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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) — USE FEC MAILING LABEL OR TYPE OR PRINT ▼ — Example if typing, type over the lines

Anesthesia Service Medical Group Good Gov't Fund - Federal

ADDRESS (number and street) ▼ 7165 Navajo Road, Suite L

☐ Check if different than previously reported: (ACC)

San Diego — CA — 92119

2. FEC IDENTIFICATION NUMBER ▼ — CITY ▲ — STATE ▲ — ZIPCODE ▲

C00216164

3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- ☒ April 15 Quarterly Report (Q1)
- ☐ July 15 Quarterly Report (Q2)
- ☐ October 15 Quarterly Report (Q3)
- ☐ January 31 Quarterly Report (YE)
- ☐ July 31 Mid-Year Report (Non-election Year Only) (MY)
- ☐ Termination Report (TER)

(b) Monthly Report Due On:

- ☐ Feb 20 (M2)
- ☐ May 20 (M5)
- ☐ Aug 20 (M8)
- ☐ Nov 20 (M11) (Non-Election Year Only)
- ☐ Mar 20 (M3)
- ☐ Jun 20 (M6)
- ☐ Sep 20 (M9)
- ☐ Dec 20 (M12) (Non-Election Year Only)
- ☐ Apr 20 (M4)
- ☐ Jul 20 (M7)
- ☐ Oct 20 (M10)
- ☐ Jan 31 (M13)

(c) 12-Day PRE-Election Report for the:

- ☐ Primary (12P)
- ☐ General (12G)
- ☐ Runoff (12R)
- ☐ Convention (12C)
- ☐ Special (12G)

Election on ☐ ☐ ☐ — In the State of ☐

(d) 30-Day Post-Election Report for the:

- ☐ General (30G)
- ☐ Runoff (30R)
- ☐ Special (30S)

Election on ☐ ☐ ☐ — In the State of ☐

5. Covering Period 01 01 2002 through 03 31 2002

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 Soling, CPA

Signature of Treasurer: [signature] — Date 04 15 2002

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

Office Use Only							

FEC FORM 3X (Revised 1/2001)

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SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Revised 1/2001)

Write or Type Committee Name
Anesthesia Service Medical Group Good Gov't Fund - Federal

Report Covering the Period: From: 01 01 2002 To: 03 31 2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. (a) Cash on Hand January 1 2002		10698.52
(b) Cash on Hand at Beginning of Reporting Period	10698.52	
(c) Total Receipts (from Line 19)	0.00	0.00
(d) Subtotal (add lines 5(b) and 5(c) for Column A and Lines 5(a) and 5(c) for Column B)	10698.52	10698.52
7. Total Disbursements (from Line 30)	617.40	617.40
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 5(d))	10081.12	10081.12
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	

CA

☒ 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

22097550902

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Revised 1/2001) Page 3

Write or Type Committee Name

Anesthesia Service Medical Group Good Gov't Fund - Federal

Report Covering the Period: From: 01 01 2002 To: 03 31 2002

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)	0.00	
(ii) Unitemized	0.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 30, page 4) ▶	0.00	0.00
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. Refunds To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4)	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 Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) ▶	0.00	0.00
20. Total Federal Receipts (subtract Line 16 from Line 19) ▶	0.00	0.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Revised 1/2001)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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	617.40	617.40
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ▶	617.40	617.40
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committee (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. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29) ▶	617.40	617.40
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30) ▶	617.40	617.40

III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(g), page 3)	0.00	0.00
33. Total Contribution Refunds (from Line 28(d))	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	0.00	0.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	617.40	617.40
36. Offsets to Operating Expenditures (from Line 16, page 3)	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35) ▶	617.40	617.40

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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)
[X] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25
[ ] 26 [ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29

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NAME OF COMMITTEE (In Full)
Anesthesia Service Medical Group Good Gov't Fund - Federal

A.
Full Name (Last, First, Middle Initial)
Ms. C. April Boling, CPA

Date of Disbursement: 03 / 27 / 2002

Mailing Address
7185 Navajo Road Suite L

City: San Diego State: CA Zip Code: 92119

Amount of Each Disbursement this Period: 108.00

Purpose of Disbursement
Accounting

Category/Type: 001

Candidate Name

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [X] Primary [ ] General [ ] Other (specify)

Transaction ID: B21(b)296

B.
Full Name (Last, First, Middle Initial)
Ms. C. April Boling, CPA

Date of Disbursement: 02 / 26 / 2002

Mailing Address
7185 Navajo Road Suite L

City: San Diego State: CA Zip Code: 92119

Amount of Each Disbursement this Period: 133.00

Purpose of Disbursement
Accounting

Category/Type: 001

Candidate Name

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [X] Primary [ ] General [ ] Other (specify)

Transaction ID: B21(b)292

C.
Full Name (Last, First, Middle Initial)
Ms. C. April Boling, CPA

Date of Disbursement: 01 / 26 / 2002

Mailing Address
7185 Navajo Road Suite L

City: San Diego State: CA Zip Code: 92119

Amount of Each Disbursement this Period: 83.00

Purpose of Disbursement
Accounting

Category/Type: 001

Candidate Name

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [X] Primary [ ] General [ ] Other (specify)

Transaction ID: B21(b)290

SUBTOTAL of Disbursements This Page (optional) ▶ 324.00

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

22037550905

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)

[X] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25
[ ] 26 [ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29

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NAME OF COMMITTEE (In Full)
Anesthesia Service Medical Group Good Gov't Fund - Federal

A. Full Name (Last, First, Middle Initial)
Unitemized other federal operating expenses This Period:
01/01/2002 - 03/31/2002

Mailing Address

City State Zip Code

Purpose of Disbursement
Unitemized expenses

Candidate Name

004
Category/Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify) 'V'

Date of Disbursement
[ ] / [ ] / [ ]

Amount of Each Disbursement this Period
293.40

Transaction ID: B21(b)03/31/2002

B.

C.

SUBTOTAL of Disbursements This Page (optional) ▶	293.40
TOTAL This Period (last page this line number only) ▶	617.40

FEC Schedule B (Revised 1/2001)

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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

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☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify)	Postmarked and/or Date of Rec
☐	Electronic Filing	

Amp — 4-22-02

PREPARER — DATE PREPARED

(6/2000)