

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines CA ASSOCIATION OF PHYSICIAN GROUPS FEDERAL POLITICAL ACTION COMMITTEE (CAPG FEDERAL PAC)

ADDRESS (number and street) 915 WILSHIRE BLVD SUITE 1620 Check if different than previously reported. (ACC) LOS ANGELES CA 90017

2. FEC IDENTIFICATION NUMBER C00461756 3. IS THIS REPORT NEW (N) OR AMENDED (A)

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

5. Covering Period 07 01 2010 through 09 30 2010

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 H. Crane

Signature of Treasurer Electronically Filed by Donald H. Crane Date 10 13 2010

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

Table with 10 columns and 1 row, labeled 'Office Use Only' in the first column.

FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

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="2010"/>		67848.99
(b) Cash on Hand at Beginning of Reporting Period .....	38060.22	
(c) Total Receipts (from Line 19) .....	15280.02	21491.25
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	53340.24	89340.24
7. Total Disbursements (from Line 31) .....	29800.00	65800.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	23540.24	23540.24
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

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) .....	13800.00	19100.00
(ii) Unitemized .....	1475.00	2375.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	15275.00	21475.00
(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) .....	15275.00	21475.00
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.) .....	5.02	16.25
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)) .....	15280.02	21491.25
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	15280.02	21491.25

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	300.00	300.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	300.00	300.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	29500.00	65500.00
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))..	29800.00	65800.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	29800.00	65800.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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 .....	15275.00	21475.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	15275.00	21475.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	300.00	300.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	300.00	300.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 21  
(check only one)  
 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.

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

**A.** Full Name (Last, First, Middle Initial)  
Nazli Ahmed, MD

Mailing Address 29 Decente

City Irvine State CA Zip Code 92614-7308

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 ▼ 300.00

Date of Receipt MM / DD / YYYY  
07 / 13 / 2010

**Transaction ID:** SA11AI.4908

Amount of Each Receipt this Period 300.00

Check

**B.** Full Name (Last, First, Middle Initial)  
Stan Arnold, MD

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 MM / DD / YYYY  
07 / 06 / 2010

**Transaction ID:** SA11AI.4909

Amount of Each Receipt this Period 500.00

Check

**C.** Full Name (Last, First, Middle Initial)  
Matthew Boone, MD

Mailing Address 9900 Talbert, Suite 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 MM / DD / YYYY  
07 / 06 / 2010

**Transaction ID:** SA11AI.4910

Amount of Each Receipt this Period 500.00

Check

**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 7 / 21
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Valery Brouwer, MD		Date of Receipt
	Mailing Address 28361 Silverton Dr.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 06 / 2010
	City	State	Zip Code
	Laguna Niguel	CA	92677
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.4911
Name of Employer Greater Newport Physicians		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00
			Check

<b>B.</b>	Full Name (Last, First, Middle Initial) Catherine Campion-Ritz, MD		Date of Receipt
	Mailing Address 29 Sweet Bay		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 01 / 2010
	City	State	Zip Code
	Irvine	CA	92603
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.4936
Name of Employer Greater Newport Physicians		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00
			Check

<b>C.</b>	Full Name (Last, First, Middle Initial) Shelley Chacon, MD		Date of Receipt
	Mailing Address 5952 Littlefield Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 06 / 2010
	City	State	Zip Code
	Huntington Beach	CA	92648
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.4913
Name of Employer Edinger Medical Group		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00
			Check

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

# 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 / 21
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Weston Chandler, MD		Date of Receipt MM / DD / YYYY 07 / 13 / 2010
	Mailing Address 510 Superior Ave, Suite 290		Transaction ID: SA11AI.4937
	City Newport Beach	State CA	Zip Code 92663
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
	Name of Employer Greater Newport Physicians	Occupation Physician	Check

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00
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<b>B.</b>	Full Name (Last, First, Middle Initial) Karen Don, MD		Date of Receipt MM / DD / YYYY 07 / 06 / 2010
	Mailing Address 9900 Talbert Ave #302		Transaction ID: SA11AI.4914
	City Fountain Valley	State CA	Zip Code 92708
	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	Check

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00
---	------------------------------------

<b>C.</b>	Full Name (Last, First, Middle Initial) Tamara Fogarty, MD		Date of Receipt MM / DD / YYYY 07 / 06 / 2010
	Mailing Address 24782 Red Lodge Pl		Transaction ID: SA11AI.4915
	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	Check

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00
---	------------------------------------

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2000.00
<b>TOTAL</b> 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 / 21  
(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.** Full Name (Last, First, Middle Initial)  
 Catou Greenberg, MD  
 Mailing Address 462 Westminster Ave  
 City State Zip Code  
 Newport Beach CA 92663  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 01 / 2010  
**Transaction ID:** SA11AI.4916  
 Amount of Each Receipt this Period  
 500.00  
 Check  
 Name of Employer: Greater Newport Physicians   Occupation: Physician  
 Receipt For:  Primary    General    Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
 Elaine Grodin, MD  
 Mailing Address 3611 Bellflower Blvd  
 City State Zip Code  
 Long Beach CA 90808  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 06 / 2010  
**Transaction ID:** SA11AI.4917  
 Amount of Each Receipt this Period  
 500.00  
 Check  
 Name of Employer: Edinger Medical Group   Occupation: Physician  
 Receipt For:  Primary    General    Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
 Cambria Hembree, MD  
 Mailing Address 210 1/2 Glendora Ave  
 City State Zip Code  
 Long Beach CA 90803  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 06 / 2010  
**Transaction ID:** SA11AI.4918  
 Amount of Each Receipt this Period  
 500.00  
 Check  
 Name of Employer: Edinger Medical Group   Occupation: Physician  
 Receipt For:  Primary    General    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: PAGE 10 / 21  
(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.** Full Name (Last, First, Middle Initial)  
David Kaufman, DO

Mailing Address 18 Endeavor, Suite 204

City State Zip Code  
Irvine CA 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: 07 / 14 / 2010  
Transaction ID: SA11AI.4919  
Amount of Each Receipt this Period: 500.00  
Check

**B.** Full Name (Last, First, Middle Initial)  
Ann Mai, MD

Mailing Address 2 Medlor

City State Zip Code  
Irvine CA 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: 07 / 01 / 2010  
Transaction ID: SA11AI.4920  
Amount of Each Receipt this Period: 500.00  
Check

**C.** Full Name (Last, First, Middle Initial)  
Douglas McConnaughey

Mailing Address 9 Cape Danbury

City State Zip Code  
Newport Beach CA 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: 07 / 06 / 2010  
Transaction ID: SA11AI.4922  
Amount of Each Receipt this Period: 500.00  
Check

**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: PAGE 11 / 21  
(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.**

Full Name (Last, First, Middle Initial)  
Denise McCourt

Mailing Address 7842 Connie Dr

City State Zip Code  
Huntington Beach CA 92648

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

Name of Employer Edinger Medical Group Occupation Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 06 / 2010

Transaction ID: SA11AI.4923

Amount of Each Receipt this Period  
500.00

Check

**B.**

Full Name (Last, First, Middle Initial)  
Jack Middlebrooks, MD

Mailing Address 18710 Spruce Circle

City State Zip Code  
Fountain Valley CA 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 / D D / Y Y Y Y Y  
07 / 06 / 2010

Transaction ID: SA11AI.4924

Amount of Each Receipt this Period  
500.00

Check

**C.**

Full Name (Last, First, Middle Initial)  
Lam-Quynh Nguyen, MD

Mailing Address 3506 Bravata Dr.

City State Zip Code  
Huntington Beach CA 92649

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  
07 / 06 / 2010

Transaction ID: SA11AI.4925

Amount of Each Receipt this Period  
500.00

Check

**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: PAGE 12 / 21  
(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.** Full Name (Last, First, Middle Initial)  
 Harry Pellman, MD  
 Mailing Address 16691 Greenview LN  
 City State Zip Code  
 Huntington Beach CA 92649  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 06 / 2010  
**Transaction ID:** SA11AI.4927  
 Amount of Each Receipt this Period  
 500.00  
 Check  
 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

**B.** Full Name (Last, First, Middle Initial)  
 Lauri Seymour, MD  
 Mailing Address 23301 Via Dorado  
 City State Zip Code  
 Coto de Caza CA 92679  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 06 / 2010  
**Transaction ID:** SA11AI.4928  
 Amount of Each Receipt this Period  
 500.00  
 Check  
 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

**C.** Full Name (Last, First, Middle Initial)  
 Malcolm Sperling, MD  
 Mailing Address 4661 Los Patos Avenue  
 City State Zip Code  
 Huntington Beach CA 92649  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 06 / 2010  
**Transaction ID:** SA11AI.4929  
 Amount of Each Receipt this Period  
 500.00  
 Check  
 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

**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: PAGE 13 / 21  
(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.** Full Name (Last, First, Middle Initial)  
Debra Spindel

Mailing Address 510 Superior Ave, Suite 290

City State Zip Code  
Newport Beach CA 92663

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

Name of Employer Occupation  
Nautilus / Greater Newport Physicians Vice President

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 8 / 0 6 / 2 0 1 0

**Transaction ID:** SA11AI.4930

Amount of Each Receipt this Period  
 500.00

Check

**B.** Full Name (Last, First, Middle Initial)  
Mary Straub

Mailing Address 5661 Littler Drive

City State Zip Code  
Huntington Beach CA 92649

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

Name of Employer Occupation  
Edinger Medical Group Office Manager

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 7 / 0 6 / 2 0 1 0

**Transaction ID:** SA11AI.4931

Amount of Each Receipt this Period  
 500.00

Check

**C.** Full Name (Last, First, Middle Initial)  
Mai-Khanh Tran, MD

Mailing Address 9337 Lily Ave

City State Zip Code  
Fountain Valley CA 92708

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

Name of Employer Occupation  
Greater Newport Physicians Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 7 / 0 6 / 2 0 1 0

**Transaction ID:** SA11AI.4932

Amount of Each Receipt this Period  
 500.00

Check

**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: PAGE 14 / 21  
(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.** Full Name (Last, First, Middle Initial)  
 Burton Willis, MD  
 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 / D D / Y Y Y Y  
 07 / 06 / 2010  
**Transaction ID:** SA11AI.4934  
 Amount of Each Receipt this Period  
 500.00  
 Check

**B.** Full Name (Last, First, Middle Initial)  
 Betty Yu, MD  
 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 / D D / Y Y Y Y  
 07 / 06 / 2010  
**Transaction ID:** SA11AI.4935  
 Amount of Each Receipt this Period  
 500.00  
 Check

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1000.00**  
**TOTAL** This Period (last page this line number only) ..... ► **13800.00**

**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)

PAGE 15 / 21

<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)

A.

Full Name (Last, First, Middle Initial)

Merrill Lynch

Transaction ID: SB21B.4969

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	7		2	0	1	0

Mailing Address 2442 Avenida De la Carlota  
Suite 400

City Laguna Hills State CA Zip Code 92653

Amount of Each Disbursement this Period

300.00
--------

Purpose of Disbursement  
Bank fee

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

300.00
--------

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

300.00
--------

**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)

PAGE 16 / 21

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)

<b>A.</b>	Full Name (Last, First, Middle Initial) HOWARD L. BERMAN	Transaction ID: SB23.4959 Date of Disbursement 09 / 21 / 2010
	Mailing Address 14546 Hamlin St., #202	Amount of Each Disbursement this Period 1000.00
	City Van Nuys State CA Zip Code 91411	
	Purpose of Disbursement Contribution Candidate Name BERMAN FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 28 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b>	Full Name (Last, First, Middle Initial) BARBARA BOXER	Transaction ID: SB23.4957 Date of Disbursement 09 / 14 / 2010
	Mailing Address PO BOX 411176	Amount of Each Disbursement this Period 500.00
	City LOS ANGELES State CA Zip Code 90041	
	Purpose of Disbursement Contribution Candidate Name FRIENDS OF BARBARA BOXER Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b>	Full Name (Last, First, Middle Initial) LOIS G CAPPS	Transaction ID: SB23.4963 Date of Disbursement 09 / 29 / 2010
	Mailing Address 1724 SANTA BARBARA STREET	Amount of Each Disbursement this Period 1000.00
	City SANTA BARBARA State CA Zip Code 93101	
	Purpose of Disbursement Contribution Candidate Name FRIENDS OF LOIS CAPPS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 23 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

2500.00

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



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)

A.

Full Name (Last, First, Middle Initial)  
DENNIS CARDOZA

Mailing Address PO Box 2749

City Merced State CA Zip Code 95340

Purpose of Disbursement  
Contribution

Candidate Name  
FRIENDS OF DENNIS CARDOZA

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: CA District: 18

Transaction ID: SB23.4941  
Date of Disbursement

07 / 07 / 2010

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)  
JIM MR. COSTA

Mailing Address 2890 Huntington Boulevard  
Apt. 153

City Fresno State CA Zip Code 93721

Purpose of Disbursement  
Contribution

Candidate Name  
JIM COSTA FOR CONGRESS

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: CA District: 20

Transaction ID: SB23.4949  
Date of Disbursement

08 / 20 / 2010

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)  
ANNA ESHOO

Mailing Address 555 Capitol Mall, Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
Contribution

Candidate Name  
ANNA ESHOO FOR CONGRESS

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: CA District: 14

Transaction ID: SB23.4956  
Date of Disbursement

09 / 07 / 2010

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) ▶

12500.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)

<b>A.</b> Full Name (Last, First, Middle Initial) <b>WALLY HERGER</b> <hr/> Mailing Address <b>PO Box 1007 P.O. Box 1</b> <hr/> City <b>Willows</b> State <b>CA</b> Zip Code <b>95988</b> <hr/> Purpose of Disbursement Contribution Candidate Name <b>WALLY HERGER FOR CONGRESS COMMITTEE</b> <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>CA</b> District: <b>02</b> <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB23.4964 <b>Date of Disbursement</b> M M / D D / Y Y Y Y <b>09 / 29 / 2010</b>
	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">1000.00</div>
	Category/ Type
	Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) <b>JAY R MR. INSLEE</b> <hr/> Mailing Address <b>PO Box 33027</b> <hr/> City <b>Seattle</b> State <b>WA</b> Zip Code <b>98133</b> <hr/> Purpose of Disbursement Contribution Candidate Name <b>INSLEE FOR CONGRESS</b> <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>WA</b> District: <b>01</b> <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB23.4958 <b>Date of Disbursement</b> M M / D D / Y Y Y Y <b>09 / 21 / 2010</b>
	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">1000.00</div>
	Category/ Type
	Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) <b>KEVIN MCCARTHY</b> <hr/> Mailing Address <b>PO Box 12667</b> <hr/> City <b>Bakersfield</b> State <b>CA</b> Zip Code <b>93389</b> <hr/> Purpose of Disbursement Contribution Candidate Name <b>KEVIN MCCARTHY FOR CONGRESS</b> <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>CA</b> District: <b>22</b> <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB23.4952 <b>Date of Disbursement</b> M M / D D / Y Y Y Y <b>08 / 20 / 2010</b>
	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">5000.00</div>
	Category/ Type
	Category/ Type

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

**7000.00**

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

.....

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

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)

<b>A.</b>	Full Name (Last, First, Middle Initial) PATTY MURRAY	Transaction ID: SB23.4945 Date of Disbursement 08 / 05 / 2010
	Mailing Address PO BOX 3662	Amount of Each Disbursement this Period 1000.00
	City SEATTLE State WA Zip Code 98124	
	Purpose of Disbursement Contribution Candidate Name PEOPLE FOR PATTY MURRAY Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b>	Full Name (Last, First, Middle Initial) NANCY PELOSI	Transaction ID: SB23.4967 Date of Disbursement 09 / 29 / 2010
	Mailing Address 235 Montgomery Street, Suite 610 Suite 610	Amount of Each Disbursement this Period 1000.00
	City San Francisco State CA Zip Code 94104	
	Purpose of Disbursement Contribution Candidate Name NANCY PELOSI FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 08 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b>	Full Name (Last, First, Middle Initial) EARL R. POMEROY	Transaction ID: SB23.4943 Date of Disbursement 07 / 28 / 2010
	Mailing Address Post Office Box 9336	Amount of Each Disbursement this Period 1000.00
	City Fargo State ND Zip Code 58106	
	Purpose of Disbursement Contribution Candidate Name EARL POMEROY FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

3000.00

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

**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 20 / 21

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)

<b>A.</b> Full Name (Last, First, Middle Initial) EARL R. POMEROY <hr/> Mailing Address Post Office Box 9336 <hr/> City Fargo State ND Zip Code 58106 <hr/> Purpose of Disbursement Contribution Candidate Name EARL POMEROY FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4962 Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) LUCILLE ROYBAL-ALLARD <hr/> Mailing Address PO Box 582 <hr/> City Kensington State MD Zip Code 20895 <hr/> Purpose of Disbursement Contribution Candidate Name LUCILLE ROYBAL-ALLARD FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 34 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4946 Date of Disbursement M M / D D / Y Y Y Y 08 / 20 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) ADAM SCHIFF <hr/> Mailing Address 777 S. Figueroa St., Ste. 4050 Suite 4050 <hr/> City Los Angeles State CA Zip Code 90017 <hr/> Purpose of Disbursement Contribution Candidate Name SCHIFF FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 29 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4955 Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

3000.00

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

**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 21 / 21

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)

<b>A.</b> Full Name (Last, First, Middle Initial) MIKE MR. THOMPSON <hr/> Mailing Address Post Office Box 10541 <hr/> City Napa State CA Zip Code 94581 <hr/> Purpose of Disbursement Contribution Candidate Name MIKE THOMPSON FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4968 Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2010
	Amount of Each Disbursement this Period 500.00
<b>B.</b> Full Name (Last, First, Middle Initial) PETER WELCH <hr/> Mailing Address 346 Town Farm Road <hr/> City Hartland State VT Zip Code 05048 <hr/> Purpose of Disbursement Contribution Candidate Name WELCH FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VT District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4942 Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2010
	Amount of Each Disbursement this Period 1000.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

1500.00

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

29500.00