
 Receipt For: 2014
 Primary General
 Other (specify) Calendar Year
 Aggregate Year-to-Date **300.00**

Date of Receipt
 09 / 30 / 2014
 Transaction ID : 11AI-30166-IP
 Amount of Each Receipt this Period
100.00
 Payroll Deduction (\$50 Monthly)

C. 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 **300.00**

Date of Receipt
 09 / 30 / 2014
 Transaction ID : 11AI-30167-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).....	

FROM AND TO

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 19	
	<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

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: 2014
 Primary General
 Other (specify) Calendar Year

Date of Receipt
09 / 30 / 2014
Transaction ID : 11AI-30168-IP
Amount of Each Receipt this Period
100.00
Payroll Deduction (\$50 Monthly)
Aggregate Year-to-Date ▼
300.00

B. 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

Date of Receipt
09 / 30 / 2014
Transaction ID : 11AI-30171-IP
Amount of Each Receipt this Period
100.00
Payroll Deduction (\$50 Monthly)
Aggregate Year-to-Date ▼
300.00

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

Date of Receipt
09 / 30 / 2014
Transaction ID : 11AI-30176-IP
Amount of Each Receipt this Period
200.00
Payroll Deduction (\$100 Monthly)
Aggregate Year-to-Date ▼
600.00

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

FROM: 1101-1104

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 19
<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

Full Name (Last, First, Middle Initial) A. Scott Gillin		Date of Receipt 09 / 30 / 2014
Mailing Address 13990 Mercado Drive		Transaction ID : 11AI-30177-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"/> Other (specify) <input type="checkbox"/> Primary <input type="checkbox"/> General Calendar Year	Aggregate Year-to-Date 300.00	

Full Name (Last, First, Middle Initial) B. Zachary Gordon		Date of Receipt 09 / 30 / 2014
Mailing Address 3535 Lebon Dr Apt # 4419		Transaction ID : 11AI-30180-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: 2014 <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Primary <input type="checkbox"/> General Calendar Year	Aggregate Year-to-Date 600.00	

Full Name (Last, First, Middle Initial) C. Claudia Herd		Date of Receipt 09 / 30 / 2014
Mailing Address 16723 Circa Del Norte		Transaction ID : 11AI-30185-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: 2014 <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Primary <input type="checkbox"/> General Calendar Year	Aggregate Year-to-Date 300.00	

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

130001-1101-10000

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 19	
<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		Date of Receipt 09 / 30 / 2014
Mailing Address 501 Del Corro Ct		Transaction ID : 11AI-30188-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: 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 300.00	

Full Name (Last, First, Middle Initial) B. Garth Huston		Date of Receipt 09 / 30 / 2014
Mailing Address 407 Shore View Ln		Transaction ID : 11AI-30191-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: 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 300.00	

Full Name (Last, First, Middle Initial) C. James Jaworski		Date of Receipt 09 / 30 / 2014
Mailing Address 16029 Cayenne Ridge Rd		Transaction ID : 11AI-30193-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: 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 300.00	

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: (check only one)		PAGE 11 OF 19	
	<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. Eung Do Kim
Full Name (Last, First, Middle Initial)

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 **350.00**

Date of Receipt
09 / 30 / 2014
Transaction ID : 11AI-30367-IP

Amount of Each Receipt this Period
150.00

Payroll Deduction (\$50 Monthly)

B. Dandy Lee
Full Name (Last, First, Middle Initial)

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 **350.00**

Date of Receipt
09 / 30 / 2014
Transaction ID : 11AI-30369-IP

Amount of Each Receipt this Period
150.00

Payroll Deduction (\$50 Monthly)

C. Michael Lee
Full Name (Last, First, Middle Initial)

Mailing Address 440 Pearl St Apt 102

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: 2014
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date **350.00**

Date of Receipt
09 / 30 / 2014
Transaction ID : 11AI-30370-IP

Amount of Each Receipt this Period
150.00

Payroll Deduction (\$50 Monthly)

SUBTOTAL of Receipts This Page (optional) **450.00**

TOTAL This Period (last page this line number only)

1100001-1100001

**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 19	
	<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. Christine Nieman		Date of Receipt 09 / 30 / 2014
Mailing Address 5341 Calle Vista		Transaction ID : 11AI-30326-IP
City San Diego	State CA	Zip Code 92109
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00	
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 700.00	

Full Name (Last, First, Middle Initial) B. Alex Pue		Date of Receipt 09 / 30 / 2014
Mailing Address 3652 Carleton Street		Transaction ID : 11AI-30336-IP
City San Diego	State CA	Zip Code 92106
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 150.00	
Name of Employer ASMG	Occupation Anesthesiologist	Payroll Deduction (\$50 Monthly)
Receipt For: 2014 <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> General Calendar Year	Aggregate Year-to-Date 350.00	

Full Name (Last, First, Middle Initial) C. Mark S. Ransom		Date of Receipt 09 / 30 / 2014
Mailing Address 859 Morning Sun Drive		Transaction ID : 11AI-30337-IP
City Encinitas	State CA	Zip Code 92024
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00	
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 700.00	

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

FROM: PRO: 110000

**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 13 OF 19	
	<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

A. 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 **350.00**

Date of Receipt **09 / 30 / 2014**

Transaction ID : **11AI-30339-IP**

Amount of Each Receipt this Period **150.00**

Payroll Deduction (\$50 Monthly)

B. Stephen Rogers
Full Name (Last, First, Middle Initial)

Mailing Address 1340 Opal Street

City San Diego State CA Zip Code 92109

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 **350.00**

Date of Receipt **09 / 30 / 2014**

Transaction ID : **11AI-30341-IP**

Amount of Each Receipt this Period **150.00**

Payroll Deduction (\$50 Monthly)

C. 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: 2014
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date **350.00**

Date of Receipt **09 / 30 / 2014**

Transaction ID : **11AI-30365-IP**

Amount of Each Receipt this Period **150.00**

Payroll Deduction (\$50 Monthly)

SUBTOTAL of Receipts This Page (optional) **450.00**

TOTAL This Period (last page this line number only)

L:\ccol\1 - QUIT - LINDA

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 19	
	<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. 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 **210.00**

Date of Receipt
09 / 30 / 2014
Transaction ID : 11AI-30348-IP
Amount of Each Receipt this Period
90.00
Payroll Deduction (\$30 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: 2014
 Primary General
 Other (specify) Calendar Year
Aggregate Year-to-Date **350.00**

Date of Receipt
09 / 30 / 2014
Transaction ID : 11AI-30355-IP
Amount of Each Receipt this Period
150.00
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: 2014
 Primary General
 Other (specify) Calendar Year
Aggregate Year-to-Date **350.00**

Date of Receipt
09 / 30 / 2014
Transaction ID : 11AI-30360-IP
Amount of Each Receipt this Period
150.00
Payroll Deduction (\$50 Monthly)

SUBTOTAL of Receipts This Page (optional) **390.00**
TOTAL This Period (last page this line number only)

FROM: 1101-10001

**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 19	
	<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

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: 2014
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date **350.00**

Date of Receipt
 09 / 30 / 2014
 Transaction ID : 11AI-30361-IP

Amount of Each Receipt this Period
150.00

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

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 **350.00**

Date of Receipt
 09 / 30 / 2014
 Transaction ID : 11AI-30363-IP

Amount of Each Receipt this Period
150.00

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

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 **350.00**

Date of Receipt
 09 / 30 / 2014
 Transaction ID : 11AI-30364-IP

Amount of Each Receipt this Period
150.00

Payroll Deduction (\$50 Monthly)

SUBTOTAL of Receipts This Page (optional).....	450.00
TOTAL This Period (last page this line number only).....	4390.00

11000001-11000001

**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)							PAGE 16 OF 19
	<input checked="" type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 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			Date of Disbursement MM / DD / YYYY 08 / 25 / 2014		
Mailing Address 7185 Navajo Rd Ste P			Transaction ID : 21B-921		
City San Diego	State CA	Zip Code 92119	Amount of Each Disbursement this Period 300.00		
Purpose of Disbursement Accounting Services		Candidate Name	Category/ Type 001		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. C. April Boling, CPA			Date of Disbursement MM / DD / YYYY 08 / 25 / 2014		
Mailing Address 7185 Navajo Rd Ste P			Transaction ID : 21B-922		
City San Diego	State CA	Zip Code 92119	Amount of Each Disbursement this Period 50.00		
Purpose of Disbursement Software Services		Candidate Name	Category/ Type 001		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. C. April Boling, CPA			Date of Disbursement MM / DD / YYYY 08 / 25 / 2014		
Mailing Address 7185 Navajo Rd Ste P			Transaction ID : 21B-923		
City San Diego	State CA	Zip Code 92119	Amount of Each Disbursement this Period 18.74		
Purpose of Disbursement Postage		Candidate Name	Category/ Type 001		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	368.74
TOTAL This Period (last page this line number only).....▶	368.74

**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)			PAGE 17 OF 19		
	<input type="checkbox"/> 21b <input type="checkbox"/> 27	<input type="checkbox"/> 22 <input type="checkbox"/> 28a	<input checked="" type="checkbox"/> 23 <input type="checkbox"/> 28b	<input type="checkbox"/> 24 <input type="checkbox"/> 28c	<input type="checkbox"/> 25 <input type="checkbox"/> 29	<input type="checkbox"/> 26 <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. Pete Aguilar for Congress		Date of Disbursement MM / DD / YYYY 09 / 19 / 2014
Mailing Address P.O. Box 10954		Transaction ID : 23-928
City San Bernardino	State CA	
Purpose of Disbursement Political Contribution	<input checked="" type="checkbox"/> 011	Amount of Each Disbursement this Period 1000.00
Candidate Name Pete Aguilar	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 31	

Full Name (Last, First, Middle Initial) B. Cory Gardner for Senate		Date of Disbursement MM / DD / YYYY 09 / 26 / 2014
Mailing Address 9227 E. Lincoln Ave., #200-234		Transaction ID : 23-935
City Lone Tree	State CO	
Purpose of Disbursement Political Contribution	<input checked="" type="checkbox"/> 011	Amount of Each Disbursement this Period 1000.00
Candidate Name Cory Gardner	Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CO	District:	

Full Name (Last, First, Middle Initial) C. Ted Lieu for Congress		Date of Disbursement MM / DD / YYYY 09 / 26 / 2014
Mailing Address P.O. Box 1309		Transaction ID : 23-931
City Torrance	State CA	
Purpose of Disbursement Political Contribution	<input checked="" type="checkbox"/> 011	Amount of Each Disbursement this Period 1000.00
Candidate Name Ted Lieu	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 33	

SUBTOTAL of Disbursements This Page (optional).....▶	3000.00
TOTAL This Period (last page this line number only).....▶	

**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)		PAGE 18 OF 19		
	<input type="checkbox"/> 21b <input type="checkbox"/> 27	<input type="checkbox"/> 22 <input type="checkbox"/> 28a	<input checked="" type="checkbox"/> 23 <input type="checkbox"/> 28b	<input type="checkbox"/> 24 <input type="checkbox"/> 28c	<input type="checkbox"/> 25 <input type="checkbox"/> 29

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

Full Name (Last, First, Middle Initial) A. Nestande for Congress		Date of Disbursement MM / DD / YYYY 08 / 29 / 2014
Mailing Address P.O. Box 710187		Transaction ID : 23-926
City San Diego	State CA	
Purpose of Disbursement Political Contribution	Category/ Type 011	Amount of Each Disbursement this Period 1000.00
Candidate Name Brian Nestande	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: CA	District: 36	

Full Name (Last, First, Middle Initial) B. Doug Ose for Congress 2014		Date of Disbursement MM / DD / YYYY 09 / 26 / 2014
Mailing Address 921 11th Street, Suite 701		Transaction ID : 23-933
City Sacramento	State CA	
Purpose of Disbursement Political Contribution	Category/ Type 011	Amount of Each Disbursement this Period 1000.00
Candidate Name Doug Ose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: CA	District: 07	

Full Name (Last, First, Middle Initial) C. Scott Peters for Congress		Date of Disbursement MM / DD / YYYY 09 / 26 / 2014
Mailing Address P.O. Box 22074		Transaction ID : 23-934
City San Diego	State CA	
Purpose of Disbursement Political Contribution	Category/ Type 011	Amount of Each Disbursement this Period 1000.00
Candidate Name Scott Peters	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: CA	District: 52	

SUBTOTAL of Disbursements This Page (optional).....▶	3000.00
TOTAL This Period (last page this line number only).....▶	

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**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)		PAGE 19 OF 19			
	<input type="checkbox"/> 21b <input type="checkbox"/> 27	<input type="checkbox"/> 22 <input type="checkbox"/> 28a	<input checked="" type="checkbox"/> 23 <input type="checkbox"/> 28b	<input type="checkbox"/> 24 <input type="checkbox"/> 28c	<input type="checkbox"/> 25 <input type="checkbox"/> 29	<input type="checkbox"/> 26 <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. Rounds for Senate		Date of Disbursement MM / DD / YYYY 08 / 11 / 2014
Mailing Address PO Box 7272		Transaction ID : 23-920
City Alexandria	State VA	
Purpose of Disbursement Political Contribution		Amount of Each Disbursement this Period 1000.00
Candidate Name Mike Rounds		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: SD	District:	

Full Name (Last, First, Middle Initial) B. Ben Sasse for US Senate Inc		Date of Disbursement MM / DD / YYYY 08 / 11 / 2014
Mailing Address PO Box 7272		Transaction ID : 23-919
City Alexandria	State VA	
Purpose of Disbursement Political Contribution		Amount of Each Disbursement this Period 1000.00
Candidate Name Ben Sasse		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NE	District:	

Full Name (Last, First, Middle Initial) C. Strickland for Congress		Date of Disbursement MM / DD / YYYY 09 / 26 / 2014
Mailing Address 515 S. Figueroa Street, 16th Floor		Transaction ID : 23-932
City Los Angeles	State CA	
Purpose of Disbursement Political Contribution		Amount of Each Disbursement this Period 1000.00
Candidate Name Anthony Strickland		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 25	

SUBTOTAL of Disbursements This Page (optional).....▶	3000.00
TOTAL This Period (last page this line number only).....▶	9000.00



Express

NOT RECEIVED

2014 OCT 10 AM 10:03
FEC MAIL CENTER

Extremely Urgent

FZ
RT 677
9
3672
10.10

Page 1 of 1

From: (619) 713-8888
CHARLES HERZFELD
POLING AND BOLLING
7183 MIRAFLO RIBAO SUITE P
SAN DIEGO, CA 92119

Origin ID: MYFA



SHIP TO: (202) 684-1100
BILL SENDER
FEDERAL ELECTION COMMISSION
FEDERAL ELECTION COMMISSION
999 E ST NW
WASHINGTON, DC 20463

Ship Date: 08OCT14
ActWgt: 0.5 LB
CAD: 4789401/NCT3550

Delivery Address Bar Code



Rfd #
Package #
PO #
Dept #
ASMG FED FEC 3X

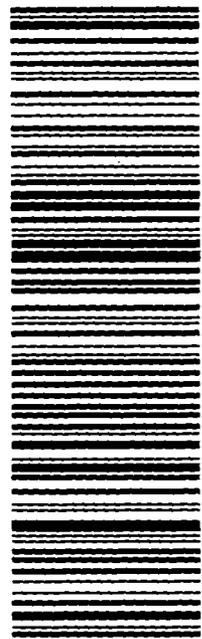


TPK# 7714 2837 3672

SK RDVA

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EXPRESS SAVER

20463
DC-US
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5015916 09Oct 23:58 MEMH 512CT/DF64/CF60

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

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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>10/9/14</i>
Next Business Day Delivery	<input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

[Signature]
 PREPARER

10/10/14
 DATE PREPARED

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