

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
2011 AUG -8 AM 9:30
FEC MAIL CENTER
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 ASSOCIATION OF PHYSICIAN GROUPS (CAPG) PHYSICIANS INDEPENDENT EXPENDITURE COM

ADDRESS (number and street)

915 WILSHIRE BLVD SUITE 1620

Check if different than previously reported. (ACC)

LOS ANGELES

CA

90017

2. FEC IDENTIFICATION NUMBER CITY STATE ZIPCODE

C00492553

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(b) Monthly Report Due On:
Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

(a) Quarterly Reports:

April 15 Quarterly Report(Q1)
July 15 Quarterly Report(Q2)
October 15 Quarterly Report(Q3)
January 31 Quarterly Report(YE)

(c) 12-Day PRE-Election Report for the:
Primary (12P) General (12G) Runoff (12R)
Convention (12C) Special (12S)

Election on _____ in the State of _____

X

July 31 Mid-Year Report(Non-election Year Only) (MY)
Termination Report (TER)

(d) 30-Day Post -Election Report for the:
General (30G) Runoff (30R) Special (30S)

Election on _____ in the State of _____

5. Covering Period 01 01 2011 through 06 30 2011

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 Donald Crane

Signature of Treasurer



Date

07 31 2011

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

Office Use Only

FEC FORM 3X
(Rev. 12/2004)

11030651140

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

CALIFORNIA ASSOCIATION OF PHYSICIAN GROUPS (CAPG) PHYSICIANS INDEPENDENT EXPENDITURE COM

Report Covering the Period: From: ^{M M} 0 1 ^{D D} 0 1 ^{Y Y W Y} 2 0 1 1 To: ^{M M} 0 6 ^{D D} 3 0 ^{Y Y Y Y} 2 0 1 1

11030651141

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
(a) Cash on Hand January 1 ^{Y Y Y Y} 2011		0.00
(b) Cash on Hand at Beginning of Reporting Period	0.00	
(c) Total Receipts (from Line 19)	30950.00	30950.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	30950.00	30950.00
7. Total Disbursements (from Line 31)	438.64	438.64
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	30511.36	30511.36
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

CALIFORNIA ASSOCIATION OF PHYSICIAN GROUPS (CAPG) PHYSICIANS INDEPENDENT EXPENDITURE.COM

Report Covering the Period: From: ^{M M} 0 1 ^{D D} 0 1 ^{Y Y Y Y} 2 0 1 1 To: ^{M M} 0 6 ^{D D} 3 0 ^{Y Y Y Y} 2 0 1 1

11030651142

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)	30800.00	30800.00
(ii) Unitemized	150.00	150.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	30950.00	30950.00
(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)	30950.00	30950.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total 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))	30950.00	30950.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	30950.00	30950.00

**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
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.....	438.64	438.64
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	438.64	438.64
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
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	0.00
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))..	438.64	438.64
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	438.64	438.64

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DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	30950.00	30950.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	30950.00	30950.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	438.64	438.64
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	438.64	438.64

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

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

FOR LINE NUMBER:		PAGE 6 / 12	
(check only one)			
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>	17	<input type="checkbox"/>	18

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 ASSOCIATION OF PHYSICIAN GROUPS (CAPG) PHYSICIANS INDEPENDENT EXPENDITURE COM

11030651145

A.	Full Name (Last, First, Middle Initial) Dr. Bart Asner		Date of Receipt	
	Mailing Address 7 Technology Drive		M M / D D / Y Y Y Y 02 18 2011	
	City	State	Zip Code	Transaction ID: SA11AI.4109
	Irvine	CA	92618	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		C	10000.00
	Name of Employer Monarch Healthcare		Occupation CEO	Check
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼	10000.00	

B.	Full Name (Last, First, Middle Initial) Susan Bantz		Date of Receipt	
	Mailing Address 3860 Calle Fortunada, Suite 210		M M / D D / Y Y Y Y 05 13 2011	
	City	State	Zip Code	Transaction ID: SA11AI.4111
	San Diego	CA	92123	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		C	150.00
	Name of Employer Children's Physicians Med. Grp		Occupation CEO	Check
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼	300.00	

C.	Full Name (Last, First, Middle Initial) Susan Bantz		Date of Receipt	
	Mailing Address 3860 Calle Fortunada, Suite 210		M M / D D / Y Y Y Y 06 03 2011	
	City	State	Zip Code	Transaction ID: SA11AI.4112
	San Diego	CA	92123	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		C	150.00
	Name of Employer Children's Physicians Med. Grp		Occupation CEO	Check
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼	450.00	

SUBTOTAL of Receipts This Page (optional)	▶	10300.00
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 7 / 12	
(check only one)			
<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 ASSOCIATION OF PHYSICIAN GROUPS (CAPG) PHYSICIANS INDEPENDENT EXPENDITURE COM

A.	Full Name (Last, First, Middle Initial) Bill Gil	Date of Receipt M M / D D / Y Y Y Y 01 / 14 / 2011
	Mailing Address 11165 Sepulveda Blvd.	Transaction ID: SA11AI.4113
	City Mission Hills State CA Zip Code 91345	Amount of Each Receipt this Period 3000.00
	FEC ID number of contributing federal political committee. C	Check
Name of Employer Facey Medical Group Occupation President/CEO	Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 3000.00	
B.	Full Name (Last, First, Middle Initial) Shelley Horwitz	Date of Receipt M M / D D / Y Y Y Y 02 / 11 / 2011
	Mailing Address 27212 Calaroga Avenue	Transaction ID: SA11AI.4114
	City Hayward State CA Zip Code 94545	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Check
Name of Employer Bay Valley Medical Group, Inc. Occupation CEO	Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	
C.	Full Name (Last, First, Middle Initial) Shelley Horwitz	Date of Receipt M M / D D / Y Y Y Y 03 / 04 / 2011
	Mailing Address 27212 Calaroga Avenue	Transaction ID: SA11AI.4115
	City Hayward State CA Zip Code 94545	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Check
Name of Employer Bay Valley Medical Group, Inc. Occupation CEO	Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		3500.00
TOTAL This Period (last page this line number only)		

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

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

FOR LINE NUMBER:		PAGE 8 / 12	
(check only one)			
<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 ASSOCIATION OF PHYSICIAN GROUPS (CAPG) PHYSICIANS INDEPENDENT EXPENDITURE COM

11030651147

A.	Full Name (Last, First, Middle Initial) Shelley Horwitz	Date of Receipt M M / D D / Y Y Y Y 04 / 01 / 2011
	Mailing Address 27212 Calaroga Avenue	Transaction ID: SA11AI.4116
	City State Zip Code Hayward CA 94545	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Check
Name of Employer Bay Valley Medical Group, Inc.	Occupation CEO	Aggregate Year-to-Date ▼ 750.00
Receipt For: Primary General Other (specify) ▼		
B.	Full Name (Last, First, Middle Initial) Shelley Horwitz	Date of Receipt M M / D D / Y Y Y Y 05 / 02 / 2011
	Mailing Address 27212 Calaroga Avenue	Transaction ID: SA11AI.4117
	City State Zip Code Hayward CA 94545	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Check
Name of Employer Bay Valley Medical Group, Inc.	Occupation CEO	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		
C.	Full Name (Last, First, Middle Initial) Shelley Horwitz	Date of Receipt M M / D D / Y Y Y Y 05 / 27 / 2011
	Mailing Address 27212 Calaroga Avenue	Transaction ID: SA11AI.4118
	City State Zip Code Hayward CA 94545	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Check
Name of Employer Bay Valley Medical Group, Inc.	Occupation CEO	Aggregate Year-to-Date ▼ 1250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	750.00
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 9 / 12	
(check only one)			
<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 ASSOCIATION OF PHYSICIAN GROUPS (CAPG) PHYSICIANS INDEPENDENT EXPENDITURE COM

A.	Full Name (Last, First, Middle Initial) John Jenrette, MD		Date of Receipt	
	Mailing Address 8695 Spectrum Center Court		M M / D D / Y Y Y Y 01 / 21 / 2011	
	City	State	Zip Code	Transaction ID: SA11AI.4119
	San Diego	CA	92123	Amount of Each Receipt this Period 1250.00
FEC ID number of contributing federal political committee. C		Check		
Name of Employer Sharp Community Medical Group		Occupation CEO		Check
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 1250.00		
B.	Full Name (Last, First, Middle Initial) John Jenrette, MD		Date of Receipt	
	Mailing Address 8695 Spectrum Center Court		M M / D D / Y Y Y Y 02 / 18 / 2011	
	City	State	Zip Code	Transaction ID: SA11AI.4120
	San Diego	CA	92123	Amount of Each Receipt this Period 1250.00
FEC ID number of contributing federal political committee. C		Check		
Name of Employer Sharp Community Medical Group		Occupation CEO		Check
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 2500.00		
C.	Full Name (Last, First, Middle Initial) John Jenrette, MD		Date of Receipt	
	Mailing Address 8695 Spectrum Center Court		M M / D D / Y Y Y Y 03 / 04 / 2011	
	City	State	Zip Code	Transaction ID: SA11AI.4121
	San Diego	CA	92123	Amount of Each Receipt this Period 1250.00
FEC ID number of contributing federal political committee. C		Check		
Name of Employer Sharp Community Medical Group		Occupation CEO		Check
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 3750.00		

SUBTOTAL of Receipts This Page (optional)	▶	3750.00
TOTAL This Period (last page this line number only)	▶	

11030651148

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

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

FOR LINE NUMBER: PAGE 10 / 12
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CALIFORNIA ASSOCIATION OF PHYSICIAN GROUPS (CAPG) PHYSICIANS INDEPENDENT EXPENDITURE COM

11030651149

A.	Full Name (Last, First, Middle Initial) John Jenrette, MD	Date of Receipt M M / D D / Y Y Y Y 03 / 18 / 2011
	Mailing Address 8695 Spectrum Center Court	Transaction ID: SA11AI.4122
	City State Zip Code San Diego CA 92123	Amount of Each Receipt this Period 1250.00
	FEC ID number of contributing federal political committee. C	Check
	Name of Employer Sharp Community Medical Group Occupation CEO Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00	
B.	Full Name (Last, First, Middle Initial) John Jenrette, MD	Date of Receipt M M / D D / Y Y Y Y 04 / 15 / 2011
	Mailing Address 8695 Spectrum Center Court	Transaction ID: SA11AI.4123
	City State Zip Code San Diego CA 92123	Amount of Each Receipt this Period 1250.00
	FEC ID number of contributing federal political committee. C	Check
	Name of Employer Sharp Community Medical Group Occupation CEO Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 6250.00	
C.	Full Name (Last, First, Middle Initial) John Jenrette, MD	Date of Receipt M M / D D / Y Y Y Y 05 / 27 / 2011
	Mailing Address 8695 Spectrum Center Court	Transaction ID: SA11AI.4124
	City State Zip Code San Diego CA 92123	Amount of Each Receipt this Period 1250.00
	FEC ID number of contributing federal political committee. C	Check
	Name of Employer Sharp Community Medical Group Occupation CEO Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 7500.00	

SUBTOTAL of Receipts This Page (optional)	3750.00
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 11 / 12
(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)
CALIFORNIA ASSOCIATION OF PHYSICIAN GROUPS (CAPG) PHYSICIANS INDEPENDENT EXPENDITURE COM

A.

Full Name (Last, First, Middle Initial)

John Jenrette, MD

Mailing Address 8695 Spectrum Center Court

City State Zip Code
San Diego CA 92123

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

Name of Employer Sharp Community Medical Group	Occupation CEO
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 8750.00

Date of Receipt

M M / D D / Y Y Y Y
06 24 / 2011

Transaction ID: SA11AI.4125

Amount of Each Receipt this Period
1250.00

Check

B.

Full Name (Last, First, Middle Initial)

Patrick Kapsner

Mailing Address 2742 Dow Avenue

City State Zip Code
Tustin CA 92780

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

Name of Employer Memorial Care Medical Found.	Occupation CEO of Bristol Park Medical Group
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
03 18 / 2011

Transaction ID: SA11AI.4126

Amount of Each Receipt this Period
1000.00

Check

C.

Full Name (Last, First, Middle Initial)

James Mason

Mailing Address 1200 Corporate Center Drive
Suite 200

City State Zip Code
Monterey Park CA 91754

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

Name of Employer SynerMed, Inc.	Occupation President and COO
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 6500.00

Date of Receipt

M M / D D / Y Y Y Y
03 18 / 2011

Transaction ID: SA11AI.4127

Amount of Each Receipt this Period
6500.00

Check

SUBTOTAL of Receipts This Page (optional) ▶ 8750.00

TOTAL This Period (last page this line number only) ▶ 30800.00

11030651150

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

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

FOR LINE NUMBER:
(check only one)

PAGE 12 / 12

<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)
CALIFORNIA ASSOCIATION OF PHYSICIAN GROUPS (CAPG) PHYSICIANS INDEPENDENT EXPENDITURE COM

A.	Full Name (Last, First, Middle Initial) Merrill Lynch	Transaction ID: SB21B.4107 Date of Disbursement 03 ^M / 03 ^D / 2011 ^Y
	Mailing Address 2442 Avenida De la Carlota Suite 400	Amount of Each Disbursement this Period 300.00
	City Laguna Hills State CA Zip Code 92653	
	Purpose of Disbursement Service charge	Category/ Type
	Candidate Name	
	Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Merrill Lynch	Transaction ID: SB21B.4108 Date of Disbursement 03 ^M / 16 ^D / 2011 ^Y
	Mailing Address 2442 Avenida De la Carlota Suite 400	Amount of Each Disbursement this Period 138.64
	City Laguna Hills State CA Zip Code 92653	
	Purpose of Disbursement Service charge	Category/ Type
	Candidate Name	
	Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

438.64

TOTAL This Period (last page this line number only)

438.64

11030651151

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked
8/1/11

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked


 PREPARER

8/8/11
 DATE PREPARED

11030651152