

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

CA ASSOCIATION OF PHYSICIAN GROUPS FEDERAL POLITICAL ACTION COMMITTEE (CAPG FEDERAL PAC)

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="33648.98"/>	<input type="text" value="33648.98"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="7577.00"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="40126.52"/>	<input type="text" value="45028.84"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="47703.52"/>	<input type="text" value="78677.82"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1438.02"/>	<input type="text" value="32412.32"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="46265.50"/>	<input type="text" value="46265.50"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="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

CA ASSOCIATION OF PHYSICIAN GROUPS FEDERAL POLITICAL ACTION COMMITTEE (CAPG FEDERAL PAC)

Report Covering the Period: From: / / To: / /

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).....	39500.00	44200.00
(ii) Unitemized	626.52	826.52
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	40126.52	45026.52
(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)	40126.52	45026.52
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	2.32
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	40126.52	45028.84
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	40126.52	45028.84

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	1438.02	1812.32
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1438.02	1812.32
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	30600.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1438.02	32412.32
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1438.02	32412.32

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	40126.52	45026.52
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	40126.52	45026.52
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1438.02	1812.32
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1438.02	1812.32

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 31
<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)
CA ASSOCIATION OF PHYSICIAN GROUPS FEDERAL POLITICAL ACTION COMMITTEE (CAPG FEDERAL PAC)

A. Dr. Hasmukh Amin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9508 Stockdale Hwy
 Suite 150
 City Bakersfield State CA Zip Code 93311
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Riverwalk Pediatric Clinic Inc Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **09 / 09 / 2014**
Transaction ID : SA11AI.5697
 Amount of Each Receipt this Period **1000.00**

B. Stan Arnold MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 11301 Dannen Drive
 City Santa Ana State CA Zip Code 92705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Edinger Medical Group Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **08 / 25 / 2014**
Transaction ID : SA11AI.5785
 Amount of Each Receipt this Period **500.00**

C. Nancy Boerner
 Full Name (Last, First, Middle Initial)
 Mailing Address 7 Technology Drive
 City Irvine State CA Zip Code 92618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Monarch Healthcare Occupation Senior Medical Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **08 / 13 / 2014**
Transaction ID : SA11AI.5784
 Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional)..... **2000.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 31
	<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)
CA ASSOCIATION OF PHYSICIAN GROUPS FEDERAL POLITICAL ACTION COMMITTEE (CAPG FEDERAL PAC)

Full Name (Last, First, Middle Initial) A. Matthew Boone MD		Date of Receipt MM / DD / YYYY 08 / 29 / 2014 Transaction ID : SA11AI.5783
Mailing Address 468 Abbie Way		Amount of Each Receipt this Period 500.00
City Costa Mesa	State CA	Zip Code 92627
FEC ID number of contributing federal political committee. C		
Name of Employer Edinger Medical Group	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Valery Brouwer MD		Date of Receipt MM / DD / YYYY 08 / 25 / 2014 Transaction ID : SA11AI.5782
Mailing Address 28361 Silverton Dr.		Amount of Each Receipt this Period 500.00
City Laguna Niguel	State CA	Zip Code 92677
FEC ID number of contributing federal political committee. C		
Name of Employer Edinger Medical Group	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Javier Bustamante MD		Date of Receipt MM / DD / YYYY 09 / 23 / 2014 Transaction ID : SA11AI.5779
Mailing Address 2400 Nantes Way		Amount of Each Receipt this Period 1000.00
City Bakersfield	State CA	Zip Code 93311
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Pediatrician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
CA ASSOCIATION OF PHYSICIAN GROUPS FEDERAL POLITICAL ACTION COMMITTEE (CAPG FEDERAL PAC)

A. Shelley Chacon MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5952 Littlefield Dr
 City Huntington Beach State CA Zip Code 92648
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Edinger Medical Group Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **08 / 25 / 2014**
Transaction ID : SA11AI.5777
 Amount of Each Receipt this Period **500.00**

B. Ratul Chatterjee
 Full Name (Last, First, Middle Initial)
 Mailing Address 19582 Beach Blvd Suite 102
 City Huntington Beach State CA Zip Code 92648
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Greater Newport Physicians Occupation Physician Internal Medicine
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **08 / 06 / 2014**
Transaction ID : SA11AI.5776
 Amount of Each Receipt this Period **500.00**

C. Raymond Chicoine
 Full Name (Last, First, Middle Initial)
 Mailing Address 13 Amato
 City Mission Viejo State CA Zip Code 92692
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Monarch Healthcare Occupation Chief Operating Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **08 / 06 / 2014**
Transaction ID : SA11AI.5775
 Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional)..... **2000.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 31
<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)
CA ASSOCIATION OF PHYSICIAN GROUPS FEDERAL POLITICAL ACTION COMMITTEE (CAPG FEDERAL PAC)

A. Karen Don MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9900 Talbert Ave #302
 City Fountain Valley State CA Zip Code 92708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Edinger Medical Group Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **08 / 25 / 2014**
Transaction ID : SA11AI.5772
 Amount of Each Receipt this Period **500.00**

B. Dr. David Dougherty MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1200 Camino Del Oeste
 City Bakersfield State CA Zip Code 93309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bakersfield Internal Medicine Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **09 / 09 / 2014**
Transaction ID : SA11AI.5771
 Amount of Each Receipt this Period **1000.00**

C. Ms. Linda Ealy
 Full Name (Last, First, Middle Initial)
 Mailing Address 23202 Dune Mear Rd
 City Lake Forest State CA Zip Code 92630
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Edinger Medical Group Occupation Front Office Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **08 / 25 / 2014**
Transaction ID : SA11AI.5769
 Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional)..... **2000.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 31
<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)
CA ASSOCIATION OF PHYSICIAN GROUPS FEDERAL POLITICAL ACTION COMMITTEE (CAPG FEDERAL PAC)

Full Name (Last, First, Middle Initial) A. Richard Fish		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td>/</td> <td>10</td> <td>/</td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09	/	10	/	2014
M M M	/	D D D	/	Y Y Y Y Y Y								
09	/	10	/	2014								
Mailing Address 153 Townsend St.		Transaction ID : SA11AI.5768										
City San Francisco	State CA	Zip Code 94107										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00											
Name of Employer Brown & Toland Medical Group	Occupation CEO											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00											

Full Name (Last, First, Middle Initial) B. Tamara Fogarty MD		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td>/</td> <td>25</td> <td>/</td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	08	/	25	/	2014
M M M	/	D D D	/	Y Y Y Y Y Y								
08	/	25	/	2014								
Mailing Address 24782 Red Lodge Pl		Transaction ID : SA11AI.5767										
City Laguna Hills	State CA	Zip Code 92653										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00											
Name of Employer Edinger Medical Group	Occupation Physician											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00											

Full Name (Last, First, Middle Initial) C. Donna Frisch		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td>/</td> <td>05</td> <td>/</td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09	/	05	/	2014
M M M	/	D D D	/	Y Y Y Y Y Y								
09	/	05	/	2014								
Mailing Address 10932 Ivy Lane		Transaction ID : SA11AI.5766										
City Orange	State CA	Zip Code 92869										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00											
Name of Employer Marathon Medical Group	Occupation Physician											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00											

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 31
	<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)
CA ASSOCIATION OF PHYSICIAN GROUPS FEDERAL POLITICAL ACTION COMMITTEE (CAPG FEDERAL PAC)

Full Name (Last, First, Middle Initial) A. Dr. Richard Gerber MD		Date of Receipt
Mailing Address 2250 Hayes Street		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2014"/>
City	State	Zip Code
San Francisco	CA	94117
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.5764
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
Name of Employer	Occupation	
Self	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Catou Greenberg MD		Date of Receipt
Mailing Address 462 Westminster Ave		<input type="text" value="08"/> / <input type="text" value="06"/> / <input type="text" value="2014"/>
City	State	Zip Code
Newport Beach	CA	92663
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.5763
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
Greater Newport Physicians	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Elaine Grodin MD		Date of Receipt
Mailing Address 3611 Bellflower Blvd		<input type="text" value="08"/> / <input type="text" value="25"/> / <input type="text" value="2014"/>
City	State	Zip Code
Long Beach	CA	90808
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.5762
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
Edinger Medical Group	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="2000.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 31
<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)
CA ASSOCIATION OF PHYSICIAN GROUPS FEDERAL POLITICAL ACTION COMMITTEE (CAPG FEDERAL PAC)

A. Dr. Louis Hogrefe MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2509 Windmill Dr.
 Apt. 301
 City Spearfish State SD Zip Code 57783
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Scripps Coastal Medical Group Occupation Chief Medical Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 06 / 2014
Transaction ID : SA11AI.5760
 Amount of Each Receipt this Period
 300.00

B. Mrs. Jennifer Jackman
 Full Name (Last, First, Middle Initial)
 Mailing Address 892 Kent Drive
 City Claremont State CA Zip Code 91711
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MemorialCare Medical Group Occupation COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 06 / 2014
Transaction ID : SA11AI.5757
 Amount of Each Receipt this Period
 500.00

C. Joel Katz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 14 Brittlestar Lane
 City Ladera Ranch State CA Zip Code 92694
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Hospitalist Associates Occupation Hospitalist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 06 / 2014
Transaction ID : SA11AI.5756
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 31
	<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)
CA ASSOCIATION OF PHYSICIAN GROUPS FEDERAL POLITICAL ACTION COMMITTEE (CAPG FEDERAL PAC)

A. Dr. Daniel Kelly MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 255 San Marcos Avenue
 City San Francisco State CA Zip Code 94116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Pediatrics Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 10 / 2014
Transaction ID : SA11AI.5754
 Amount of Each Receipt this Period
 500.00

B. Peter Lee Kim
 Full Name (Last, First, Middle Initial)
 Mailing Address 25681 Pacific Crest Drive
 City Mission Viego State CA Zip Code 92692
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Greater Newport Physicians Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 06 / 2014
Transaction ID : SA11AI.5753
 Amount of Each Receipt this Period
 500.00

C. John Kirk
 Full Name (Last, First, Middle Initial)
 Mailing Address 2062 New York Drive
 City Altadena State CA Zip Code 91001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pioneer Medical Group Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2014
Transaction ID : SA11AI.5752
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 31
	<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)
CA ASSOCIATION OF PHYSICIAN GROUPS FEDERAL POLITICAL ACTION COMMITTEE (CAPG FEDERAL PAC)

A. Dr. Jennifer Knox MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1412 Arch Ln
 City Huntington Beach State CA Zip Code 92640
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Greater Newport Physicians Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 06 / 2014
Transaction ID : SA11AI.5751
 Amount of Each Receipt this Period
 500.00

B. Diane Laird
 Full Name (Last, First, Middle Initial)
 Mailing Address 330 Placentia Ave Ste 270
 City Newport Beach State CA Zip Code 92663
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Nautilus/ Greater Newport Physicians Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 06 / 2014
Transaction ID : SA11AI.5750
 Amount of Each Receipt this Period
 1000.00

C. Richard Lipeles
 Full Name (Last, First, Middle Initial)
 Mailing Address 12062 Valley View St.
 City Garden Grove State CA Zip Code 92845
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Heritage Development Organization Occupation COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 23 / 2014
Transaction ID : SA11AI.5749
 Amount of Each Receipt this Period
 2000.00

SUBTOTAL of Receipts This Page (optional).....▶	3500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 31
<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)
CA ASSOCIATION OF PHYSICIAN GROUPS FEDERAL POLITICAL ACTION COMMITTEE (CAPG FEDERAL PAC)

Full Name (Last, First, Middle Initial) A. Dr. Barrie May MD		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td>/</td> <td>05</td> <td>/</td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09	/	05	/	2014
M M M	/	D D D	/	Y Y Y Y Y Y								
09	/	05	/	2014								
Mailing Address 26032 Cresta Verde		Transaction ID : SA11AI.5747										
City Mission Viejo	State CA	Zip Code 92691										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00										
Name of Employer Self	Occupation Physician											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00											

Full Name (Last, First, Middle Initial) B. Douglas McConnaughey		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td>/</td> <td>29</td> <td>/</td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	08	/	29	/	2014
M M M	/	D D D	/	Y Y Y Y Y Y								
08	/	29	/	2014								
Mailing Address 9 Cape Danbury		Transaction ID : SA11AI.5746										
City Newport Beach	State CA	Zip Code 92660										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00										
Name of Employer Edinger Medical Group	Occupation Physician											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00											

Full Name (Last, First, Middle Initial) C. Denise McCourt		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td>/</td> <td>25</td> <td>/</td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	08	/	25	/	2014
M M M	/	D D D	/	Y Y Y Y Y Y								
08	/	25	/	2014								
Mailing Address 7842 Connie Dr		Transaction ID : SA11AI.5745										
City Huntington Beach	State CA	Zip Code 92648										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00										
Name of Employer Edinger Medical Group	Occupation Administrator											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00											

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 31
	<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)
CA ASSOCIATION OF PHYSICIAN GROUPS FEDERAL POLITICAL ACTION COMMITTEE (CAPG FEDERAL PAC)

A. Mrs. Lara McKenna
 Full Name (Last, First, Middle Initial)
 Mailing Address 9178 Columbine Ave
 City Fountain Valley State CA Zip Code 92708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Edinger Medical Group Occupation Director of Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 25 / 2014
Transaction ID : SA11AI.5743
 Amount of Each Receipt this Period 500.00

B. Leslie McMains
 Full Name (Last, First, Middle Initial)
 Mailing Address 460 62nd Street
 City Newport Beach State CA Zip Code 92663
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Nautilus/Greater Newport Phys. Occupation CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 06 / 2014
Transaction ID : SA11AI.5742
 Amount of Each Receipt this Period 1000.00

C. Jack Middlebrooks MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 18710 Spruce Circle
 City Fountain Valley State CA Zip Code 92708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Edinger Medical Group Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 25 / 2014
Transaction ID : SA11AI.5741
 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 31
	<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)
CA ASSOCIATION OF PHYSICIAN GROUPS FEDERAL POLITICAL ACTION COMMITTEE (CAPG FEDERAL PAC)

A. Mr. Evan Moore
 Full Name (Last, First, Middle Initial)
 Mailing Address 5540 Doyle Street
 Apt. J
 City Emeryville State CA Zip Code 94608
 Name of Employer Brown & Toland Medical Group Occupation VP, East Bay Region
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 23 / 2014
Transaction ID : SA11AI.5739
 Amount of Each Receipt this Period 1000.00

B. Mrs. Leslie Murray
 Full Name (Last, First, Middle Initial)
 Mailing Address 19882 Estuary Ln
 City Huntington Beach State CA Zip Code 92646
 Name of Employer Edinger Medical Group Occupation Finance Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 25 / 2014
Transaction ID : SA11AI.5737
 Amount of Each Receipt this Period 500.00

c. Dr. Lam-Quynh Nguyen MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3506 Bravata Drive
 City Huntington Beach State CA Zip Code 92649
 Name of Employer Edinger Medical Group Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 25 / 2014
Transaction ID : SA11AI.5736
 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
CA ASSOCIATION OF PHYSICIAN GROUPS FEDERAL POLITICAL ACTION COMMITTEE (CAPG FEDERAL PAC)

A. Dr. Carey L. O'Bryan IV MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2320 Cliff Drive
 City Newport Beach State CA Zip Code 92663
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carey L O'Bryan IV MD Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **08 / 06 / 2014**
Transaction ID : SA11AI.5735
 Amount of Each Receipt this Period **500.00**

B. Harry Pellman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 16691 Greenview LN
 City Huntington Beach State CA Zip Code 92649
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Edinger Medical Group Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **08 / 25 / 2014**
Transaction ID : SA11AI.5731
 Amount of Each Receipt this Period **500.00**

C. Dr. Vincent Phillips MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3838 San Dimas St B-231
 City Bakersfield State CA Zip Code 93301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer C. Vincent Phillips MD Inc. Occupation Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **09 / 09 / 2014**
Transaction ID : SA11AI.5730
 Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional)..... **2000.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 31
	<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)
CA ASSOCIATION OF PHYSICIAN GROUPS FEDERAL POLITICAL ACTION COMMITTEE (CAPG FEDERAL PAC)

A. Dr. Kurt Ransohoff MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 470 South Patterson Ave
 City Santa Barbara State CA Zip Code 93112
 FEC ID number of contributing federal political committee. C
 Name of Employer Sansum Clinic Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 1000.00

Date of Receipt 08 / 28 / 2014
 Transaction ID : SA11AI.5728
 Amount of Each Receipt this Period 1000.00

B. Dr. Kurt Ransohoff MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 470 South Patterson Ave
 City Santa Barbara State CA Zip Code 93112
 FEC ID number of contributing federal political committee. C
 Name of Employer Sansum Clinic Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 1900.00

Date of Receipt 09 / 05 / 2014
 Transaction ID : SA11AI.5726
 Amount of Each Receipt this Period 900.00

C. Dr. Douglas Roger MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 70-180 Chappel Road
 City Rancho Mirage State CA Zip Code 92270
 FEC ID number of contributing federal political committee. C
 Name of Employer Self Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 300.00

Date of Receipt 09 / 05 / 2014
 Transaction ID : SA11AI.5724
 Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional)..... 2200.00
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 31
	<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)
CA ASSOCIATION OF PHYSICIAN GROUPS FEDERAL POLITICAL ACTION COMMITTEE (CAPG FEDERAL PAC)

A. Dr. Daniel Roth MD
Full Name (Last, First, Middle Initial)

Mailing Address 1 Shrader Street
Suite 578

City San Francisco State CA Zip Code 94117

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

Name of Employer Pacific Family Practice Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
09 / 05 / 2014
Transaction ID : SA11AI.5722

Amount of Each Receipt this Period
250.00

B. Mark Schafer MD
Full Name (Last, First, Middle Initial)

Mailing Address 25531 Pacific Hills Drive

City Mission Viejo State CA Zip Code 92692

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

Name of Employer Bristol Park Medical Group Occupation Physician/Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
08 / 06 / 2014
Transaction ID : SA11AI.5721

Amount of Each Receipt this Period
500.00

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

Mailing Address 4550 California Ave

City Bakersfield State CA Zip Code 93309

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

Name of Employer Managed Care Systems, LP Occupation CEO/GP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
07 / 11 / 2014
Transaction ID : SA11AI.5720

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00

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

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

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

FOR LINE NUMBER: PAGE 21 OF 31
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CA ASSOCIATION OF PHYSICIAN GROUPS FEDERAL POLITICAL ACTION COMMITTEE (CAPG FEDERAL PAC)

A. Dr. Lauri Seymour MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2036 Galaxy Drive
 City Newport Beach State CA Zip Code 92660
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Edinger Medical Group Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 25 / 2014
Transaction ID : SA11AI.5719
 Amount of Each Receipt this Period 500.00

B. Scott Shiffman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2742 Dow Avenue
 City Tustin State CA Zip Code 92780
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bristol Park Medical Group Occupation Associate Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 11 / 2014
Transaction ID : SA11AI.5718
 Amount of Each Receipt this Period 250.00

c. James Slaggert
 Full Name (Last, First, Middle Initial)
 Mailing Address 9550 E. Orchard Drive
 City Greenwood Village State CO Zip Code 80111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Catholic Health Initiatives Occupation Healthcare Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 10 / 2014
Transaction ID : SA11AI.5717
 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 31
	<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)
CA ASSOCIATION OF PHYSICIAN GROUPS FEDERAL POLITICAL ACTION COMMITTEE (CAPG FEDERAL PAC)

A. Dr. Andrew Snyder MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4522 19th St
 City San Francisco State CA Zip Code 94114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Brown & Toland Medical Group Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **08 / 06 / 2014**
Transaction ID : SA11AI.5715
 Amount of Each Receipt this Period **1000.00**

B. Yvonne Sonnenberg
 Full Name (Last, First, Middle Initial)
 Mailing Address 36605 Palmdale Rd.
 City Rancho Mirage State CA Zip Code 92270
 FEC ID number of contributing federal political committee. **C**
 Name of Employer EMPC, LLC Occupation Healthcare Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **07 / 28 / 2014**
Transaction ID : SA11AI.5714
 Amount of Each Receipt this Period **500.00**

C. Malcolm Sperling MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4661 Los Patos Avenue
 City Huntington Beach State CA Zip Code 92649
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Edinger Medical Group Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **08 / 29 / 2014**
Transaction ID : SA11AI.5713
 Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional)..... **2000.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 23 OF 31
<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)
CA ASSOCIATION OF PHYSICIAN GROUPS FEDERAL POLITICAL ACTION COMMITTEE (CAPG FEDERAL PAC)

A. Mary Straub
 Full Name (Last, First, Middle Initial)
 Mailing Address 5661 Littler Drive
 City Huntington Beach State CA Zip Code 92649
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Edinger Medical Group Occupation Office Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 25 / 2014
Transaction ID : SA11AI.5712
 Amount of Each Receipt this Period
 500.00

B. Mrs. Robyne Thibodeau
 Full Name (Last, First, Middle Initial)
 Mailing Address 20701 Beach Blvd #230
 City Huntington Beach State CA Zip Code 92648
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Edinger Medical Group Occupation Director Clinical Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 25 / 2014
Transaction ID : SA11AI.5706
 Amount of Each Receipt this Period
 500.00

C. Calvin Tint MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 11420 Warner Ave
 City Fountain Valley State CA Zip Code 92708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MemorialCare Medical Group 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 Y
 08 / 15 / 2014
Transaction ID : SA11AI.5705
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 24 OF 31
(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	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
CA ASSOCIATION OF PHYSICIAN GROUPS FEDERAL POLITICAL ACTION COMMITTEE (CAPG FEDERAL PAC)

A. Daisy Tint MD
Full Name (Last, First, Middle Initial)
Mailing Address 250 E. Yale Loop

City Irvine	State CA	Zip Code 92604
----------------	-------------	-------------------

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

Name of Employer MemorialCare Medical Group	Occupation Physician
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2014

Transaction ID : SA11AI.5704

Amount of Each Receipt this Period
250.00

B. Mai-Khanh Tran MD
Full Name (Last, First, Middle Initial)
Mailing Address 9337 Lily Ave

City Fountain Valley	State CA	Zip Code 92708
-------------------------	-------------	-------------------

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

Name of Employer Edinger Medical Group	Occupation Physician
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	25	/	2014

Transaction ID : SA11AI.5703

Amount of Each Receipt this Period
500.00

C. John Stephen Wikle MD
Full Name (Last, First, Middle Initial)
Mailing Address 11572 Marble Arch Dr.

City Santa Ana	State CA	Zip Code 92705
-------------------	-------------	-------------------

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

Name of Employer Greater Newport Physicians	Occupation Physician
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2014

Transaction ID : SA11AI.5702

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 31
	<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)
CA ASSOCIATION OF PHYSICIAN GROUPS FEDERAL POLITICAL ACTION COMMITTEE (CAPG FEDERAL PAC)

A. Burton Willis MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 16074 Bonaire Cr
 City State Zip Code
 Huntington Beach CA 92649
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Edinger Medical Group Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 25 / 2014
Transaction ID : SA11AI.5701
 Amount of Each Receipt this Period
 500.00

B. John Young
 Full Name (Last, First, Middle Initial)
 Mailing Address 10600 Redbridge Way
 City State Zip Code
 Bakersfield CA 93311
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 San Joaquin Family Medicine Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2014
Transaction ID : SA11AI.5700
 Amount of Each Receipt this Period
 1000.00

C. Betty Yu MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 16525 Oak Circle
 City State Zip Code
 Fountain Valley CA 92708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Edinger Medical Group Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 25 / 2014
Transaction ID : SA11AI.5699
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)	PAGE 26 OF 31
<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)
CA ASSOCIATION OF PHYSICIAN GROUPS FEDERAL POLITICAL ACTION COMMITTEE (CAPG FEDERAL PAC)

A. Kenneth Zuckerman MD

Full Name (Last, First, Middle Initial)
Mailing Address 16300 Sand Canyon Ave #704

City Irvine	State CA	Zip Code 92618
----------------	-------------	-------------------

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

Name of Employer Greater Newport Physicians	Occupation Physician
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	06	/	2014

Transaction ID : SA11AI.5698

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

C.

Full Name (Last, First, Middle Initial)
Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	39500.00

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

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NAME OF COMMITTEE (In Full)
CA ASSOCIATION OF PHYSICIAN GROUPS FEDERAL POLITICAL ACTION COMMITTEE (CAPG FEDERAL PAC)

Full Name (Last, First, Middle Initial)

A. Ahlstrom & Baker CPAs

Mailing Address 10621 Calle Lee
Suite 153

City Los Alamitos State CA Zip Code 90720

Purpose of Disbursement
Tax return preparation services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	18	/	2014

Transaction ID : SB21B.5786

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Intuit Payment Solutions

Mailing Address 21215 Burbank Blvd
Suite 100

City Woodland Hills State CA Zip Code 91367

Purpose of Disbursement
Credit card transaction fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	11	/	2014

Transaction ID : SB21B.5688

Amount of Each Disbursement this Period

8.75

Full Name (Last, First, Middle Initial)

C. Intuit Payment Solutions

Mailing Address 21215 Burbank Blvd
Suite 100

City Woodland Hills State CA Zip Code 91367

Purpose of Disbursement
Credit card transaction fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	24	/	2014

Transaction ID : SB21B.5689

Amount of Each Disbursement this Period

34.25

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

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

543.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CA ASSOCIATION OF PHYSICIAN GROUPS FEDERAL POLITICAL ACTION COMMITTEE (CAPG FEDERAL PAC)

Full Name (Last, First, Middle Initial)

A. Intuit Payment Solutions

Mailing Address 21215 Burbank Blvd
Suite 100

City Woodland Hills State CA Zip Code 91367

Purpose of Disbursement
Credit card transaction fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	1		2	0	1	4

Transaction ID : SB21B.5693

Amount of Each Disbursement this Period

5	1	.	7	5
---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Intuit Payment Solutions

Mailing Address 21215 Burbank Blvd
Suite 100

City Woodland Hills State CA Zip Code 91367

Purpose of Disbursement
Credit card transaction fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	1	4

Transaction ID : SB21B.5694

Amount of Each Disbursement this Period

8	2	.	3	5
---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Intuit Payment Solutions

Mailing Address 21215 Burbank Blvd
Suite 100

City Woodland Hills State CA Zip Code 91367

Purpose of Disbursement
Credit card transaction fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	1	4

Transaction ID : SB21B.5695

Amount of Each Disbursement this Period

1	0	.	3	0
---	---	---	---	---

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

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

2	3	.	7	1
---	---	---	---	---

2	3	.	7	1
---	---	---	---	---

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

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NAME OF COMMITTEE (In Full)
CA ASSOCIATION OF PHYSICIAN GROUPS FEDERAL POLITICAL ACTION COMMITTEE (CAPG FEDERAL PAC)

Full Name (Last, First, Middle Initial)

A. Merrill Lynch

Mailing Address 2442 Avenida De la Carlota
Suite 400

City Laguna Hills State CA Zip Code 92653

Purpose of Disbursement
Bank charges

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		08		2014

Transaction ID : SB21B.5684

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

B. Merrill Lynch

Mailing Address 2442 Avenida De la Carlota
Suite 400

City Laguna Hills State CA Zip Code 92653

Purpose of Disbursement
Bank charges

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		08		2014

Transaction ID : SB21B.5687

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

C. PayPal USA

Mailing Address 2211 North First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement
Gateway fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		03		2014

Transaction ID : SB21B.5683

Amount of Each Disbursement this Period

30.00

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

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

345.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CA ASSOCIATION OF PHYSICIAN GROUPS FEDERAL POLITICAL ACTION COMMITTEE (CAPG FEDERAL PAC)

Full Name (Last, First, Middle Initial)

A. PayPal USA

Mailing Address 2211 North First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement
Gateway fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 04 / 2014

Transaction ID : SB21B.5685

Amount of Each Disbursement this Period

30.00

Full Name (Last, First, Middle Initial)

B. PayPal USA

Mailing Address 2211 North First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement
Online credit card transaction fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 07 / 2014

Transaction ID : SB21B.5690

Amount of Each Disbursement this Period

234.60

Full Name (Last, First, Middle Initial)

C. PayPal USA

Mailing Address 2211 North First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement
Online credit card transaction fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 14 / 2014

Transaction ID : SB21B.5691

Amount of Each Disbursement this Period

14.80

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

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

279.40

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

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NAME OF COMMITTEE (In Full)
CA ASSOCIATION OF PHYSICIAN GROUPS FEDERAL POLITICAL ACTION COMMITTEE (CAPG FEDERAL PAC)

Full Name (Last, First, Middle Initial)

A. PayPal USA

Mailing Address 2211 North First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement
Online credit card transaction fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 30 / 2014

Transaction ID : SB21B.5692

Amount of Each Disbursement this Period

3.52

Full Name (Last, First, Middle Initial)

B. PayPal USA

Mailing Address 2211 North First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement
Gateway fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 03 / 2014

Transaction ID : SB21B.5686

Amount of Each Disbursement this Period

30.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

33.52

1438.02