

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 California Medical Political Action Committee - Federal

ADDRESS (number and street) 1201 J Street, Suite 375 Sacramento CA 95814 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00003194 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Convention, Special, Runoff (d) 30-Day Post -Election Report for the: General, Runoff, Special Election on 11 07 2006 in the State of CA

5. Covering Period 10 19 2006 through 11 27 2006

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 Thelma Korpman, MD

Signature of Treasurer Electronically Filed by Thelma Korpman, MD Date 12 06 2006

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
California Medical Political Action Committee - Federal

Report Covering the Period: From:

M	M
1	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		122449.41
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	147563.17									
(c) Total Receipts (from Line 19)	41934.44	130619.98								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	189497.61	253069.39								
7. Total Disbursements (from Line 31)	10474.71	74046.49								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	179022.90	179022.90								
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**

Write or Type Committee Name
California Medical Political Action Committee - Federal

Report Covering the Period: From:

M	M
1	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

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	21700.00	53340.69
(i) Itemized (use Schedule A)	13400.00	69746.92
(ii) Unitemized	35100.00	123087.61
(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 33, page 5)	35100.00	123087.61
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	6766.52	6766.52
17. Other Federal Receipts (Dividends, Interest, etc.)	67.92	765.85
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 Transfer (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))	41934.44	130619.98
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	41934.44	130619.98

DETAILED SUMMARY PAGE
of Disbursements

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.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	10474.71	73625.13
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 Committees (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	421.36
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	10474.71	74046.49
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	10474.71	74046.49

DETAILED SUMMARY PAGE
of Disbursements

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	35100.00	123087.61
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	35100.00	123087.61
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 39
	<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	

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)
California Medical Political Action Committee - Federal

Full Name (Last, First, Middle Initial) A. Arthur Auer		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 4 / 2 0 0 6
Mailing Address 3031 W March Lane, Ste 222W		Transaction ID: INC:A:16071
City State Zip Code Stockton CA 95219	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00
Name of Employer Los Angeles County Medical Association	Occupation Med Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Arthur Auer		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 4 / 2 0 0 6
Mailing Address 3031 W March Lane, Ste 222W		Transaction ID: INC:A:16072
City State Zip Code Stockton CA 95219	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer Los Angeles County Medical Association	Occupation Med Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. J Cassidy		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 4 / 2 0 0 6
Mailing Address 3929 South Bristol, Suite 202		Transaction ID: INC:A:16112
City State Zip Code Santa Ana CA 92704	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00
Name of Employer J Cassidy, MD	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1850.00	

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 39
	<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)
California Medical Political Action Committee - Federal

A. Full Name (Last, First, Middle Initial)
J Cassidy

Mailing Address 3929 South Bristol, Suite 202

City State Zip Code
Santa Ana CA 92704

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
J Cassidy, MD PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1850.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 4 / 2 0 0 6

Transaction ID: INC:A:16113

Amount of Each Receipt this Period
950.00

B. Full Name (Last, First, Middle Initial)
Maria Minon

Mailing Address 455 S MAIN ST

City State Zip Code
ORANGE CA 92868

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CHILDREN'S HOSPITAL, ORANGE CTY. PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1600.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 4 / 2 0 0 6

Transaction ID: INC:A:16286

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
Maria Minon

Mailing Address 455 S MAIN ST

City State Zip Code
ORANGE CA 92868

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CHILDREN'S HOSPITAL, ORANGE CTY. PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1600.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 4 / 2 0 0 6

Transaction ID: INC:A:16287

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)	▶	1050.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 39
	<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)
California Medical Political Action Committee - Federal

A. Full Name (Last, First, Middle Initial)
Dennis Rhyne

Mailing Address 24411 HEALTH CENTER DR STE 420

City State Zip Code
LAGUNA HILLS CA 92653

FEC ID number of contributing federal political committee. **C**

Name of Employer
Dennis Rhyne, MD

Occupation
PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 4 / 2 0 0 6

Transaction ID: INC:A:16328

Amount of Each Receipt this Period
750.00

B. Full Name (Last, First, Middle Initial)
Dennis Rhyne

Mailing Address 24411 HEALTH CENTER DR STE 420

City State Zip Code
LAGUNA HILLS CA 92653

FEC ID number of contributing federal political committee. **C**

Name of Employer
Dennis Rhyne, MD

Occupation
PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 4 / 2 0 0 6

Transaction ID: INC:A:16329

Amount of Each Receipt this Period
50.00

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

Mailing Address 12 Erica Ct

City State Zip Code
NOVATO CA 94947

FEC ID number of contributing federal political committee. **C**

Name of Employer
Michael Sexton, MD

Occupation
PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
850.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 4 / 2 0 0 6

Transaction ID: INC:A:16353

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)	▶	850.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
California Medical Political Action Committee - Federal

A. Full Name (Last, First, Middle Initial)
Jay Shankar

Mailing Address 12675 HESPERIA RD

City State Zip Code
VICTORVILLE CA 92395

FEC ID number of contributing federal political committee. **C**

Name of Employer Jay Shankar, MD Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 4 / 2 0 0 6

Transaction ID: INC:A:16354

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Jay Shankar

Mailing Address 12675 HESPERIA RD

City State Zip Code
VICTORVILLE CA 92395

FEC ID number of contributing federal political committee. **C**

Name of Employer Jay Shankar, MD Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 4 / 2 0 0 6

Transaction ID: INC:A:16355

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
James Strebig

Mailing Address 4050 BARRANCA PKWY STE 250

City State Zip Code
IRVINE CA 92604

FEC ID number of contributing federal political committee. **C**

Name of Employer St Joseph Medical Group Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 4 / 2 0 0 6

Transaction ID: INC:A:16381

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)	▶	150.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 39
	<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)
California Medical Political Action Committee - Federal

Full Name (Last, First, Middle Initial) A. Scott Worman		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 4 / 2 0 0 6	
Mailing Address PO BOX 7063		Transaction ID: INC:A:16417	
City State Zip Code RANCHO SANTA FE CA 92067		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Scott Worman, MD Occupation PHYSICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Scott Worman		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 4 / 2 0 0 6	
Mailing Address PO BOX 7063		Transaction ID: INC:A:16416	
City State Zip Code RANCHO SANTA FE CA 92067		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Scott Worman, MD Occupation PHYSICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Patricia Austin		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 1 / 2 0 0 6	
Mailing Address 217 Saint Paul Dr		Transaction ID: INC:A:16073	
City State Zip Code Alamo CA 94507		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Pacific Eye Center Occupation PHYSICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1700.00	

SUBTOTAL of Receipts This Page (optional) ▶	150.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 39
	<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)
California Medical Political Action Committee - Federal

A. Full Name (Last, First, Middle Initial)
Patricia Austin

Mailing Address 217 Saint Paul Dr

City State Zip Code
Alamo CA 94507

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Pacific Eye Center PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1700.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 1 / 2 0 0 6

Transaction ID: INC:A:16074

Amount of Each Receipt this Period
900.00

B. Full Name (Last, First, Middle Initial)
Bonnie Hamilton

Mailing Address 1550 GATEWAY BLVD

City State Zip Code
FAIRFEILD CA 94533

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Kaiser Permanente Medical Off Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 1 / 2 0 0 6

Transaction ID: INC:A:16190

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
Bonnie Hamilton

Mailing Address 1550 GATEWAY BLVD

City State Zip Code
FAIRFEILD CA 94533

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Kaiser Permanente Medical Off Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 1 / 2 0 0 6

Transaction ID: INC:A:16191

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	1200.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 39
	<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)
California Medical Political Action Committee - Federal

Full Name (Last, First, Middle Initial) A. Edward Hess		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 6
Mailing Address 9961 SIERRA AVE		Transaction ID: INC:A:16200
City State Zip Code FONTANA CA 92335	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Edward Hess, MD	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) B. Edward Hess		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 6
Mailing Address 9961 SIERRA AVE		Transaction ID: INC:A:16201
City State Zip Code FONTANA CA 92335	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Edward Hess, MD	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) C. Brian Johnston		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 6
Mailing Address 112 North Madison Ave		Transaction ID: INC:A:16211
City State Zip Code Pasadena CA 91101	Amount of Each Receipt this Period 800.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Brian Johnston, MD	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	

SUBTOTAL of Receipts This Page (optional) ▶	1100.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 39
	<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)
California Medical Political Action Committee - Federal

Full Name (Last, First, Middle Initial) A. Brian Johnston		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 1 / 2 0 0 6
Mailing Address 112 North Madison Ave		Transaction ID: INC:A:16212
City State Zip Code Pasadena CA 91101	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Brian Johnston, MD	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	

Full Name (Last, First, Middle Initial) B. Donald Prolo		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 1 / 2 0 0 6
Mailing Address 203 DI SALVO AVE		Transaction ID: INC:A:16320
City State Zip Code SAN JOSE CA 95128	Amount of Each Receipt this Period 900.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Donald Prolo, MD	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	

Full Name (Last, First, Middle Initial) C. Donald Prolo		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 1 / 2 0 0 6
Mailing Address 203 DI SALVO AVE		Transaction ID: INC:A:16321
City State Zip Code SAN JOSE CA 95128	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Donald Prolo, MD	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	

SUBTOTAL of Receipts This Page (optional) ▶	1000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 39
	<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)
California Medical Political Action Committee - Federal

A. Full Name (Last, First, Middle Initial) Lorene Sponsler Mailing Address 1681 Piper Creek City State Zip Code Beaumont CA 92223 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 1 / 2 0 0 6 Transaction ID: INC:A:16373 Amount of Each Receipt this Period 50.00
Name of Employer Lorene Sponsler, MD Occupation Alliance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

B. Full Name (Last, First, Middle Initial) Lorene Sponsler Mailing Address 1681 Piper Creek City State Zip Code Beaumont CA 92223 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 1 / 2 0 0 6 Transaction ID: INC:A:16374 Amount of Each Receipt this Period 250.00
Name of Employer Lorene Sponsler, MD Occupation Alliance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

C. Full Name (Last, First, Middle Initial) Steven Una Mailing Address 20130 Lake Chabot Rd Ste 307 City State Zip Code Castro Valley CA 94546 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 1 / 2 0 0 6 Transaction ID: INC:A:16395 Amount of Each Receipt this Period 50.00
Name of Employer Steven Una, MD Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 39
	<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)
California Medical Political Action Committee - Federal

Full Name (Last, First, Middle Initial) A. Steven Una		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 6
Mailing Address 20130 Lake Chabot Rd Ste 307		Transaction ID: INC:A:16396
City State Zip Code Castro Valley CA 94546	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Steven Una, MD	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) B. Peter Anderson		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 6
Mailing Address 1610 W Oceanfront		Transaction ID: INC:A:16065
City State Zip Code Newport Beach CA 92663	Amount of Each Receipt this Period 900.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Peter Anderson, Med Corp	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 950.00	

Full Name (Last, First, Middle Initial) C. Peter Anderson		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 6
Mailing Address 1610 W Oceanfront		Transaction ID: INC:A:16066
City State Zip Code Newport Beach CA 92663	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Peter Anderson, Med Corp	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 950.00	

SUBTOTAL of Receipts This Page (optional) ▶	1150.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 39
	<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)
California Medical Political Action Committee - Federal

Full Name (Last, First, Middle Initial) A. Ronald Bangasser		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 2 / 2 0 0 6	
Mailing Address 12724 VALLEY VIEW LN		Transaction ID: INC:A:16076	
City REDLANDS	State CA	Zip Code 92373	Amount of Each Receipt this Period 900.00
FEC ID number of contributing federal political committee. C			
Name of Employer Ronald Bangasser MD	Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00		

Full Name (Last, First, Middle Initial) B. Ronald Bangasser		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 2 / 2 0 0 6	
Mailing Address 12724 VALLEY VIEW LN		Transaction ID: INC:A:16077	
City REDLANDS	State CA	Zip Code 92373	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer Ronald Bangasser MD	Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00		

Full Name (Last, First, Middle Initial) C. Edith Barnes		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 2 / 2 0 0 6	
Mailing Address 1229 PAJARO ST		Transaction ID: INC:A:16078	
City SALINAS	State CA	Zip Code 93901	Amount of Each Receipt this Period 900.00
FEC ID number of contributing federal political committee. C			
Name of Employer Natividad Medical Center	Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1700.00		

SUBTOTAL of Receipts This Page (optional) ▶	1850.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
California Medical Political Action Committee - Federal

Full Name (Last, First, Middle Initial) A. Edith Barnes		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 6
Mailing Address 1229 PAJARO ST		Transaction ID: INC:A:16079
City State Zip Code SALINAS CA 93901	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Natividad Medical Center PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1700.00	

Full Name (Last, First, Middle Initial) B. Ilena Blicker		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 6
Mailing Address 435 ARDEN AVE STE 540		Transaction ID: INC:A:16090
City State Zip Code GLENDALE CA 91203	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Ilena Blicker, MD PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1037.50	

Full Name (Last, First, Middle Initial) C. Ilena Blicker		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 6
Mailing Address 435 ARDEN AVE STE 540		Transaction ID: INC:A:16091
City State Zip Code GLENDALE CA 91203	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Ilena Blicker, MD PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1037.50	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 39
	<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)
California Medical Political Action Committee - Federal

Full Name (Last, First, Middle Initial) A. Richard Butcher		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 2 / 2 0 0 6
Mailing Address 292 EUCLID AVE STE 210		Transaction ID: INC:A:16105
City State Zip Code SAN DIEGO CA 92114	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Richard Butcher, MD	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) B. Richard Butcher		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 2 / 2 0 0 6
Mailing Address 292 EUCLID AVE STE 210		Transaction ID: INC:A:16106
City State Zip Code SAN DIEGO CA 92114	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Richard Butcher, MD	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) C. Amber Chatwin		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 2 / 2 0 0 6
Mailing Address 979 N Gem St		Transaction ID: INC:A:16118
City State Zip Code Tulare CA 93274	Amount of Each Receipt this Period 700.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Orthopaedic Assn Med Clinic	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

SUBTOTAL of Receipts This Page (optional) ▶	950.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
California Medical Political Action Committee - Federal

A. Full Name (Last, First, Middle Initial)
Amber Chatwin

Mailing Address 979 N Gem St

City Tulare State CA Zip Code 93274

FEC ID number of contributing federal political committee. **C**

Name of Employer Orthopaedic Assn Med Clinic Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 1 / 2 2 / 2 0 0 6

Transaction ID: INC:A:16119

Amount of Each Receipt this Period
 50.00

B. Full Name (Last, First, Middle Initial)
Gene Cleaver

Mailing Address 1208B N OLD STAGE RD

City MOUNT SHASTA State CA Zip Code 96067

FEC ID number of contributing federal political committee. **C**

Name of Employer Gene Cleaver, MD Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 1 / 2 2 / 2 0 0 6

Transaction ID: INC:A:16127

Amount of Each Receipt this Period
 50.00

C. Full Name (Last, First, Middle Initial)
Gene Cleaver

Mailing Address 1208B N OLD STAGE RD

City MOUNT SHASTA State CA Zip Code 96067

FEC ID number of contributing federal political committee. **C**

Name of Employer Gene Cleaver, MD Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 1 / 2 2 / 2 0 0 6

Transaction ID: INC:A:16128

Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)	▶	150.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 39
	<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)
California Medical Political Action Committee - Federal

A. Full Name (Last, First, Middle Initial)
Stephen Follansbee

Mailing Address 2238 GEARY BLVD

City State Zip Code
SAN FRANCISCO CA 94115

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
KAISER SAN FRANCISCO PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 2 / 2 0 0 6

Transaction ID: INC:A:16156

Amount of Each Receipt this Period
50.00

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

Mailing Address 2238 GEARY BLVD

City State Zip Code
SAN FRANCISCO CA 94115

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
KAISER SAN FRANCISCO PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 2 / 2 0 0 6

Transaction ID: INC:A:16157

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
Appannagari Gnanadev

Mailing Address 400 N PEPPER AVE FL 6

City State Zip Code
COLTON CA 92324

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Arrowhead Community Surgical Medical G PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 2 / 2 0 0 6

Transaction ID: INC:A:16171

Amount of Each Receipt this Period
700.00

SUBTOTAL of Receipts This Page (optional)	▶	950.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 39
	<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)
California Medical Political Action Committee - Federal

A. Full Name (Last, First, Middle Initial)
Appannagari Gnanadev

Mailing Address 400 N PEPPER AVE FL 6

City State Zip Code
COLTON CA 92324

FEC ID number of contributing federal political committee. **C**

Name of Employer
Arrowhead Community Surgical Medical G

Occupation
PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 2 / 2 0 0 6

Transaction ID: INC:A:16172

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
John Hipskind

Mailing Address 400 W MINERAL KING AVE

City State Zip Code
VISALIA CA 93291

FEC ID number of contributing federal political committee. **C**

Name of Employer
KAWEAH DELTA DISTRICT HOSPITAL

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 2 / 2 0 0 6

Transaction ID: INC:A:16203

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
John Hipskind

Mailing Address 400 W MINERAL KING AVE

City State Zip Code
VISALIA CA 93291

FEC ID number of contributing federal political committee. **C**

Name of Employer
KAWEAH DELTA DISTRICT HOSPITAL

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 2 / 2 0 0 6

Transaction ID: INC:A:16204

Amount of Each Receipt this Period
200.00

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
California Medical Political Action Committee - Federal

A. Full Name (Last, First, Middle Initial)
Richard Jones

Mailing Address 4925 J ST

City SACRAMENTO State CA Zip Code 95819

FEC ID number of contributing federal political committee. **C**

Name of Employer Eye Site Sacramento Med Grp Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 2 2 / 2 0 0 6

Transaction ID: INC:A:16214

Amount of Each Receipt this Period
 700.00

B. Full Name (Last, First, Middle Initial)
Richard Jones

Mailing Address 4925 J ST

City SACRAMENTO State CA Zip Code 95819

FEC ID number of contributing federal political committee. **C**

Name of Employer Eye Site Sacramento Med Grp Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 2 2 / 2 0 0 6

Transaction ID: INC:A:16215

Amount of Each Receipt this Period
 50.00

C. Full Name (Last, First, Middle Initial)
Lawrence Kneisley

Mailing Address 23560 MADISON ST STE 205

City TORRANCE State CA Zip Code 90505

FEC ID number of contributing federal political committee. **C**

Name of Employer Lawrence Kneisley, MD Inc Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 950.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 2 2 / 2 0 0 6

Transaction ID: INC:A:16227

Amount of Each Receipt this Period
 850.00

SUBTOTAL of Receipts This Page (optional)	▶	1600.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 39
	<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)
California Medical Political Action Committee - Federal

Full Name (Last, First, Middle Initial) A. Lawrence Kneisley		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 6	
Mailing Address 23560 MADISON ST STE 205		Transaction ID: INC:A:16228	
City State Zip Code TORRANCE CA 90505	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Lawrence Kneisley, MD Inc	Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 950.00		

Full Name (Last, First, Middle Initial) B. Elliot Lepler		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 6	
Mailing Address 877 W. Fremont Ave. Suite N		Transaction ID: INC:A:16239	
City State Zip Code SUNNYVALE CA 94087	Amount of Each Receipt this Period 900.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Camino Medical Group	Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1700.00		

Full Name (Last, First, Middle Initial) C. Elliot Lepler		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 6	
Mailing Address 877 W. Fremont Ave. Suite N		Transaction ID: INC:A:16240	
City State Zip Code SUNNYVALE CA 94087	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Camino Medical Group	Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1700.00		

SUBTOTAL of Receipts This Page (optional) ▶	1000.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 39
	<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)
California Medical Political Action Committee - Federal

Full Name (Last, First, Middle Initial) A. John Longwell		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 6
Mailing Address 7340 VIEWPOINT RD		Transaction ID: INC:A:16248
City State Zip Code Aptos CA 95003	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer John Longwell, MD	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. John Longwell		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 6
Mailing Address 7340 VIEWPOINT RD		Transaction ID: INC:A:16249
City State Zip Code Aptos CA 95003	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		
Name of Employer John Longwell, MD	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Dexter Louie		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 6
Mailing Address 929 CLAY ST STE 501		Transaction ID: INC:A:16251
City State Zip Code SAN FRANCISCO CA 94108	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Dexter Louie, MD	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 39
	<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)
California Medical Political Action Committee - Federal

Full Name (Last, First, Middle Initial) A. Dexter Louie		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 6
Mailing Address 929 CLAY ST STE 501		Transaction ID: INC:A:16252
City State Zip Code SAN FRANCISCO CA 94108	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Dexter Louie, MD	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Arthur Lurvey		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 6
Mailing Address 11220 HOMEDALE ST		Transaction ID: INC:A:16256
City State Zip Code LOS ANGELES CA 90049	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Arthur N. Lurvey, MD, Inc.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) C. Arthur Lurvey		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 6
Mailing Address 11220 HOMEDALE ST		Transaction ID: INC:A:16257
City State Zip Code LOS ANGELES CA 90049	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Arthur N. Lurvey, MD, Inc.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 39
	<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)
California Medical Political Action Committee - Federal

A. Full Name (Last, First, Middle Initial)
John Mace

Mailing Address 20 W SOUTH AVE

City REDLANDS State CA Zip Code 92373

FEC ID number of contributing federal political committee. **C**

Name of Employer
Dept PED CP A1109

Occupation
PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 2 / 2 0 0 6

Transaction ID: INC:A:16260

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
John Mace

Mailing Address 20 W SOUTH AVE

City REDLANDS State CA Zip Code 92373

FEC ID number of contributing federal political committee. **C**

Name of Employer
Dept PED CP A1109

Occupation
PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 2 / 2 0 0 6

Transaction ID: INC:A:16261

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
Robert Margolin

Mailing Address 2340 Clay St 6th Fl

City SAN FRANCISCO State CA Zip Code 94115

FEC ID number of contributing federal political committee. **C**

Name of Employer
Rabin Davis Margolim & Mi-lligan

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 2 / 2 0 0 6

Transaction ID: INC:A:16265

Amount of Each Receipt this Period
50.00

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 39
	<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)
California Medical Political Action Committee - Federal

A. Full Name (Last, First, Middle Initial)
Robert Margolin

Mailing Address 2340 Clay St 6th Fl

City State Zip Code
SAN FRANCISCO CA 94115

FEC ID number of contributing federal political committee. **C**

Name of Employer
Rabin Davis Margolim & Milligan

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 2 / 2 0 0 6

Transaction ID: INC:A:16266

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Eleanor Martinez

Mailing Address 2504 Samaritan Dr ste 820

City State Zip Code
San Jose CA 95124

FEC ID number of contributing federal political committee. **C**

Name of Employer
Eleanor Martinez, MD

Occupation
PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 2 / 2 0 0 6

Transaction ID: INC:A:16268

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
Eleanor Martinez

Mailing Address 2504 Samaritan Dr ste 820

City State Zip Code
San Jose CA 95124

FEC ID number of contributing federal political committee. **C**

Name of Employer
Eleanor Martínez, MD

Occupation
PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 2 / 2 0 0 6

Transaction ID: INC:A:16269

Amount of Each Receipt this Period
200.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 39
	<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)
California Medical Political Action Committee - Federal

A. Full Name (Last, First, Middle Initial)
Joseph Mason

Mailing Address 499 S 14th St

City State Zip Code
San Jose CA 95112

FEC ID number of contributing federal political committee. **C**

Name of Employer Joseph Mason, MD Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
11 / 22 / 2006

Transaction ID: INC:A:16270

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Joseph Mason

Mailing Address 499 S 14th St

City State Zip Code
San Jose CA 95112

FEC ID number of contributing federal political committee. **C**

Name of Employer Joseph Mason, MD Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
11 / 22 / 2006

Transaction ID: INC:A:16271

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
Theodore Mazer

Mailing Address 6699 ALVARADO RD STE 2209

City State Zip Code
SAN DIEGO CA 92120

FEC ID number of contributing federal political committee. **C**

Name of Employer Theodore Mazer, MD Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
11 / 22 / 2006

Transaction ID: INC:A:16272

Amount of Each Receipt this Period
50.00

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 39
	<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)
California Medical Political Action Committee - Federal

Full Name (Last, First, Middle Initial) A. Theodore Mazer		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 6
Mailing Address 6699 ALVARADO RD STE 2209		Transaction ID: INC:A:16273
City State Zip Code SAN DIEGO CA 92120	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Theodore Mazer, MD	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Maria Minon		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 6
Mailing Address 455 S MAIN ST		Transaction ID: INC:A:16284
City State Zip Code ORANGE CA 92868	Amount of Each Receipt this Period 800.00	
FEC ID number of contributing federal political committee. C		
Name of Employer CHILDREN'S HOSPITAL, ORANGE CTY.	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1600.00	

Full Name (Last, First, Middle Initial) C. Maria Minon		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 6
Mailing Address 455 S MAIN ST		Transaction ID: INC:A:16285
City State Zip Code ORANGE CA 92868	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer CHILDREN'S HOSPITAL, ORANGE CTY.	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1600.00	

SUBTOTAL of Receipts This Page (optional) ▶	1050.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 30 / 39						
	(check only one)							
	<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

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NAME OF COMMITTEE (In Full)
California Medical Political Action Committee - Federal

Full Name (Last, First, Middle Initial) A. Martina Nicholson		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 6	
Mailing Address 1661 Soquel Dr Ste A		Transaction ID: INC:A:16299	
City State Zip Code Santa Cruz CA 95065	Amount of Each Receipt this Period 750.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Harbor Med Grp	Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00		

Full Name (Last, First, Middle Initial) B. Martina Nicholson		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 6	
Mailing Address 1661 Soquel Dr Ste A		Transaction ID: INC:A:16300	
City State Zip Code Santa Cruz CA 95065	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Harbor Med Grp	Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00		

Full Name (Last, First, Middle Initial) C. George Paz		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 6	
Mailing Address 3700 Vaca Valley Pkwy		Transaction ID: INC:A:16314	
City State Zip Code Vacaville CA 95688	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer George Paz, MD	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

SUBTOTAL of Receipts This Page (optional) ▶	850.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 39
	<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)
California Medical Political Action Committee - Federal

A. Full Name (Last, First, Middle Initial)
George Paz

Mailing Address 3700 Vaca Valley Pkwy

City State Zip Code
Vacaville CA 95688

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
George Paz, MD Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 2 / 2 0 0 6

Transaction ID: INC:A:16315

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Albert Ray

Mailing Address 6127 SEACREST VIEW RD

City State Zip Code
SAN DIEGO CA 92121

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Albert Ray, MD PHYSICIAN

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 2 / 2 0 0 6

Transaction ID: INC:A:16325

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
Albert Ray

Mailing Address 6127 SEACREST VIEW RD

City State Zip Code
SAN DIEGO CA 92121

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Albert Ray, MD PHYSICIAN

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 2 / 2 0 0 6

Transaction ID: INC:A:16326

Amount of Each Receipt this Period
200.00

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 39
	<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)
California Medical Political Action Committee - Federal

Full Name (Last, First, Middle Initial) A. Gerald Schiff		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 2 / 2 0 0 6	
Mailing Address 23451 Madison St Ste 340		Transaction ID: INC:A:16345	
City State Zip Code Torrance CA 90505	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Gerald Schiff,MD	Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.65		

Full Name (Last, First, Middle Initial) B. Gerald Schiff		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 2 / 2 0 0 6	
Mailing Address 23451 Madison St Ste 340		Transaction ID: INC:A:16346	
City State Zip Code Torrance CA 90505	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Gerald Schiff,MD	Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.65		

Full Name (Last, First, Middle Initial) C. James Scillian		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 2 / 2 0 0 6	
Mailing Address 7373 WEST LN		Transaction ID: INC:A:16348	
City State Zip Code STOCKTON CA 95210	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer KAISER PERMANENTE	Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
California Medical Political Action Committee - Federal

A. Full Name (Last, First, Middle Initial)
James Scillian

Mailing Address 7373 WEST LN

City State Zip Code
STOCKTON CA 95210

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
KAISER PERMANENTE PHYSICIAN

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 2 / 2 0 0 6

Transaction ID: INC:A:16349

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Marvin Singleton

Mailing Address 1637 West Swain Road

City State Zip Code
Stockton CA 95207

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Marvin Singleton, MD Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 2 / 2 0 0 6

Transaction ID: INC:A:16360

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
Marvin Singleton

Mailing Address 1637 West Swain Road

City State Zip Code
Stockton CA 95207

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Marvin Singleton, MD Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 2 / 2 0 0 6

Transaction ID: INC:A:16361

Amount of Each Receipt this Period
200.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 39
	<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)
California Medical Political Action Committee - Federal

A. Full Name (Last, First, Middle Initial)
Lytton Smith

Mailing Address 4900 Prospect Ave #170

City State Zip Code
Yorba Linda CA 92886

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Ocma Board Of Directors Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1750.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 2 / 2 0 0 6

Transaction ID: INC:A:16365

Amount of Each Receipt this Period
900.00

B. Full Name (Last, First, Middle Initial)
Lytton Smith

Mailing Address 4900 Prospect Ave #170

City State Zip Code
Yorba Linda CA 92886

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Ocma Board Of Directors Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1750.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 2 / 2 0 0 6

Transaction ID: INC:A:16366

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
Susan Sprau

Mailing Address 2021 Santa Monica Blvd Ste 335E

City State Zip Code
Santa Monica CA 90404

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Susan Sprau, MD PHYSICIAN

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 2 / 2 0 0 6

Transaction ID: INC:A:16375

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 39
	<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)
California Medical Political Action Committee - Federal

Full Name (Last, First, Middle Initial) A. Susan Sprau		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 2 / 2 0 0 6	
Mailing Address 2021 Santa Monica Blvd Ste 335E		Transaction ID: INC:A:16376	
City State Zip Code Santa Monica CA 90404		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Susan Sprau, MD PHYSICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. James Strebig		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 2 / 2 0 0 6	
Mailing Address 4050 BARRANCA PKWY STE 250		Transaction ID: INC:A:16380	
City State Zip Code IRVINE CA 92604		Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation St Joseph Medical Group PHYSICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) C. H Vincent		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 2 / 2 0 0 6	
Mailing Address 10 MIDHILL DR		Transaction ID: INC:A:16397	
City State Zip Code MILL VALLEY CA 94941		Amount of Each Receipt this Period 700.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation H Vincent, MD PHYSICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00	

SUBTOTAL of Receipts This Page (optional) ▶	1050.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 39
	<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)
California Medical Political Action Committee - Federal

Full Name (Last, First, Middle Initial) A. H Vincent		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 6	
Mailing Address 10 MIDHILL DR		Transaction ID: INC:A:16398	
City State Zip Code MILL VALLEY CA 94941	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer H Vincent, MD	Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		

Full Name (Last, First, Middle Initial) B. Robert Wailes		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 6	
Mailing Address 320 SANTA FE DR STE 309		Transaction ID: INC:A:16400	
City State Zip Code ENCINITAS CA 92024	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Robert E Wailes MD	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. Robert Wailes		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 6	
Mailing Address 320 SANTA FE DR STE 309		Transaction ID: INC:A:16401	
City State Zip Code ENCINITAS CA 92024	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Robert E Wailes MD	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	300.00
TOTAL This Period (last page this line number only) ▶	21700.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 37 / 39
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15
		<input checked="" type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
California Medical Political Action Committee - Federal

A. Full Name (Last, First, Middle Initial)
American Medical PAC

Mailing Address 1101 Vermont Avenue, NW

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00000422

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
6766.52

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	0	6

Transaction ID: EXP:A:16424

Amount of Each Receipt this Period
6766.52

Void check issued 9/12/20-06

SUBTOTAL of Receipts This Page (optional)	▶	6766.52
TOTAL This Period (last page this line number only)	▶	6766.52

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 38 / 39	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
California Medical Political Action Committee - Federal

A. Full Name (Last, First, Middle Initial)
UBOC

Mailing Address 700 L Street

City State Zip Code
Sacramento CA 95814

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
239.61

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 3 1 / 2 0 0 6

Transaction ID: INC:A:16422

Amount of Each Receipt this Period
67.92

Interest Income

SUBTOTAL of Receipts This Page (optional)	▶	67.92
TOTAL This Period (last page this line number only)	▶	67.92

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 checked="" 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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
California Medical Political Action Committee - Federal

Full Name (Last, First, Middle Initial) A. American Medical PAC		Transaction ID: EXP.B.16426 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6
Mailing Address 1101 Vermont Avenue, NW		Amount of Each Disbursement this Period 6766.52
City Washington State DC Zip Code 20005	Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. American Medical PAC		Transaction ID: EXP.B.16427 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6
Mailing Address 1101 Vermont Avenue, NW		Amount of Each Disbursement this Period 3708.19
City Washington State DC Zip Code 20005	Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	▶	10474.71
TOTAL This Period (last page this line number only)	▶	10474.71