RECEIVED
FEC MAIL ROOM

2000 AUG -7 P 1:41

4 August 2000

C. April Boling, Treasurer
Anesthesia Services Medical Group Inc, Good Government Fund
7185 Navajo Road, Suite L
San Diego, CA 92119

Angel Williamson
Reports Analyst
Federal Election Commission
Washington, D.C. 20463

Dear Ms. Williamson:

This is a written response to the Mailgram regarding the July Quarterly Report (4/1/00-6/30/00) for Anesthesia Services Medical Group Inc, Good Government Fund, **C00216184**.

The report was filed in a timely fashion. Attached is a copy of the certified mailing receipt which shows the report was received at the FEC on July 18, 2000. Also attached is a complete copy of the FEC 3X.

If you have any questions, please call me at (619) 667-7650.

Yours very truly,

C. April Boling

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

WESTERN UNION | MAILGRAM

UNITED STATES POSTAL SERVICE

088579001342 08/02/00 SAN1 - SANA
EM16105

C APRIL BOLING
ANESTHESIA SERVICE MEDICAL GROUP INC GOO
7185 NAVAJO RD STE L
SAN DIEGO CA 92119-1648

August 3, 2000

IDENTIFICATION NUMBER: C00216184

REFERENCE: JULY QUARTERLY REPORT (04/01/2000 - 06/30/2000)

DEAR TREASURER:

IT HAS COME TO THE ATTENTION OF THE FEDERAL ELECTION COMMISSION THAT YOU MAY HAVE FAILED TO FILE THE ABOVE REFERENCED REPORT OF RECEIPTS AND EXPENDITURES AS REQUIRED BY THE FEDERAL ELECTION CAMPAIGN ACT, AS AMENDED. YOU WERE PREVIOUSLY NOTIFIED OF THE DUE DATE FOR THIS REPORT.

IT IS IMPORTANT THAT YOU FILE THIS REPORT IMMEDIATELY WITH THE FEDERAL ELECTION COMMISSION, 999 E STREET, N.W., WASHINGTON, D.C., 20463. A COPY OF THE REPORT OR RELEVANT PORTIONS SHOULD ALSO BE FILED WITH THE SECRETARY OF STATE OR EQUIVALENT STATE OFFICER, UNLESS THE STATE IS EXEMPT FROM THE FEDERAL REQUIREMENT TO RECEIVE AND MAINTAIN PAPER COPIES.

ALTHOUGH THE COMMISSION MAY INITIATE AN AUDIT OR LEGAL ENFORCEMENT ACTION CONCERNING THIS MATTER, YOUR PROMPT RESPONSE AND A LETTER OF EXPLANATION WILL BE TAKEN INTO CONSIDERATION.

IF YOU HAVE ANY QUESTIONS REGARDING THIS MATTER, PLEASE CONTACT Angel L. Williamson ON OUR TOLL FREE NUMBER (800)424-9530. OUR LOCAL NUMBER IS (202)694-1130.

SINCERELY,

JOHN D. GIBSON
ASSISTANT STAFF DIRECTOR
REPORTS ANALYSIS DIVISION

MGMCOMP 20:19 EST

MGM CS (5/97)

To reply by Mailgram Message, see reverse side for Western Union's toll-free number.

Z 158 333 204

US Postal Service

## Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail *(See reverse)*

FEC 3X

| | | |
|---|---|---|
| Sent to FEDERAL ELECTION COMMISSION | | |
| Street & Number 999 E STREET NW | | |
| Post Office, State, & ZIP Code WASHINGTON DC 20463 | | |
| Postage | $ | $0.55 |
| Certified Fee | | $1.40 |
| Special Delivery Fee | | $0.00 |
| Restricted Delivery Fee | | $0.00 |
| Return Receipt Showing to Whom & Date Delivered | | $1.25 |
| Return Receipt Showing to Whom, Date, & Addressee's Address | | $0.00 |
| TOTAL Postage & Fees | $ | $3.20 |
| Postmark or Date | | |

ASMG

PS Form 3800, April 1995

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FEDERAL ELECTION COMMISSION
999 E STREET NW
WASHINGTON DC 20463

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by *(Please Print Clearly)*

B. Date of Delivery

C. Signature

X

☐ Agent
☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

RECEIVED
FEC MAIL ROOM
2000 JUL 18 A 9 57

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)*

Z 158 333 204

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than an Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM
2000 AUG -7 P 1:41

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
Anesthesia Service Medical Group Good Gov't Fund - Federal

ADDRESS (number and street) ☐ Check if different than previously reported.
7185 Navajo Road, Suite L

2. FEC IDENTIFICATION NUMBER
C00216184

CITY, STATE and ZIP CODE
San Diego, CA 92119

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 preceding _____ (Type of Election) election on _____ in the State of _____

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

(b) Is this Report an Amendment? ☐ YES ☒ NO

## SUMMARY

| | | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|---|---|---|
| 5. | Covering Period 04/01/2000 through 06/30/2000 | | |
| 6. | (a) Cash on Hand January 1, 2000 | | 6,966.77 |
| | (b) Cash on Hand at Beginning of Reporting Period | 5,717.94 | |
| | (c) Total Receipts (from Line 19) | 0.00 | 0.00 |
| | (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 5,717.94 | 6,966.77 |
| 7. | Total Disbursements (from Line 30) | 4,729.80 | 5,978.63 |
| 8. | Cash on Hand at Close of Reporting Period (subtract Line7 from Line 6(d)) | 988.14 | 988.14 |
| 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
C. April Boling, CPA

Signature of Treasurer
C. April Boling

Date
7/10/00

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 8/93)

# DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

NAME OF COMMITTEE: Anesthesia Service Medical Group Good Gov't Fund - Federal

REPORT COVERING PERIOD: FROM: 04/01/2000 TO: 06/30/2000

| 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) | 0.00 | 0.00 | 11(a)(i) |
| ii. Unitemized | 0.00 | 0.00 | 11(a)(ii) |
| iii. Total | 0.00 | 0.00 | 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 | 0.00 | 0.00 | 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 | 0.00 | 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) | 0.00 | 0.00 | 19 |
| 20. Total Federal Receipts (subtract line 18 from line 19) | 0.00 | 0.00 | 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 | 729.80 | 978.63 | 21(b) |
| c. Total Operating Expenditures (add a i, a ii, and b) | 729.80 | 978.63 | 21(c) |
| 22. Transfers to Affiliated/Other Party Committees | 0.00 | 0.00 | 22 |
| 23. Contributions to Federal Candidates/Committees and Other Party Committees | 4,000.00 | 5,000.00 | 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 | 0.00 | 29 |
| 30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) | 4,729.80 | 5,978.63 | 30 |
| 31. Total Federal Disbursements (subtract line 21 a ii from line 30) | 4,729.80 | 5,978.63 | 31 |
| **III. Net Contributions/Operating Expenditures** | | | |
| 32. Total Contributions (other than loans)(from line 11d) | 0.00 | 0.00 | 32 |
| 33. Total Contribution Refunds (from line 28d) | 0.00 | 0.00 | 33 |
| 34. Net Contributions (other than loans)(subtract line 33 from 32) | 0.00 | 0.00 | 34 |
| 35. Total Federal Operating Expenditures (add 21 a i and 21 b) | 729.80 | 978.63 | 35 |
| 36. Offsets to Operating Expenditures (from line 15) | 0.00 | 0.00 | 36 |
| 37. Net Operating Expenditures (subtract line 36 from 35) | 729.80 | 978.63 | 37 |

**SCHEDULE B** **ITEMIZED DISBURSEMENTS**

Other Federal Operating Expenses

Use separate schedule(s) for each category of the Detailed Summary Page (04/01/2000 - 06/30/2000)

PAGE 1 OF 1

FOR LINE NUMBER 21(b)

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 Good Gov't Fund - Federal C00216184

| Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement this Period |
|---|---|---|---|
| A. Ms. C. April Boling, CPA<br>7185 Navajo Road Suite L<br>San Diego, CA 92119 | Accounting<br>Disbursement For: ☐ Primary ☐ General ☐ Other (specify): | 06/08/2000<br>05/08/2000<br>04/19/2000<br>04/19/2000 | 108.00<br>108.00<br>108.00<br>108.00 |
| B. Unitemized other federal operating expenses (less than $200) This Period: 04/01/2000 - 06/30/2000 | Purpose of Disbursement<br>Disbursement For: ☐ Primary ☐ General ☐ Other (specify): | Date (month, day, year) | Amount of Each Disbursement this Period<br>297.80 |
| C. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement<br>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<br>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<br>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<br>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<br>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<br>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<br>Disbursement For: ☐ Primary ☐ General ☐ Other (specify): | Date (month, day, year) | Amount of Each Disbursement this Period |

| | |
|---|---|
| SUBTOTAL of Disbursements This Page (optional) | 729.80 |
| TOTAL This Period (last page this line number only) | 729.80 |

**SCHEDULE B** **ITEMIZED DISBURSEMENTS**
Contribution to Federal Candidates/Committees and Other Party Committees

Use separate schedule(s) for each category of the Detailed Summary Page (01/01/2000 - 06/30/2000)

PAGE 1 OF 1
FOR LINE NUMBER 23

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 Good Gov't Fund - Federal C00216184

| | | | |
|---|---|---|---|
| A. Full Name, Mailing Address and ZIP Code<br>Re-Elect Brian Bilbray for Congress<br>970 Seacoast Drive #7<br>Imperial Beach, CA 91932 | Purpose of Disbursement<br>Brian Bilbray 49th CD<br>Disbursement For: [ ] Primary [X] General [ ] Other (specify): | Date(month, day, year)<br>06/27/2000<br>06/30/2000 | Amount of Each Disbursement this Period<br>3,000.00<br>1,000.00 |
| B. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement<br>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<br>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<br>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<br>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<br>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<br>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<br>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<br>Disbursement For: [ ] Primary [ ] General [ ] Other (specify): | Date(month, day, year) | Amount of Each Disbursement this Period |

| | |
|---|---|
| SUBTOTAL of Disbursements This Page (optional) | 4,000.00 |
| TOTAL This Period (last page this line number only) | 4,000.00 |

**SCHEDULE D**
(Revised 3/80)

# DEBTS AND OBLIGATIONS
## Excluding Loans
Debts Owed By the Committee

Page 1 of 1 for
LINE NUMBER 10
(Use separate schedules for each numbered line)

| Name of Committee (in Full)<br>Anesthesia Service Medical Group Good Gov't Fund - Federal | Outstanding Balance Beginning This Period | Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
|---|---|---|---|---|
| A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor<br>Ms. C. April Boling (reimb)<br>7185 Navajo Road Suite L<br>San Diego, CA 92119 | 30.96 | 0.00 | 30.96 | 0.00 |
| Nature of Debt (Purpose):<br>Reimb - Postage, software | | | | |
| B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor<br>Ms. C. April Boling, CPA<br>7185 Navajo Road Suite L<br>San Diego, CA 92119 | 108.00 | 0.00 | 108.00 | 0.00 |
| Nature of Debt (Purpose):<br>Accounting | | | | |
| C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor | | | | |
| Nature of Debt (Purpose): | | | | |
| D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor | | | | |
| Nature of Debt (Purpose): | | | | |
| E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor | | | | |
| Nature of Debt (Purpose): | | | | |
| F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor | | | | |
| Nature of Debt (Purpose): | | | | |

| | |
|---|---|
| 1) SUBTOTALS This Period This Page (optional) | 0.00 |
| 2) TOTAL This Period (last page this line only) | 0.00 |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | 0.00 |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | 0.00 |

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 (R/C) 8-4-00 |
| ☐ | 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

8-7-00
DATE PREPARED

(6/2000)