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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

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 (N) (A)

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 dates like Feb 20 (M2), May 20 (M5), etc.

5. Covering Period 01 01 2014 through 03 31 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 04 01 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.

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14031202902

**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:

MM / DD / YYYY
01 / 01 / 2014

To:

MM / DD / YYYY
03 / 31 / 2014

14031202903

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2014		12319.65
(b) Cash on Hand at Beginning of Reporting Period.....	12319.65	
(c) Total Receipts (from Line 19)	7435.00	7435.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	19754.65	19754.65
7. Total Disbursements (from Line 31)	7368.65	7368.65
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	12386.00	12386.00
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	

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

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Anesthesia Service Medical Group Advocacy Fund - Federal

Report Covering the Period: From:

MM / DD / YYYY
01 / 01 / 2014

To:

MM / DD / YYYY
03 / 31 / 2014

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

0.00

(ii) Unitemized.....

7435.00

7435.00

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

7435.00

7435.00

(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)..... ▶

7435.00

7435.00

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))..... ▶

7435.00

7435.00

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

7435.00

7435.00

14031202904

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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	368.65	368.65
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	368.65	368.65
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7000.00	7000.00
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))..	7368.65	7368.65
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7368.65	7368.65

14031202905

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	7435.00	7435.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7435.00	7435.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	368.65	368.65
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	368.65	368.65

14031202906

**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 6 OF 8				
	<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) A. C. April Boling, CPA		Date of Disbursement MM / DD / YYYY 02 / 19 / 2014	
Mailing Address 7185 Navajo Rd Ste P		Transaction ID : 21B-884	
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 02 / 19 / 2014	
Mailing Address 7185 Navajo Rd Ste P		Transaction ID : 21B-885	
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 02 / 19 / 2014	
Mailing Address 7185 Navajo Rd Ste P		Transaction ID : 21B-886	
City San Diego	State CA	Zip Code 92119	Amount of Each Disbursement this Period 18.65
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).....▶	368.65
TOTAL This Period (last page this line number only).....▶	368.65

14031202907

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Anesthesia Service Medical Group Advocacy Fund - Federal

Full Name (Last, First, Middle Initial)

A. Enzie for US Senate

Mailing Address P.O. Box 7272

City Alexandria State VA Zip Code 22307-0272

Purpose of Disbursement
Political Contribution

011

Candidate Name

Mike Enzie

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WY District:

Date of Disbursement

MM / DD / YYYY
03 / 24 / 2014

Transaction ID : 23-890

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Gorell for Congress

Mailing Address 2219 E. Thousand Oaks Blvd., Suite

City Thousand Oaks State CA Zip Code 91362

Purpose of Disbursement
Political Contribution

011

Candidate Name

Jeff Gorell

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 26

Date of Disbursement

MM / DD / YYYY
03 / 26 / 2014

Transaction ID : 23-895

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Families for James Lankford

Mailing Address P.O. Box 1639

City Bethany State OK Zip Code 73008

Purpose of Disbursement
Political Contribution

011

Candidate Name

James Lankford

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OK District:

Date of Disbursement

MM / DD / YYYY
03 / 24 / 2014

Transaction ID : 23-891

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

14031202908

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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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

Mailing Address 38 Executive Park, Suite 390

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
03			24			2014					

City Irvine State CA Zip Code 92614

Transaction ID : 23-893

Purpose of Disbursement Political Contribution

011

Amount of Each Disbursement this Period

Candidate Name

Brian Nestande

Category/Type

1000.00

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: CA District: 36

Full Name (Last, First, Middle Initial)

B. Strickland for Congress

Date of Disbursement

Mailing Address 515 S. Figueroa Street

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
03			24			2014					

City Los Angeles State CA Zip Code 90071

Transaction ID : 23-892

Purpose of Disbursement Political Contribution

011

Amount of Each Disbursement this Period

Candidate Name

Anthony Strickland

Category/Type

1000.00

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: CA District: 25

Full Name (Last, First, Middle Initial)

C. The Thom Tillis Committee

Date of Disbursement

Mailing Address 623 9th Street, #D

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
03			10			2014					

City Huntington Beach State CA Zip Code 92648

Transaction ID : 23-889

Purpose of Disbursement Political Contribution

011

Amount of Each Disbursement this Period

Candidate Name

Thom Tillis

Category/Type

2000.00

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: NC District:

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

4000.00

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

7000.00

14031202909

14031202910



X-RAYED BY FEC SECURITY

Extremely Urgent

From: (619) 713-6888
CHARLES HERZFELD
BOLING AND BOLING
7185 NAVAJO ROAD SUITE P
SAN DIEGO, CA 92119

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WASHINGTON, DC 20463

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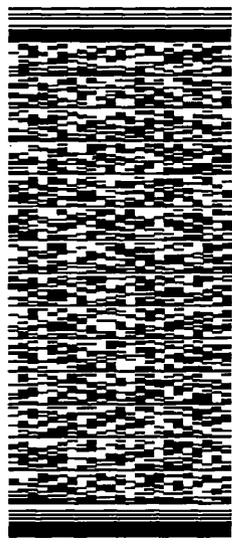
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4/2/2014
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

PA Young **4/4/2014**
 PREPARER DATE PREPARED
 (8/2013)

14031202911