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FEC MAIL CENTER

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) [ ] (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

California Association of Physician Groups (CAPG) Physicians Independent Expenditure Committee

(CAPG Physicians IEC)

ADDRESS (number and street) 915 Wilshire Blvd., Suite 1620

[ ] (Check if address is changed)

Los Angeles | CA | 90017 -

CITY | STATE | ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

[ ] (Check if address is changed) wbarcellona@capg.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

[ ] (Check if address is changed) http://www.capg.org

2. DATE M 01 / D 19 / Y 2011

3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT [X] NEW (N) OR [ ] AMENDED (A)

I certify that I have examined this Statement 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 [signature] Date M 01 / D 19 / Y 2011

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only				

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

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(Revised 02/2009)

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