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Image# 13964042052

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other T	han An Authorized Com	mittee		Office Use Only
NAME OF TYPE OR PR COMMITTEE (in full)	INT ▼ Example: I over the lir	typing, type es.	12FE4M5	
INTEGRATED CARE DELIVER	/ FEDERAL PAC			
ADDRESS (number and street)	HIRE BLVD., STE. 1050-B			
Check if different than previously reported. (ACC)	LES		CA	90010-3090
2. FEC IDENTIFICATION NUMBER ▼	CITY 🛦	S	STATE 🛦	ZIP CODE ▲
C C00472571	3. IS THIS REPORT X	NEW (N) OR	AM (A)	ENDED
4. TYPE OF REPORT (Choose One) (b) Month Report Due C	1 02 20 (2)	May 20 (M5) Jun 20 (M6)	-	20 (M8) Nov 20 (M11) (Non-Election Year Only) 20 (M9) Dec 20 (M12) (Non-Election Year Only)
July 15 Quarterly Report (Q2)	Apr 20 (M4) 2-Day Primary RE -Election eport for the: Conver	Jul 20 (M7) (12P) tion (12C)	Oct 2 General (20 (M10) Jan 31 (YE) 12G) Runoff (12R)
October 15 Quarterly Report (Q3) January 31 Year-End Report (YE)	Election on	/ D D /	Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY) (d) 3 P	O-Day OST-Election General eport for the:	(30G)	Runoff (3	0R) Special (30S)
Termination Report (TER)	Election on	/ D D /	Y	in the State of
5. Covering Period 01 01	2013 thro	ugh 06	/ 30 /	2013
I certify that I have examined this Report and Type or Print Name of Treasurer DAVID GO		and belief it is true	e, correct and	complete.
Signature of Treasurer DAVID GOULD	[Electro	nically Filed] Da	ate 07	/ 12 / Y Y Y Y Y Y Y 2013
NOTE: Submission of false, erroneous, or incom	plete information may subject th	e person signing thi	s Report to th	e penalties of 2 U.S.C. §437g.
Office Use Only				FEC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

INTEGRATED CARE DELIVERY FEDERAL PAC 01 2013 06 30 2013 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 279.30 January 1, 2013 (b) Cash on Hand at 279.30 Beginning of Reporting Period..... 1000.00 1000.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 1279.30 1279.30 6(a) and 6(c) for Column B)..... 1253.00 1253.00 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 26.30 26.30 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 850.00 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

INTEGRATED CARE DELIVERY FEDERAL PAC

R	eport Covering the Period: From: 01	01 2013 To:	06 30 2013		
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
11.	Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees				
	(i) Itemized (use Schedule A)	1000.00	1000.00		
	(ii) Unitemized(iii) TOTAL (add	, 0.00	0.00		
	Lines 11(a)(i) and (ii)▶	1000.00	1000.00		
	(b) Political Party Committees	0.00	0.00		
	(such as PACs)(d) Total Contributions (add Lines	0.00	0.00		
10	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	1000.00	1000.00		
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00		
13.	All Loans Received	0.00	0.00		
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00		
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00		
	to Federal Candidates and Other Political Committees	0.00	0.00		
	Other Federal Receipts (Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds	0.00	0.00		
10.	(a) Non-Federal Account (from Schedule H3)	0.00	0.00		
	(b) Levin Funds (from Schedule H5)	0.00	0.00		
	(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00		
19.	Total Receipts (add Lines 11(d),				
	12, 13, 14, 15, 16, 17, and 18(c))▶	1000.00	1000.00		
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	1000.00	1000.00		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)	10101 01100	Calcinal Teal-to-Date
(i) Federal Share	0.00	0.00
···	0.00	0.00
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00
Expenditures	253.00	253.00
(c) Total Operating Expenditures	050.00	050.00
(add 21(a)(i), (a)(ii), and (b))▶ 2. Transfers to Affiliated/Other Party	253.00	253.00
Committees	0.00	0.00
Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00
. Independent Expenditures	0.00	0.00
(use Schedule E)	0.00	0.00
(2 U.S.C. §441a(d)) ' (use Schedule F)	0.00	0.00
. Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
(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	0.00	0.00
(add Lines 28(a), (b), and (c))▶	0.00	0.00
9. Other Disbursements	1000.00	1000.00
. Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) ▶	0.00	0.00
. Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	1253.00	1253.00
. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	1253.00	1253.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Ex- penditures		
3. Total Contributions (other than loans) (from Line 11(d), page 3)	1000.00	1000.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1000.00	1000.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	253.00	253.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
Net Operating Expenditures (subtract Line 37 from Line 36)	253.00	253.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:				PAGE	6	OF		9		
(check only one)										
	X	11a		11b		11c	12			
		13		14		15	16	;		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.

	3		
\rangle	NAME OF COMMITTEE (In Full) INTEGRATED CARE DELIVER	Y FEDERAL PAC	
Α.	Full Name (Last, First, Middle Initial) John Coleman Mailing Address 241 Loring Ave. City Los Angeles FEC ID number of contributing federal political committee. Name of Employer None Receipt For: 2013 Primary General Other (specify) Calendar Year	State Zip Code CA 90024 C Occupation Retired Aggregate Year-to-Date ▼ 1000.00	Date of Receipt M M / 08 2013 Transaction ID: 11Al-11 Amount of Each Receipt this Period 1000.00
В.	Full Name (Last, First, Middle Initial) Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) Other (specify)	State Zip Code C Occupation Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Y Amount of Each Receipt this Period
C.	Full Name (Last, First, Middle Initial) Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State Zip Code C Occupation Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Amount of Each Receipt this Period
	SUBTOTAL of Receipts This Page (optional)	<u>`</u>	1000.00
- 1	OTAL This Period (last page this line number of	л пу ,	

S 17

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 7 O)F 9
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	_	LINE NUMBER: PAGE 7 OF 9 c only one)				
II LIWILZED DISBURSEMENTS	for each category of the	22 23 24 25 26					
	Detailed Summary Page	27	28a	28b	28c	29	30b
Any information copied from such Reports and Staten	nents may not be sold or us	ed by any perso	on for the puri	oose of s	olicitina	ontribu	tions
or for commercial purposes, other than using the nam							
NAME OF COMMITTEE (In Full)							
$ \; angle$ INTEGRATED CARE DELIVERY F	EDERAL PAC						
/							
Full Name (Last, First, Middle Initial)			Data of Di		4		
A. David L. Gould Company			Date of Disbursement				
Mailing Address 3700 Wilshire Blvd., Ste.1050-B			06	28		y	Y
Training training of the Wilding Biva., etc. 1000 B			0,0			10.10	
City	State Zip Code		Transacti	an ID - 2	4B 2E		
Los Angeles	CA 90010		Transacti	ON ID : 2	1B-25		
Purpose of Disbursement PAC Management/Political Reporoting Services		204					
Candidate Name		001	Amount of	Each Dis	sburseme	nt this i	Period
Candidate Name		Category/				250	.00
Office Sought: House Disbursen	eent For:	Туре		7	7		
	Primary General						
President	Other (specify)						
State: District:	, , , , ,						
Full Name (Last, First, Middle Initial)							
B.			Date of Dis	sburseme	nt		
			M = M /	D D	/ Y	YY	Υ
Mailing Address					L.		
City	7:- O-d-						
City	State Zip Code						
Purpose of Disbursement							
		' '	Amount of	Each Dis	burseme	nt this F	Period
Candidate Name		Category/	ry/				
		Type		,			
Office Sought: House Disbursen	nent For:						
	Primary General						
	Other (specify) ▼						
Full Name (Last, First, Middle Initial) C.			Date of Dis	shurseme	nt		
.			M M /	D D		Y	V
Mailing Address			IVI — IVI — /	D - D	, , , , -		'
City	State Zip Code						
Purpose of Disbursement							
Fulpose of Disbulsement			E . D:				
Candidate Name			Amount of	Each Dis	sbursemer	it this i	Period
		Category/ Type	' '				
Office Sought: House Disburser	nent For:	71: -		1	,		
Senate	Primary General						
President	Other (specify) ▼						
State: District:							
						050	00
SUBTOTAL of Disbursements This Page (optional)		·····•		7		250	.00
TOTAL TIE D : 1 (1						250	.00
TOTAL This Period (last page this line number only)		•••••••		7	-	200	.50

SCHEDULE B (FEC Form 3X)		FOD / 1115	NUMBER: PAGE 8 OF 9			
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(s) (check only one)				
II LIWIIZED DISBUNSEIVIEN IS	for each category of the Detailed Summary Page	21b	22 23 24 25 26			
	Detailed Suffiffacy Page	27	28a 28b 28c X 29 30l			
Any information copied from such Reports and Statem						
or for commercial purposes, other than using the name	ne and address of any political	al committee to	solicit contributions from such committee.			
NAME OF COMMITTEE (In Full)						
	EDERAL PAC					
/ Full Name (Last, First, Middle Initial)						
A. Dr. Raul Ruiz For Congress 2014			Date of Disbursement			
Mailing Address 72925 Fred Waring Dr. Suite 201			04 16 2013			
City	State Zip Code					
Palm Desert	State Zip Code CA 92260		Transaction ID: 29-23			
Purpose of Disbursement	02200					
Donation		012	Amount of Each Disbursement this Period			
Candidate Name		Category/	1000.00			
Raul Ruiz		Type	1000.00			
Office Sought: House Disbursen						
	Primary General Other (specify) ▼					
State: District:	Curior (opcomy)					
Full Name (Last, First, Middle Initial)						
В.			Date of Disbursement			
			M = M / D = D / Y = Y = Y			
Mailing Address	Mailing Address					
City						
Ony	State Zip Code					
Purpose of Disbursement			-			
			Amount of Each Disbursement this Period			
Candidate Name	Category/					
Office Sought: House Disbursen	nent For:	Туре				
	Primary General					
	Other (specify) ▼					
State: District:	·					
Full Name (Last, First, Middle Initial)						
C.			Date of Disbursement			
Mailing Address			M = M / D = D / Y = Y = Y			
Mailing Address						
City	State Zip Code					
Dumage of Dishamond						
Purpose of Disbursement						
Candidate Name	البييا	Amount of Each Disbursement this Period				
ouridate Hamo		Category/ Type				
Office Sought: House Disbursen	nent For:	. 7 6 -				
Senate	Primary General					
	Other (specify) ▼					
State: District:						
			1000.00			
SUBTOTAL of Disbursements This Page (optional)		·····•	1000.00			
TOTAL This Period (last page this line number only)			1000.00			
ino i onod (last page tills lille Hullibel Ullly)						

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

PAGE

	9
X	10

OF

NAME OF COMMITTEE (In Full) INTEGRATED CARE DELIVERY FEDERAL PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): PAC Management/Political Reporting Services David L. Gould Company Mailing Address 3700 Wilshire Blvd., Ste.1050-B State Zip Code Los Angeles 90010 Transaction ID: D10-13-V Outstanding Balance Beginning This Period 600.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 250.00 850.00 500.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code Outstanding Balance Beginning This Period Payment This Period Amount Incurred This Period Outstanding Balance at Close of This Period 850.00 1) SUBTOTALS This Period This Page (optional)..... 850.00 2) TOTALS This Period (last page this line number only)..... 0.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 850.00

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)