Image# 14978281149 PAGE 1 / 30

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

					Office Use Only
NAME OF TOO COMMITTEE (in full)	YPE OR PRINT ▼	Example: I over the lire	f typing, type nes.	12FE4M5	
CA ASSOCIATION OF PHYS	ICIAN GROUPS FE	DERAL POLITICA	L ACTION COM	MITTEE (CA	PG FEDERAL PAC)
ADDRESS (number and street)	915 WILSHIRE BLVD	SUITE 1620			
Check if different					
than previously reported. (ACC)	LOS ANGELES			CA L	90017
2. FEC IDENTIFICATION NUM	//BER ▼	CITY 🛦		STATE 🛦	ZIP CODE ▲
C C00461756		3. IS THIS REPORT	NEW (N) OR	× AMI	ENDED
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)	May 20 (M5)	Aug 2	20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Due On.	Mar 20 (M3)	Jun 20 (M6)	Sep 2	20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15		Apr 20 (M4)	Jul 20 (M7)	Oct 2	0 (M10) Jan 31 (YE)
Quarterly Report (Q1) July 15 Quarterly Report (Q2)	PRE-Election		_	General (
October 15 Quarterly Report (Q3)	Report for th	ie: Convei	ntion (12C)	Special (1	2S)
January 31 Year-End Report (YE)	_	lection on	M / D D /	Y Y Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the		al (30G)	Runoff (30	DR) Special (30S)
Termination Report (TER)			M / D = D /	Y I Y I Y I Y	in the State of
5. Covering Period 07		013 thro	ugh 12	/ D D /	2013
I certify that I have examined this	Report and to the bear	st of my knowledge	and belief it is tru	ie, correct and	complete.
Type or Print Name of Treasurer	Donald H. Crane				
Signature of Treasurer Donald	H. Crane	[Electro	onically Filed]	Date 10	15 / 2014
NOTE: Submission of false, erroneo	us, or incomplete inforn	nation may subject th	e person signing th	nis Report to the	e penalties of 2 U.S.C. §437g.
Office Use Only					FEC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

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

01 2013 Report Covering the Period: 07 2013 12 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 16005.09 January 1, 2013 (b) Cash on Hand at 47026.21 Beginning of Reporting Period..... 74295.90 24057.29 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 71083.50 90300.99 6(a) and 6(c) for Column B)..... 37434.52 56652.01 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 33648.98 33648.98 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)

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

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

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

I. Receipts	COLUMN A	COLUMN B
. Contributions (other than loans) From:	Total This Period	Calendar Year-to-Date
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	22800.00	71850.00
(ii) Heitanaina d	1250.00	2435.00
(ii) Unitemized(iii) TOTAL (add	1250.00	2400.00
Lines 11(a)(i) and (ii)▶	24050.00	74285.00
(b) Political Party Committees	0.00	0.00
(b) Political Party Committees(c) Other Political Committees	5.00	7
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	24050.00	74285.00
Totals to Line 33, page 5)	24030.00	7-720.00
Party Committees	0.00	0.00
, 11		
3. All Loans Received	0.00	0.00
. Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
6. Refunds of Contributions Made	· · · · · · · · · · · · · · · · · · ·	
to Federal Candidates and Other	0.00	0.00
Political Committees	0.00	0.00
(Dividends, Interest, etc.)	7.29	10.90
Transfers from Non-Federal and Levin Funds	7.25	
(a) Non-Federal Account		
(from Schedule H3)	0.00	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
. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	24057.29	74295.90
. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	24057.29	74295.90

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	isbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Federal/Non-Federal		Outonadi Todi to Bato
• '	rom Schedule H4) eral Share	0.00	0.00
(i) i ede	stat State		
(ii) Non-	Federal Share	0.00	0.00
(b) Other Fe	deral Operating		
•	ıres	1334.52	2052.01
	erating Expenditures		
	a)(i), (a)(ii), and (b))	1334.52	2052.01
	Affiliated/Other Party	0.00	0.00
Contributions		0.00	0.00
and Other Po	idates/Committees litical Committees	36100.00	54600.00
Independent E	The state of the s	0.00	0.00
Coordinated F	e E) Party Expenditures	0.00	0.00
(2 U.S.C. §44	1a(d)) e F)	0.00	0.00
(use somedule	<i>5</i> 1 <i>)</i>		0.00
. Loan Repaym	ents Made	0.00	0.00
	<u>.</u>	0.00	0.00
Refunds of Co	ontributions To: ls/Persons Other		
	itical Committees	0.00	0.00
			0.00
	Party Committees	0.00	0.00
` '	litical Committees	0.00	0.00
(Such as	PACs)	0.00	
(d) Total Cor	ntribution Refunds		
(add Line	es 28(a), (b), and (c))▶	0.00	0.00
Other Disburs	ements	0.00	0.00
	_		
	on Activity (2 U.S.C. §431(20))		
,	Federal Election Activity		
	nedule H6)	0.00	0.00
(i) redera	al Share	7	9 9
(ii) "Levin	" Share	0.00	0.00
٠,,	Election Activity Paid Entirely	7	
` '	Federal Funds	0.00	0.00
(c) Total Fed	leral Election Activity (add		
Lines 30	(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
T			
	ements (add Lines 21(c), 22,		
23, 24, 25, 26	6, 27, 28(d), 29 and 30(c))	37434.52	56652.01
Total Federal	Disbursements		
	21(a)(ii) and Line 30(a)(ii)		
		37434.52	56652.01
		7 7	

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
3. Total Contributions (other than loans) (from Line 11(d), page 3)	24050.00	74285.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	24050.00	74285.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1334.52	2052.01
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	1334.52	2052.01

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

FOR LINE	R: P	AGE 6	OF	30			
(check only one)							
X 11a	11b	110	1	2			
13	14	15	1	6	17		

or	for commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.
\rangle		OUPS FEDERAL POLITICAL ACTION CO	DMMITTEE (CAPG FEDERAL PAC)
١.	Full Name (Last, First, Middle Initial) Dr. Hasmukh Amin MD		Date of Receipt
	Mailing Address 9508 Stockdale Hwy		M = M / D = D / Y = Y = Y
	Suite 150		09 13 2013
	City	State Zip Code	Transaction ID : SA11AI.5571
	Bakersfield	CA 93311	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer	Occupation	
	Riverwalk Pediatric Clinic Inc	Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General	nggrogate rear-to-bate ▼	
	Other (specify) ▼	1000.00	
3.	Full Name (Last, First, Middle Initial) Karla Ascencio		Date of Receipt
	Mailing Address 5652 Laramie Way		M = M / D = D / Y = Y = Y
	City	State Zip Code	08 12 2013 Transaction ID : \$411AL5519
	San Diego	CA 92120	Transaction ID : SA11AI.5519 Amount of Each Receipt this Period
			Amount of Lach neceipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer	Occupation	
	Sharp Community Medical Group	VP, Health Services	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General	nggrogate rear-to-bate ▼	
	Other (specify) ▼	250.00	
	Full Name (Last, First, Middle Initial)		
).	Dr. Javier Bustamante MD		Date of Receipt
	Mailing Address 2400 Nantes Way		09 20 2013
	City	State Zip Code	Transaction ID : SA11AI.5578
	Bakersfield	CA 93311	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer	Occupation	
	Self	Pediatrician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General		
	Other (specify) ▼	1000.00	
S	UBTOTAL of Receipts This Page (optional)		2250.00
		·	
T	OTAL This Period (last page this line number of	nlv)	

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

					PAGE	:	7	OF	30
(check only one)									
X	11a		11b		11c		12	2	
	13		14		15		16	6	17

or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CA ASSOCIATION OF PHYSICIAN G	ROUPS FEDERAL POLITICAL ACTION C	OMMITTEE (CAPG FEDERAL PAC)
Full Name (Last, First, Middle Initial) 1. Dr. Carlos Castro MD		Date of Receipt
Mailing Address 2340 E. 8th Street Ste. A		08 07 2013
City	State Zip Code	Transaction ID : SA11AI.5512
National City	CA 91950	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	
PCP South Bay/SCMG Affiliated	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) 3. William Chin MD	1	Date of Receipt
Mailing Address 19191 S. Vermont Avenue;	s-200	M M / D D / Y Y Y Y
		07 12 2013
City	State Zip Code	Transaction ID : SA11AI.5504
Torrance	CA 90502	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
HealthCare Partners Medical Group	Executive Medical Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Dr. Alan Conrad MD		Date of Receipt
Mailing Address 15721 Pomerado Road		07 26 2013
City	State Zip Code	Transaction ID : SA11AI.5508
Poway	CA 92064	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
North County Internists	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		1550.00
TOTAL This Period (last page this line number	r only)	

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

	FOR LINE NUMBER:				PAGE		8	OF		30	
(check only one)											
	X	11a		11b		11c		12			
		13		14		15		16			17

Full Name (Last, First, Middle Initial) Charles Deckert Mailing Address 10758 Carillon Ct City San Diego CA 92131 FEC ID number of contributing federal political committee. Name of Employer Sharp Community Medical Group Primary Other (specify) ▼ Cocupation Aggregate Vear-to-Date ▼ Primary Other (specify) ▼ Primary General Other (specify) ▼ Cocupation Physician Aggregate Year-to-Date ▼ Cocupation Physician Cocupation Physician Cocupation Physician Aggregate Year-to-Date ▼ Cocupation Physician Aggregate Year-to-Date ▼ Cocupation Physician Cocupation Physician Aggregate Year-to-Date ▼ Cocupation Physician Cocupation Physician Aggregate Year-to-Date ▼	NAME OF COMMITTEE (In Full)	the name and address of any political committee to GROUPS FEDERAL POLITICAL ACTION C	
Mailing Address 10758 Carillon Ct City San Diego CA 92131 FEC ID number of contributing federal political committee. Name of Employer Sharp Community Medical Group Primary General Other (specify) ▼ Capanyille CA Squeet 105 City State Squeet 105 City Squeet	Full Name (Last, First, Middle Initial)	S. C. S. E. E. C.	
City San Diego CA 92131 San Diego CA 92131 Amount of Each Receipt this Period Cardiplotting federal political committee. Name of Employer Sharp Community Medical Group Receipt For: Primary General Other (specify) ▼ 250.00 Full Name (Last, First, Middle Initial) Dr. Renu Deshpande MD Mailing Address 319 Diablo Rd Suite 105 City State Zip Code CA 94526 Danville CA 94526 Name of Employer Bay Valley Medical Group Felc ID number of contributing federal political committee. C Sulley Primary General Other (specify) ▼ 500.00 Full Name (Last, First, Middle Initial) Dr. Renu Deshpande MD Mailing Address 190 in Die Nation Receipt This Period Primary General Other (specify) ▼ 500.00 Full Name (Last, First, Middle Initial) Dr. Davidl Dougherty MD Mailing Address 1200 Camino Del Oeste City State Zip Code CA 93309 Full Name (Last, First, Middle Initial) Dr. Davidl Dougherty MD Mailing Address 1200 Camino Del Oeste CA 93309 FEC ID number of contributing federal political committee. C State Zip Code Salta State S	•		M = M / D = D / Y = Y = Y
San Diego CA 92131 Amount of Each Receipt this Perior FEC ID number of contributing federal political committee. Name of Employer Primary General Other (specify) ▼ City Danville CA Suite 105 City State CA 94526 Docupation Primary General City State Zip Code Physician Aggregate Year-to-Date ▼ Date of Receipt Date of Receipt South 1553 Amount of Each Receipt this Perior Foll Name (Last, First, Middle Initial) Date of Receipt Transaction ID: SA11AL5553 Amount of Each Receipt this Perior Fill Name (Last, First, Middle Initial) Dr. David Dougherty MD Mailing Address 1200 Camino Del Oeste CA 93309 Date of Receipt Transaction ID: SA11AL5555 Amount of Each Receipt this Perior Primary General City Aggregate Year-to-Date ▼ Primary General City Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Amount of Each Receipt this Perior Amount of Each Receipt t	City	State Zip Code	
FEC ID number of contributing federal political committee. Name of Employer Sharp Community Medical Group Healthcare Information Svcs Receipt For: Primary General Other (specify) ▼ 250.00 Full Name (Last, First, Middle Initial) Dr. Renu Deshpande MD Mailing Address 319 Diablo Rd Suite 105 City State Zip Code Danville CA 94526 FEC ID number of contributing federal political committee. Name of Employer Bay Valley Medical Group Primary General Other (specify) ▼ 500.00 Full Name (Last, First, Middle Initial) Dr. David Dougherty MD Mailing Address 1200 Camino Del Oeste City State Zip Code Suite 105 Cocupation Physician Aggregate Year-to-Date ▼ 500.00 Date of Receipt Transaction ID: SA11Al.5555 Amount of Each Receipt this Perior 9 06 2013 Transaction ID: SA11Al.5555 Amount of Each Receipt To: 09 06 2013 Transaction ID: SA11Al.5555 Amount of Each Receipt To: 09 06 2013 Transaction ID: SA11Al.5555 Amount of Each Receipt To: 09 06 2013 Transaction ID: SA11Al.5555 Amount of Each Receipt This Perior 100 09 06 2013 Transaction ID: SA11Al.5555 Amount of Each Receipt This Perior 100 09 06 2013 Transaction ID: SA11Al.5555 Amount of Each Receipt This Perior 101 09 06 2013 Transaction ID: SA11Al.5555 Amount of Each Receipt This Perior 102 09 06 2013 Transaction ID: SA11Al.5555 Amount of Each Receipt This Perior 103 06 2013 Transaction ID: SA11Al.5555 Amount of Each Receipt This Perior 104 07 07 07 07 07 07 07 07 07 07 07 07 07	San Diego		
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Receipt For:	Name of Employer	Occupation	
Primary General Other (specify) ▼ 250.00 Full Name (Last, First, Middle Initial) Dr. Renu Deshpande MD Mailing Address 319 Diablo Rd Suite 105 City State Zip Code CA 94526 Danville CA 94526 FEC ID number of contributing federal political committee. Name of Employer Bay Valley Medical Group Physician Receipt For: Primary General Other (specify) ▼ 500.00 Full Name (Last, First, Middle Initial) Dr. David Dougherty MD Mailing Address 1200 Camino Del Oeste CA 93309 Date of Receipt Transaction ID: SA11AL5553 Amount of Each Receipt this Period 500.00 Date of Receipt Transaction ID: SA11AL5553 Amount of Each Receipt This Period Transaction ID: SA11AL5555 Amount of Each Receipt This Period CA 93309 Date of Receipt Date of Receipt Transaction ID: SA11AL5555 Amount of Each Receipt this Period Transaction ID: SA11AL5555 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Transaction ID: SA11AL5555 Amount of Each Receipt this Period Transaction ID: SA11AL5555 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ Physician Receipt For: Primary General		Healthcare Information Svcs	
Teull Name (Last, First, Middle Initial) Dr. Renu Deshpande MD Mailing Address 319 Diablo Rd Suite 105 City Danville CA 94526 FEC ID number of contributing federal political committee. Name of Employer Bay Valley Medical Group Primary Other (specify) ▼ State Zip Code CA 94526 Coccupation Physician Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Dr. David Dougherty MD Mailing Address 1200 Camino Del Oeste City Bakersfield CA 93309 Date of Receipt Date of Receipt Aggregate Year-to-Date ▼ Date of Receipt Date of Receipt Transaction ID: SA11AL5553 Amount of Each Receipt this Period Date of Receipt Date of Recei		Aggregate Year-to-Date ▼	
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Suite 105 City Danville CA 94526 CA 94526 CA 94526 CA 94526 CA 94526 CA 94526 CA Physician Receipt For: Primary General Other (specify) ▼ CA Primary General City Bakersfield CA Primary General CA Primary General City Bakersfield CA Primary Cambor CA Primary Cambor CA Primary General City Bakersfield CA Primary CA Pr	Dr. Renu Deshpande MD	-	Date of Receipt
City State Zip Code Danville CA 94526 Transaction ID: SA11AL5553 Amount of Each Receipt this Period Agoregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Pakersfield City Bakersfield Ca Date of Receipt Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: SA11AL5553 Amount of Each Receipt this Period 500 Date of Receipt Transaction ID: SA11AL5553 Amount of Each Receipt this Period Transaction ID: SA11AL5553 Amount of Each Receipt this Period Transaction ID: SA11AL5553 Amount of Each Receipt this Period Transaction ID: SA11AL5553 Transaction ID: SA11AL5555 Amount of Each Receipt this Period Transaction ID: SA11AL5555 Transaction ID: SA11AL5555 Amount of Each Receipt this Period Transaction ID: SA11AL5555 Transaction ID: SA11AL5555 Amount of Each Receipt this Period Transaction ID: SA11AL5555 Transaction ID: SA11AL5555 Amount of Each Receipt this Period Transaction ID: SA11AL5555 Amount of Each Receipt this Period Transaction ID: SA11AL5555 Amount of Each Receipt this Period Transaction ID: SA11AL5555 Amount of Each Receipt this Period Transaction ID: SA11AL5555 Amount of Each Receipt this Period Transaction ID: SA11AL5555 Transaction ID: SA11AL5555 Amount of Each Receipt this Period Transaction ID: SA11AL5555 Transaction ID: SA11AL5555 Amount of Each Receipt this Period Transaction ID: SA11AL5555 Transaction ID: SA1			
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FEC ID number of contributing federal political committee. Name of Employer Bay Valley Medical Group Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Dr. David Dougherty MD Mailing Address 1200 Camino Del Oeste City State Zip Code CA 93309 FEC ID number of contributing federal political committee. Name of Employer Bakersfield Internal Medicine Receipt For: Primary General Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: SA11AL.5555 Amount of Each Receipt this Period 100	•	·	
Name of Employer Bay Valley Medical Group Physician			Amount of Each Receipt this Period
Bay Valley Medical Group Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. David Dougherty MD Mailing Address 1200 Camino Del Oeste City Bakersfield CA 93309 FEC ID number of contributing federal political committee. Name of Employer Bakersfield Internal Medicine Receipt For: Primary General Physician Aggregate Year-to-Date ▼ Date of Receipt M M M O O O O O O O O O O O O O O O O	· ·	C	500.00
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. David Dougherty MD Mailing Address 1200 Camino Del Oeste City State Zip Code CA 93309 FEC ID number of contributing federal political committee. Name of Employer Bakersfield Internal Medicine Receipt For: Primary General Aggregate Year-to-Date ▼ Date of Receipt Transaction ID : SA11AI.5555 Amount of Each Receipt this Period 100 Aggregate Year-to-Date ▼		Occupation	
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. David Dougherty MD Mailing Address 1200 Camino Del Oeste City State Zip Code Bakersfield CA 93309 FEC ID number of contributing federal political committee. Name of Employer Bakersfield Internal Medicine Receipt For: Primary General Primary General Aggregate Teal-10-Date ▼ Date of Receipt Transaction ID: SA11AI.5555 Amount of Each Receipt this Period 100		Physician	
Other (specify) ▼ 500.00 Full Name (Last, First, Middle Initial) Dr. David Dougherty MD Mailing Address 1200 Camino Del Oeste City Bakersfield CA 93309 FEC ID number of contributing federal political committee. Name of Employer Bakersfield Internal Medicine Receipt For: Primary General Date of Receipt 100 Aggregate Year-to-Date ▼		Aggregate Year-to-Date ▼	
Dr. David Dougherty MD Mailing Address 1200 Camino Del Oeste City Bakersfield FEC ID number of contributing federal political committee. Name of Employer Bakersfield Internal Medicine Receipt For: Primary Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		500.00	
Mailing Address 1200 Camino Del Oeste City State Zip Code Bakersfield CA 93309 FEC ID number of contributing federal political committee. Name of Employer Bakersfield Internal Medicine Receipt For: Primary General State Zip Code CA 93309 Amount of Each Receipt this Period 100 Aggregate Year-to-Date ▼			Date of Receipt
Bakersfield CA 93309 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C Name of Employer Bakersfield Internal Medicine Receipt For: Primary General Amount of Each Receipt this Period 100 Amount of Each Receipt this Period 100 Agregate Year-to-Date ▼	Mailing Address 1200 Camino Del Oeste		
Receipt For: Primary General Occupation Physician Aggregate Year-to-Date ▼	,	·	Transaction ID : SA11AI.5555 Amount of Each Receipt this Period
Bakersfield Internal Medicine Physician Receipt For: Primary General Aggregate Year-to-Date ▼	3	C	1000.00
Receipt For: Aggregate Year-to-Date ▼ Primary General	Name of Employer	Occupation	
Primary General		Physician	
		Aggregate Year-to-Date ▼	
LUTTER (SPECITY) -		1000.00	
Other (opcority)	Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Receipts This Page (optional)		1750.00

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

l	FOR LINE NUMBER:				PAGE	=	9	OF		30		
(check only one)												
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or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CA ASSOCIATION OF PHYSICIAN G	GROUPS FEDERAL POLITICAL ACTION CO	OMMITTEE (CAPG FEDERAL PAC)
Full Name (Last, First, Middle Initial) Paul Durr		Date of Receipt
Mailing Address 2128 Hills Lake Drive		08 12 <u>2013</u>
City	State Zip Code	Transaction ID : SA11AI.5525
El Cajon	CA 92020	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Sharp Healthcare	CFO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) B. Dr. Sergio Flores MD		Date of Receipt
Mailing Address 740 Country Club Lane		M = M / D = D / Y = Y = Y
City	State Zip Code	08 12 2013
Coronado	CA 92118	Transaction ID : SA11AI.5527 Amount of Each Receipt this Period
_		Amount of Lacif necelpt this Feriou
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
San Diego Digestive Disease Co	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Richard Ho MD		Date of Receipt
Mailing Address 57 Hardie Drive		09 06 2013
City	State Zip Code	Transaction ID : SA11AI.5557
Moraga	CA 94556	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Bay Valley Medical Group	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	gg. og ato 10 at to Dato 7	
Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional).		1250.00
TOTAL This Period (last page this line number	er only)	

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

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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) Full Name (Last, First, Middle Initial) Dr. Carolyn Hudson MD Date of Receipt Mailing Address 3305 Loreto Drive 06 2013 City State Zip Code Transaction ID: SA11AI.5559 CA San Ramon 94583 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation Pediatrician Bay Valley Medical Group Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Ronald Hull DPM Date of Receipt Mailing Address 27212 Calaroga Avenue 09 06 2013 City State Zip Code Transaction ID: SA11AI.5561 CA Hayward 94545 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Bay Valley Medical Group **Podiatrist** Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. John E. Jenrette MD Date of Receipt Mailing Address 850 Beech St #1205 80 12 2013 City State Zip Code Transaction ID: SA11AI.5528 CA San Diego 92101 Amount of Each Receipt this Period FEC ID number of contributing 2500.00 С federal political committee. Name of Employer Occupation CEO Sharp HealthCare Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) 3500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

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FEC ID number of contributing

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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Amount of Each Receipt this Period

1000.00

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) Full Name (Last, First, Middle Initial) Dr. Kaarel Kalijot MD Date of Receipt Mailing Address 6983 Broadway Terrace 10 2013 City State Zip Code Transaction ID: SA11AI.5581 CA Oakland 94611 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation Physician Bay Valley Medical Group Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. David Levinsohn MD Date of Receipt Mailing Address 13711 Merlado Drive 80 07 2013 City State Zip Code Transaction ID: SA11AI.5513

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

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

federal political committee.	C	1000.00
Name of Employer Synergy Surgical Medical Group Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Corey H Marco MD		Date of Receipt
Mailing Address 280 Avocado Avenue		08 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City El Cajon	State Zip Code CA 92020	Transaction ID : SA11AI.5531 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
Sharp Community Medical Group	Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
OUDTOTAL of Descriptor This Descriptor (Authors)		2500,00

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

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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 C	OMMITTEE (CAPG FEDERAL PAC)
Full Name (Last, First, Middle Initial) Or. Ada Marin MD Mailing Address 4912 Mt. Elbrus Drive		Date of Receipt
		08 12 2013
City San Diago	State Zip Code CA 92117	Transaction ID : SA11AI.5532
San Diego	OA 9211/	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Metro Family Physicians Med Gr	Family Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) 3. Dr. Franklin M. Martin MD		Date of Receipt
Mailing Address 8548 Donaker Street		08 07 2013
City	State Zip Code	Transaction ID : SA11AI.5515
San Diego	CA 92129	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	
Franklin M. Martin MD	Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Christopher McGlone		Date of Receipt
Mailing Address 17244 Eagle Canyon Place		08 13 2013
City San Diego	State Zip Code CA 92127	Transaction ID : SA11AI.5548
	On 92121	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Sharp Community Medical Group	coo	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	500.00	
SUBTOTAL of Receipts This Page (optional).		1250.00
TOTAL This Period (last page this line numb	er only)	

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13 OF 30 Use separate schedule(s) for each category of the 12 Detailed Summary Page 13 14 15 16 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) Full Name (Last, First, Middle Initial) Dr. Lynne Milgram MD Date of Receipt Mailing Address 11265 Corte Playa Corona 2013 City Zip Code State Transaction ID: SA11AI.5533 CA San Diego 92124 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation San Diego Health Alliance Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Lilia Oceguera MD Date of Receipt Mailing Address 27212 Calaroga Avenue 09 06 2013 City State Zip Code Transaction ID: SA11AI.5563 CA Hayward 94545 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Bay Valley Medical Group Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Richard Oken MD Date of Receipt Mailing Address 2999 Regent St. #325 09 13 2013 City State Zip Code Transaction ID: SA11AI.5573 CA Berkeley 94705 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Physician/President ABMG Self / East Bay Pediatrics Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional).....

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

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or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.
/	ROUPS FEDERAL POLITICAL ACTION C	OMMITTEE (CAPG FEDERAL PAC)
Full Name (Last, First, Middle Initial) Dr Nghia Pham MD Mailing Address 12739 Biola Avenue		Date of Receipt
City La Mirada	State Zip Code CA 90638	07 12 2013 Transaction ID : SA11AI.5505
FEC ID number of contributing federal political committee.	CA 90036	Amount of Each Receipt this Period 1000.00
Name of Employer HealthCare Partners	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Vincent Phillips MD Mailing Address 3838 San Dimas St		Date of Receipt
B-231 City Bakersfield	State Zip Code CA 93301	09 13 2013 Transaction ID : SA11AI.5574 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer C. Vincent Phillips MD Inc. Receipt For:	Occupation Surgeon	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Larry Pollack MD		Date of Receipt
Mailing Address 14150 Rancho Vista Bnd City	State Zip Code	08 12 2013
San Diego	State Zip Code CA 92130	Transaction ID : SA11AI.5536 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self	Occupation Plastic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	•	2250.00
TOTAL This Period (last page this line number	only)	

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

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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) CA ASSOCIATION OF PHYSICIAN	GROUPS FEDERAL POLITICAL ACTION C	OMMITTEE (CAPG FEDERAL PAC)
Full Name (Last, First, Middle Initial) A. Dr. Misha Roitshteyn MD		Date of Receipt
Mailing Address 7704 Cottonwood Ln		09 13 _ 2013 _
City	State Zip Code	Transaction ID : SA11AI.5576
Pleasnton	CA 94588	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Bay Valley Medical Group	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	55.15 12	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr. Kenneth J. Roth MD		Date of Receipt
Mailing Address 8765 Aero Drive		M = M / D = D / Y = Y = Y
#130	Chaha Zin Co-da	08 12 2013
City	State Zip Code	Transaction ID : SA11AI.5538
San Diego	CA 92123	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
San Diego Internal Medicine	President, SCMG, Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	0.0	
Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Dr. Fred Saleh MD		Date of Receipt
Mailing Address 3075 Health Center		08 12 2013
City	State Zip Code	Transaction ID : SA11AI.5539
San Diego	CA 92123	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self	Physician	
Receipt For:		
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional))	1750.00
TOTAL This Period (last page this line number	per only)	

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

	_	LINE	PAGE		16	OF		30			
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or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CA ASSOCIATION OF PHYSICIAN G	GROUPS FEDERAL POLITICAL ACTION CO	OMMITTEE (CAPG FEDERAL PAC)
Full Name (Last, First, Middle Initial) A. Dr. Samuel A. Skootsky MD		Date of Receipt
Mailing Address 2151 Balsam Avenue		07 26 2013
City	State Zip Code	Transaction ID : SA11AI.5511
Los Angeles	CA 90025	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
UCLA Medical Group	Medical Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr. Samuel A. Skootsky MD Mailing Address 2454 D. I.		Date of Receipt
Mailing Address 2151 Balsam Avenue		08 19 2013
City	State Zip Code	Transaction ID : SA11Al.5549
Los Angeles	CA 90025	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	
UCLA Medical Group	Medical Director	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	750.00	
Full Name (Last, First, Middle Initial) Dr. Samuel A. Skootsky MD		Date of Receipt
Mailing Address 2151 Balsam Avenue		09 20 2013
City	State Zip Code	Transaction ID : SA11AI.5580
Los Angeles	CA 90025	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
UCLA Medical Group	Medical Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (optional)	<u> </u>	750.00
TOTAL This Period (last page this line number	er only)	

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

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	GROUPS FEDERAL POLITICAL ACTION CO	OMMITTEE (CAPG FEDERAL PAC)
Full Name (Last, First, Middle Initial) Gary Sutter MD		Date of Receipt
Mailing Address 219 Howland Canal		07 12 _ 2013 _
City	State Zip Code	Transaction ID : SA11AI.5507
Venice	CA 90291	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
HealthCare Partners Medical Group	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Dr. Salvatore Tarantino MD		Date of Receipt
Mailing Address 8881 Fletcher Parkway		M = M / D = D / Y = Y = Y
Suite #370 City	State Zip Code	09 06 2013
La Mesa	CA 91942	Transaction ID : SA11AI.5565 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	
Caring Physicians Medical Grp	Physician, Internal Medicine	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Suman Veeragandham MD		Date of Receipt
Mailing Address 5806 Newfields Ln		09 06 2013
City Dublin	State Zip Code CA 94568	Transaction ID : SA11AI.5567 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Bay Valley Medical Group	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
		1750.00

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

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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 C	OMMITTEE (CAPG FEDERAL PAC)
Full Name (Last, First, Middle Initial) Dr. Kenneth Warm MD Mailing Address 2205 Westland Ave		Date of Receipt
City	State Zip Code	08 12 2013 Transaction ID : SA11AI.5544
San Diego	CA 92104	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Cosonado Medical Group	Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) 3. John Young		Date of Receipt
Mailing Address 10600 Redbridge Way		09 06 2013
City Bakersfield	State Zip Code CA 93311	Transaction ID : SA11AI.5569
	CA 93311	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
San Joaquin Family Medicine	Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M = M / D = D / Y = Y = Y
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼		
SUBTOTAL of Receipts This Page (optional)	_	1250.00
TOTAL This Period (last page this line number	per only)	22800.00

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE 19 OF 30
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	
	Detailed Summary Page	X 21b	22 23	24 25 26
		27	28a 28b	28c 29 30b
Any information copied from such Reports and State or for commercial purposes, other than using the				
NAME OF COMMITTEE (In Full) CA ASSOCIATION OF PHYSICIAN GRO	DUPS FEDERAL POLITICA	L ACTION C	OMMITTEE (CAPO	FEDERAL PAC)
Full Name (Last, First, Middle Initial)				
A. Ahlstrom & Baker CPAs			Date of Disbursem	ent / Y Y Y Y Y Y Y
Mailing Address 10621 Calle Lee Suite 153			07 03	2013
City	State Zip Code CA 90720		Transaction ID :	SB21B.5523
Los Alamitos Purpose of Disbursement	CA 90720			
Tax preparation service			Amount of Each D	isbursement this Period
Candidate Name		Category/ Type	7	500.00
Senate President	sement For: Primary General Other (specify)			
State: District:				
Full Name (Last, First, Middle Initial) B. Intuit Payment Solutions			Date of Disbursem	_
Mailing Address 21215 Burbank Blvd Suite 100			07 16	2013
City Woodland Hills	State Zip Code CA 91367		Transaction ID :	SB21B.5497
Purpose of Disbursement Credit card transaction fee			Amount of Each D	isbursement this Period
Candidate Name		Category/ Type		16.40
Office Sought: House Disbur	sement For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) C. Intuit Payment Solutions			Date of Disbursem	_
Mailing Address 21215 Burbank Blvd Suite 100			08 06	2013
City Woodland Hills	State Zip Code CA 91367		Transaction ID :	SB21B.5498
Purpose of Disbursement Credit card transaction fee				
Candidate Name		Category/ Type	Amount of Each D	isbursement this Period 8.46
Office Sought: House Disbur	sement For: Primary General Other (specify) ▼	71-		
SUBTOTAL of Disbursements This Page (optional TOTAL This Period (last page this line number of	·			524.86

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE 20 OF 30
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	
	Detailed Summary Page	X 21b	22 23	24 25 26
<u> </u>		27	28a 28b	28c 29 30b
Any information copied from such Reports and State or for commercial purposes, other than using the national commercial purposes.				
NAME OF COMMITTEE (In Full) CA ASSOCIATION OF PHYSICIAN GROU	IPS FEDERAL POLITICA	L ACTION CO	OMMITTEE (CAPG	FEDERAL PAC)
Full Name (Last, First, Middle Initial)				
A. Intuit Payment Solutions			Date of Disburseme	ent
Mailing Address 21215 Burbank Blvd Suite 100			08 15	2013
City	State Zip Code		Transaction ID : S	SB21B 5499
Woodland Hills Purpose of Disbursement	CA 91367		Transaction 12 T	552.5.0.100
Credit card transaction fee			Amount of Each Di	sbursement this Period
Candidate Name		Category/ Type	7	82.82
Senate President	ment For: Primary General Other (specify)			
State: District:				
Full Name (Last, First, Middle Initial) B. Intuit Payment Solutions			Date of Disburseme	ent
Mailing Address 21215 Burbank Blvd Suite 100			09 03	2013
City Woodland Hills	State Zip Code CA 91367		Transaction ID :	SB21B.5500
Purpose of Disbursement Credit card transaction fee			Amount of Each Di	sbursement this Period
Candidate Name		Category/ Type		186.99
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) C. Intuit Payment Solutions			Date of Disburseme	_
Mailing Address 21215 Burbank Blvd Suite 100			10 03	2013
City Woodland Hills	State Zip Code CA 91367		Transaction ID :	SB21B.5501
Purpose of Disbursement				
Credit card transaction fee Candidate Name		Category/ Type	Amount of Each Di	sbursement this Period 19.95
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼	71		
1				
SUBTOTAL of Disbursements This Page (optional). TOTAL This Period (last page this line number only				289.76

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER:	PAGE 21 OF 30
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	
	Detailed Summary Page	X 21b	22 23	24 25 26
		27	28a 28b	28c 29 30b
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NAME OF COMMITTEE (In Full) CA ASSOCIATION OF PHYSICIAN GROU	PS FEDERAL POLITICAI	L ACTION CO	OMMITTEE (CAPG F	FEDERAL PAC)
Full Name (Last, First, Middle Initial)				
A. Intuit Payment Solutions			Date of Disbursemen	t /
Mailing Address 21215 Burbank Blvd Suite 100			11 04	2013
•	State Zip Code		Transaction ID : SE	321B.5502
Woodland Hills Purpose of Disbursement	CA 91367			
Credit card transaction fee			Amount of Each Disb	oursement this Period
Candidate Name		Category/ Type		19.95
Office Sought: House Disburser Senate President	nent For: Primary General Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial) B. Intuit Payment Solutions			Date of Disbursemen	t
Mailing Address 21215 Burbank Blvd Suite 100			12 02	2013
Woodland Hills	State Zip Code CA 91367		Transaction ID : SE	321B.5503
Purpose of Disbursement Credit card transaction fee			Amount of Each Disb	oursement this Period
Candidate Name		Category/ Type		19.95
Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) C. Merrill Lynch			Date of Disbursemen	t
Mailing Address 2442 Avenida De la Carlota Suite 400			07 03	2013
City S Laguna Hills	State Zip Code CA 92653		Transaction ID : SE	321B.5490
Purpose of Disbursement Bank fee		· · · ·	Amount of Each Disb	surreament this Pariod
Candidate Name		Category/ Type	Amount of Lacif biss	300.00
Office Sought: House Disburser	nent For: Primary General Other (specify)			
Diametric Diamet				
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only)			5	339.90

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A. BENNET FOR COLORADO			Date of Disburseme	
Mailing Address PO BOX 3078			11 06	2013
City	State Zip Code		Transaction ID : S	R23 5614
DENVER	CO 80201		Transaction ID: S	,DEJ.JU 14
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MICHAEL F BENNET		Type		3000.00
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B. BERA FOR CONGRESS			Date of Disburseme	
Mailing Address Post Office Box 582496			09 / 30	2013
City Elk Grove	State Zip Code CA 95758		Transaction ID : S	B23.5605
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AMERISH BERA Office Sought: V House Disburs	ement For: 00::	Type		1000.00
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State: CA District: 03 Full Name (Last, First, Middle Initial)				
C. BILL CASSIDY FOR US SENATE	<u> </u>		Date of Disburseme	
Mailing Address PO BOX 80505			07 22	2013
City	State Zip Code		Transaction ID C	B23 5502
BATON ROUGE	LA 70898		Transaction ID : S	,uz
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Candidate Name		_	Amount of Each Dis	sbursement this Period
WILLIAM CASSIDY		Category/ Type		1000.00
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A. COMMITTEE TO RE-ELECT LIND	A SANCHEZ				D / Y Y Y Y
Mailing Address 1212 S. Victory Blvd SUITE 211	State Zip Coo	do		11	2013
City BURBANK	CA 91502			Transaction II	D : SB23.5617
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LINDA SANCHEZ			Туре		1000.00
	ment For: 2014 Primary Ge Other (specify) ▼	eneral			
State: CA District: 39					
Full Name (Last, First, Middle Initial)					
B. CONGRESSMAN WAXMAN CAM	PAIGN COMM	/IITTEE		Date of Disburs	ement
Mailing Address 6380 Wilshire Blvd. #1612				08	12 2013
Los Angeles	State Zip Cod CA 90048			Transaction II	D : SB23.5600
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Candidate Name HENRY A. WAXMAN			Category/ Type		1000.00
	ment For: 2014		Турс		
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State: CA District: 30	,				
Full Name (Last, First, Middle Initial) C. DEMOCRATIC CONGRESSIONA	L CAMPAIGN	COMM	ITTEE	Date of Disburs	ement
Mailing Address 430 South Capitol Street, SE					D / Y Y Y Y Y Y Y O Y O O O O O O O O O O
2nd Floor					
City Washington Purpose of Disbursement	State Zip Cod DC 20003	de		Transaction II	D : SB23.5618
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A. FRIENDS FOR JIM MCDERMOTT	<u> </u>		Date of Disburseme	ent
Mailing Address PO BOX 21786			08 05	2013
,	State Zip Code		Transaction ID : S	B23.5595
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Candidate Name JAMES MCDERMOTT		Category/		1000.00
	ment For: 2014	Туре		
	Primary General Other (specify) ▼			
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Full Name (Last, First, Middle Initial)				
B. FRIENDS OF JOE HECK			Date of Disburseme	
Mailing Address PO BOX 750114			07 22	2013
City S	State Zip Code NV 89136		Transaction ID : S	B23.5586
Purpose of Disbursement	09136			
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Candidate Name JOE HECK		Category/		1000.00
	ment For: 2014	Туре		7
Senate	Primary General			
	Other (specify) ▼			
State: NV District: 03 Full Name (Last, First, Middle Initial)				
C. FRIENDS OF JOHN BARRASSO			Date of Disburseme	
Mailing Address PO BOX 52008			12 / D D D 11	2013
City	State Zip Code		Transaction ID : S	
CASPER	WY 82605		Transaction ID : S	,D2J.JUZU
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JOHN A BARRASSO		Type		1000.00
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NAME OF COMMITTEE (In Full)				
CA ASSOCIATION OF PHYSICIAN GROU	PS FEDERAL POLITIC	AL ACTION C	OMMITTEE (CAPG FEDERAL P	AC)
			(2 22	- ,
Full Name (Last, First, Middle Initial)				
A. FRIENDS OF LOIS CAPPS			Date of Disbursement	
Mailing Address DO Day 20040			M M / D D / Y Y Y Y	Y
Mailing Address PO Box 23940			12 09 2013	
City	State Zip Code			
Santa Barbara	CA 93121		Transaction ID : SB23.5619	
Purpose of Disbursement				
		<u> </u>	Amount of Each Disbursement this	Period
Candidate Name		Category/	100	00.00
LOIS G CAPPS		Type	100	33.00
	ment For: 2014			
Senate President	Primary General Other (specify)			
State: CA District: 23	Other (specify)			
Full Name (Last, First, Middle Initial)				
B. GARAMENDI FOR CONGRESS			Date of Disbursement	
ON TO MAIL ADEL ON CONTROLLOG			M = M / D = D / Y = Y = Y	Y
Mailing Address C/O CALIFORNIA POLITICAL LA	W, INC.		10 23 2013	
3605 LONG BEACH BLVD., STE.	426			
•	State Zip Code		Transaction ID : SB23.5606	
LONG BEACH Purpose of Disbursement	CA 90807			
. arpood or biobulounion			Amount of Each Disbursement this	Period
Candidate Name		Cotogogy		
JOHN GARAMENDI		Category/ Type	100	00.00
Office Sought: House Disburser	ment For: 2014			
	Primary General			
President	Other (specify) ▼			
State: CA District: 03				
Full Name (Last, First, Middle Initial)			Data of Distance	
C. GINGREY FOR SENATE INC			Date of Disbursement	
Mailing Address PO BOX U			08 05 2013	Y
Maining Address FO BOA U			2010	
City	State Zip Code		Transaction ID - CD02 FF02	
MARIETTA	GA 30060		Transaction ID : SB23.5592	
Purpose of Disbursement				
Candidate Name			Amount of Each Disbursement this	Period
J PHILLIP GINGREY		Category/	100	00.00
	ment For: 2014	Туре		T
Senate	Primary General			
President	Other (specify)			
State: GA District: 00	· · · · · · · · · · · · · · · · · · ·			
SUBTOTAL of Disbursements This Page (optional)			300	00.00
, , , , , , , , , , , , , , , , , , ,				
TOTAL This Period (last page this line number only))			

	1000	anala adeced (/ S	FOR LINE	NUMBER:	PAGE 28 OF 30
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 27	one) 22 X 23 28a 28b	24 25 26 28c 29 30
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NAME OF COMMITTEE (In Full) CA ASSOCIATION OF PHYSICIAN GROU					
Full Name (Last, First, Middle Initial)					
A. ISSA FOR CONGRESS Mailing Address PO BOX 760				Date of Disburse	D / Y Y Y Y Y
	Stato	Zin Codo			
City VISTA	State CA	Zip Code 92085		Transaction ID	: SB23.5623
Purpose of Disbursement Candidate Name				Amount of Each	Disbursement this Period
DARRELL E ISSA			Category/ Type		1000.00
Senate President	ment For: 2 Primary Other (spe	General			
State: CA District: 49 Full Name (Last, First, Middle Initial)					
3. KEVIN MCCARTHY FOR CONGR	RESS			Date of Disburse	
Mailing Address PO Box 12667					9 2013
5					
City Bakersfield	State CA	Zip Code 93389		Transaction ID	: SB23.5601
City					: SB23.5601 Disbursement this Period
City Bakersfield Purpose of Disbursement Candidate Name			Category/		
City Bakersfield Purpose of Disbursement Candidate Name KEVIN MCCARTHY Office Sought: House Senate President Disburse		93389 2014 General	Category/ Type		Disbursement this Period
City Bakersfield Purpose of Disbursement Candidate Name KEVIN MCCARTHY Office Sought: House Disburse	ment For:	93389 2014 General			Disbursement this Period 2500.00
City Bakersfield Purpose of Disbursement Candidate Name KEVIN MCCARTHY Office Sought: House Senate President State: CA District: 22 Full Name (Last, First, Middle Initial)	ment For:	93389 2014 General		Amount of Each	Disbursement this Period 2500.00 ment
City Bakersfield Purpose of Disbursement Candidate Name KEVIN MCCARTHY Office Sought: House Senate President State: CA District: 22 Full Name (Last, First, Middle Initial) NEW PAC Mailing Address P.O. BOX 7480 City VISALIA	ment For:	93389 2014 General		Amount of Each Date of Disburse	Disbursement this Period 2500.00 ement 2013
City Bakersfield Purpose of Disbursement Candidate Name KEVIN MCCARTHY Office Sought: House Senate President State: CA District: 22 Full Name (Last, First, Middle Initial) NEW PAC Mailing Address P.O. BOX 7480 City	ment For: Primary Other (spec	93389 2014 General cify) Zip Code	Type Category/	Date of Disburse	Disbursement this Period 2500.00 ment 2013 : SB23.5589 Disbursement this Period
City Bakersfield Purpose of Disbursement Candidate Name KEVIN MCCARTHY Office Sought: House Senate President State: CA District: 22 Full Name (Last, First, Middle Initial) NEW PAC Mailing Address P.O. BOX 7480 City VISALIA Purpose of Disbursement Candidate Name	ment For: Primary Other (spec	93389 2014 General cify) Zip Code 93290 General	Туре	Date of Disburse	Disbursement this Period 2500.00 ement 2 2013 : SB23.5589

SCHEDULE B (FEC Form 3X)	11	FOR LINE I	NUMBER:	PAGE 29 OF 30
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the) (check only	one)] 04
	Detailed Summary Page	21b 27	22 X 23 28b	24 25 26 28c 29 30
Any information copied from such Reports and Statem	pents may not be cald are			
or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full)	71		<u>-</u>	
CA ASSOCIATION OF PHYSICIAN GROUP	PS FEDERAL POLITIC	AL ACTION CO	OMMITTEE (CAPG	FEDERAL PAC)
Full Name (Leet First Miles) 1 11 1				
Full Name (Last, First, Middle Initial)			Date of Disbursemer	nt
A. PALLONE FOR CONGRESS				
Mailing Address PO BOX 3176			07 / D D D D D D D D D D D D D D D D D D	2013
	State Zip Code	Ī	Transaction ID : SI	B23.5591
Long Branch Purpose of Disbursement	NJ 07740			
. ฉ.พอออ อา พอพนาอยากยาโ			Amount of Each Diel	bursement this Period
Candidate Name		Cotorr	Or Edolf DIS.	
FRANK JR PALLONE		Category/ Type		1000.00
	nent For: 2014	75-7		
Senate	Primary General			
President	Other (specify) ▼			
State: NJ District: 06				
Full Name (Last, First, Middle Initial)				
B. PRICE FOR CONGRESS			Date of Disbursemer	nt
Mailing Address B. S. B. S.			M M / D D	/ Y Y Y Y Y Y Y 2013
Mailing Address P.O. BOX 425			10 23	2013
,	State Zip Code		Transaction ID : S	B23.5607
	GA 30077			
Purpose of Disbursement	_		Amount of Foot Dire	bursement this Period
Candidate Name		السياا	Amount of Each Dis	Surgement this Period
THOMAS EDMUNDS PRICE		Category/ Type	L	1000.00
	nent For: 2014	, y p c	7	
	Primary General			
	Other (specify)			
State: GA District: 06	· •			
Full Name (Last, First, Middle Initial)				
C. SCOTT PETERS FOR CONGRES	S		Date of Disbursemen	nt
Molling Addition			M M / D D	/ Y Y Y Y Y Y
Mailing Address PO BOX 70980			09 19	2013
City	state Zip Code			Doc 505-
WASHINGTON	DC 20024		Transaction ID : SI	В23.5602
Purpose of Disbursement				
-		<u> </u>	Amount of Each Disl	bursement this Period
Candidate Name		Category/		1000.00
SCOTT PETERS	oont Fam.	Type		1000.00
	nent For: 2014			
	Primary General Other (specify) ▼			
State: CA District: 52	outer (abecity) ▲			
SUBTOTAL of Disbursements This Page (optional)		k		3000.00
0. 5.000.00monto This Faye (uptional)				
				

ITEMIZED DISBURSEMENTS		, FOR LINE	NUMBER: PAGE 30 OF 30
	Use separate schedule(s for each category of the	(check only	one)
	Detailed Summary Page	21b	22 X 23 24 25 26 28a 28b 28c 29 30b
	<u> </u>		
Any information copied from such Reports and State or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full) CA ASSOCIATION OF PHYSICIAN GROUNDS	JPS FEDERAL POLITIC	AL ACTION CO	OMMITTEE (CAPG FEDERAL PAC)
Full Name (Last, First, Middle Initial)			
A. VALADAO FOR CONGRESS			Date of Disbursement
Mailing Address 504 VAN NESS			08 05 2013
City	State Zip Code		Transaction ID : SB23.5599
FRESNO	CA 93721		
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name		Category/	2600.00
DAVID VALADAO	week Frances	Туре	1000.00
Office Sought: House Disburse	ement For: 2014 Primary General Other (specify)		
State: CA District: 21	•		
Full Name (Last, First, Middle Initial)			
B. WELCH FOR CONGRESS			Date of Disbursement
Mailing Address PO BOX 1682			10 29 2013
City BURLINGTON	State Zip Code VT 05402		Transaction ID : SB23.5613
		1	
Purpose of Disbursement			Amount of Each Disbursement this Period
Purpose of Disbursement Candidate Name PETER WELCH		Category/ Type	Amount of Each Disbursement this Period 2500.00
Candidate Name PETER WELCH Office Sought: House Disburse	ement For: 2014		
Candidate Name PETER WELCH Office Sought: House Disburse Senate Disburse Disb	Primary General		
Candidate Name PETER WELCH Office Sought: House Disburse			
Candidate Name PETER WELCH Office Sought: House Senate President State: VT District: 00 Full Name (Last, First, Middle Initial)	Primary General		
Candidate Name PETER WELCH Office Sought: House Senate President State: VT District: 00	Primary General		2500.00
Candidate Name PETER WELCH Office Sought: House Senate President State: VT District: 00 Full Name (Last, First, Middle Initial)	Primary General		Date of Disbursement
Candidate Name PETER WELCH Office Sought: House Senate President State: VT District: 00	Primary General		Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Candidate Name PETER WELCH Office Sought: House Senate President State: VT District: 00 Full Name (Last, First, Middle Initial) C. WYDEN FOR SENATE Mailing Address 232 NE 9TH AVENUE City PORTLAND	Primary General Other (specify) ▼		Date of Disbursement
Candidate Name PETER WELCH Office Sought: House Senate President State: VT District: 00 Full Name (Last, First, Middle Initial) C. WYDEN FOR SENATE Mailing Address 232 NE 9TH AVENUE City	Primary General Other (specify) ▼ State Zip Code		Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Candidate Name PETER WELCH Office Sought: House Senate President State: VT District: 00 Full Name (Last, First, Middle Initial) C. WYDEN FOR SENATE Mailing Address 232 NE 9TH AVENUE City PORTLAND Purpose of Disbursement	Primary General Other (specify) ▼ State Zip Code	Туре	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Candidate Name PETER WELCH Office Sought: House Senate President State: VT District: 00 Full Name (Last, First, Middle Initial) C. WYDEN FOR SENATE Mailing Address 232 NE 9TH AVENUE City PORTLAND Purpose of Disbursement Candidate Name	Primary General Other (specify) ▼ State Zip Code	Type Category/	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Candidate Name PETER WELCH Office Sought: House Senate President State: VT District: 00 Full Name (Last, First, Middle Initial) C. WYDEN FOR SENATE Mailing Address 232 NE 9TH AVENUE City PORTLAND Purpose of Disbursement Candidate Name RONALD L WYDEN	Primary General Other (specify) ▼ State Zip Code OR 97232	Туре	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Candidate Name PETER WELCH Office Sought: House Senate President State: VT District: 00 Full Name (Last, First, Middle Initial) C. WYDEN FOR SENATE Mailing Address 232 NE 9TH AVENUE City PORTLAND Purpose of Disbursement Candidate Name RONALD L WYDEN	Primary General Other (specify) ▼ State Zip Code	Type Category/	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Candidate Name PETER WELCH Office Sought: House Senate President State: VT District: 00 Full Name (Last, First, Middle Initial) C. WYDEN FOR SENATE Mailing Address 232 NE 9TH AVENUE City PORTLAND Purpose of Disbursement Candidate Name RONALD L WYDEN Office Sought: House Senate	Primary General Other (specify) ▼ State Zip Code OR 97232 ement For: 2016 Primary General	Type Category/	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Candidate Name PETER WELCH Office Sought: House Senate President State: VT District: 00	Other (specify) ▼ State Zip Code OR 97232 ement For: 2016 Primary General Other (specify) ▼	Category/ Type	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y