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PAGE 1 / 22

I

FEC FORM 3X	AND	DRT OF DISBUR r Than An Aut	SEMEN	TS	Office	Jse Only
1. NAME OF COMMITTEE (in 1	TYPE OR	PRINT V	Example: If over the line		12FE4M5	
				-		
						· · · · · · · · · · · · · · · · · · ·
ADDRESS (number and		SHIRE BLVD SUIT	E 1620			
Check if diffe than previous reported. (AC	rent	NGELES			CA 9001	7 
2. FEC IDENTIFICA	TION NUMBER	CIT	TY ▲	Ş	STATE	ZIP CODE
C C00461756	)		S THIS REPORT X	NEW (N) <b>OR</b>	AMENDED (A)	
<ul> <li><b>4. TYPE OF REP</b> (Choose One)</li> <li>(a) Quarterly Rep</li> </ul>	Re Du	e On:	20 (M2) 20 (M3)	May 20 (M5) Jun 20 (M6)	Aug 20 (M8) Sep 20 (M9)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
July 15 Quarterly October Quarterly January	Report (Q3) 31	12-Day PRE-Election Report for the: Election	20 (M4) Primary Conventi		Oct 20 (M10) General (12G) Special (12S)	in the State of
July 31 N Report (1 Year Onl	Non-election	30-Day POST-Election Report for the:	General	(30G)	Runoff (30R)	in the State of
5. Covering Period	07 0		throug		3120	Y Y 115
I certify that I have ex Type or Print Name of		and to the best of H. Crane	my knowledge a	nd belief it is tru	e, correct and comple	ete.
Signature of Treasurer					Date 01 3	
NOTE: Submission of fa	alse, erroneous, or in	complete information	n may subject the	person signing th	FEO	ties of 2 U.S.C. §437g. C FORM 3X Rev. 12/2004

	FEC Form 3X (Rev. 02/2003)	SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS	Page 2
	Irite or Type Committee Name		
_	CAPG FEDERAL PAC		
R	eport Covering the Period: From:	07 / 01 / Y Y Y Y 2015 To	o: 12 / 31 / Y Y Y Y 31 2015
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2015		58469.18
	(b) Cash on Hand at Beginning of Reporting Period	78163.58	
	(c) Total Receipts (from Line 19)	25555.25	60586.21
	<ul><li>(d) Subtotal (add Lines 6(b) and</li><li>6(c) for Column A and Lines</li><li>6(a) and 6(c) for Column B)</li></ul>	103718.83	119055.39
7.	Total Disbursements (from Line 31)	20886.16	36222.72
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	82832.67	82832.67
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

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## **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

# Write or Type Committee Name CAPG FEDERAL PAC

Report Covering the Period: From: 07	01 2015 T	o: 12 31 2015
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	25500.00	56200.00
(ii) Unitemized	50.00	4375.00
(iii) TOTAL (add		7 7
Lines 11(a)(i) and (ii)	25550.00	60575.00
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7 7
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		7 7
(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)	25550.00	60575.00
. Transfers From Affiliated/Other		
	0.00	0.00
Party Committees	0.00	0.00
	0.00	0.00
. All Loans Received		
. 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
. Refunds of Contributions Made	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,
to Federal Candidates and Other		
Political Committees	0.00	0.00
. Other Federal Receipts		
(Dividends, Interest, etc.)	5.25	11.21
. Transfers from Non-Federal and Levin Funds 느		/3. /3. /4.
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
	7 7 7	
. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c)) ►	25555.25	60586.21
12, 10, 11, 10, 10, 17, and 10(0))	20000.20	
Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	25555.25	60586.21
(Subilaci Line 10(C) 110111 Line 13)	2000.20	00300.2

## DETAILED SUMMARY PAGE

II. Disbursements	COLUMN A	COLUMN B
	Total This Period	Calendar Year-to-Date
. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.0
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	1361.16	2197.72
<ul> <li>(c) Total Operating Expenditures</li> <li>(add 21(a)(i), (a)(ii), and (b))</li> </ul>	1361.16	2197.7
Transfers to Affiliated/Other Party		
Committees Contributions to Federal Candidates/Committees	0.00	0.0
and Other Political Committees	19525.00	34025.00
Independent Expenditures (use Schedule E) Coordinated Party Expenditures	0.00	0.0
Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
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	0.0
<ul> <li>(d) Total Contribution Refunds</li> <li>(add Lines 28(a), (b), and (c))</li> </ul>	0.00	0.00
. Other Disbursements	0.00	0.00
Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.0
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))►	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	20886.16	36222.7
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	20886.16	36222.72

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#### DETAILED SUMMARY PAGE

of Disbursements

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)	25550.00	60575.00
<ol> <li>Total Contribution Refunds (from Line 28(d))</li> </ol>	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	25550.00	60575.00
<ol> <li>Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))</li> </ol>	1361.16	2197.72
<ol> <li>Offsets to Operating Expenditures (from Line 15, page 3)</li> </ol>	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	1361.16	2197.72

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	Statements may not be sold or used by any pe ne name and address of any political committee	
NAME OF COMMITTEE (In Full) CAPG FEDERAL PAC		
Full Name (Last, First, Middle Initial)         A.         Stan Arnold MD         Mailing Address 11301 Dannen Drive         City         Santa Ana         FEC ID number of contributing federal political committee.         Name of Employer         Edinger Medical Group         Receipt For:         Primary       General         Other (specify) ▼	State CA       Zip Code 92705         C       Occupation         Physician       Aggregate Year-to-Date ▼         1000.00       1000.00	Date of Receipt          08       05       2015         Transaction ID : SA11AL6057         Amount of Each Receipt this Period         1000.00
Full Name (Last, First, Middle Initial) Matthew Boone MD Mailing Address 468 Abbie Way City Costa Mesa FEC ID number of contributing federal political committee. Name of Employer Edinger Medical Group Receipt For:	State Zip Code CA 92627 C Occupation Physician Aggregate Year-to-Date ▼	Date of Receipt 08 05 2015 Transaction ID : SA11AI.6058 Amount of Each Receipt this Period 1000.00
Primary       General         Other (specify) ▼         Full Name (Last, First, Middle Initial)         Valery Brouwer MD         Mailing Address 28361 Silverton Dr.	1000.00	Date of Receipt
City Laguna Niguel FEC ID number of contributing federal political committee. Name of Employer Edinger Medical Group Receipt For: □ Primary □ General Other (specify) ▼	State CA     Zip Code 92677       C     Occupation       Physician       Aggregate Year-to-Date ▼       1000.00	08     26     2015       Transaction ID : SA11AI.6059       Amount of Each Receipt this Period       1000.00
SUBTOTAL of Receipts This Page (optional)	▶	3000.00
TOTAL This Period (last page this line numbe	r only)	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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			Detailed Summary Page		11a 13		11b 14	11c	12	17				
	y information copied from such Reports and S for commercial purposes, other than using the				or the		pose of	soliciting	contribu	tions				
$\rangle$	NAME OF COMMITTEE (In Full) CAPG FEDERAL PAC					-								
Α.	Full Name (Last, First, Middle Initial) Shelley Chacon MD						Date of Receipt							
	Mailing Address 5952 Littlefield Dr						05	) / Y	у у 2015	Y				
	City	State	Zip Code		Trans	acti	ion ID :	SA11AI.	6060					
	Huntington Beach	CA	92648	A	Amount	t of	Each R	Receipt th	is Period					
	FEC ID number of contributing federal political committee.	С					,		1000	0.00				
	Name of Employer	Occupation												
	Edinger Medical Group	Physician												
	Receipt For:	Aggregate	Year-to-Date <b>V</b>											
	Other (specify)		1000.00	]										
B.	Full Name (Last, First, Middle Initial) Karen Don MD				Date of	Re	eceipt							
	Mailing Address 309 Bay Hill Drive		08 05 2015						Y					
	City	State	Zip Code		Trans	acti	ion ID :	SA11AL	6061					
	Newport Beach	CA	92660	/	Amount	t of	Each R	Receipt th	is Period					
	FEC ID number of contributing federal political committee.	С					<b>7</b>		1000	.00				
	Name of Employer Edinger Medical Group	Occupation Physician												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	]										
c.	Full Name (Last, First, Middle Initial) Ms. Linda Ealy				Date of	Re	eceipt							
	Mailing Address 23202 Dune Mear Rd				м м 08	/	05		y y 2015	Y				
	City	State	Zip Code		Trans	act	ion ID :	SA11AI.	6062					
	Lake Forest	CA	92630	/	Amount	of	Each R	leceipt th	is Period					
	FEC ID number of contributing federal political committee.	С					7		1000	0.00				
	Name of Employer	Occupation												
	Edinger Medical Group	Front Office	Manager											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Other (specify)		1000.00	]										
s	UBTOTAL of Receipts This Page (optional)						,		3000	.00				
Т	OTAL This Period (last page this line number	only)					,							

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11b	11c	12	I	17
Any information copied from such Reports a or for commercial purposes, other than using				or the		pose c	of solicitin	ig contril	outio	ons
NAME OF COMMITTEE (In Full) CAPG FEDERAL PAC	-									
A. Full Name (Last, First, Middle Initial) Mailing Address 4132 Shorebreak Drive			D	M M		eceipt		Y Y Y		r
City	State CA	Zip Code 92649					: SA11A			_
Huntington FEC ID number of contributing federal political committee.	С	52049	A	moun	it of	Each	Receipt t		od 00.0	0
Name of Employer Pioneer Medical Group Receipt For:	Occupation Physician									
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00								
B. Tamara Fogarty MD Mailing Address 24782 Red Lodge Pl			D	ate o	f Re	eceipt	ר / ס	/ Y Y	· · · · ·	7
City Laguna Hills	State CA	Zip Code 92653					5 <b>: SA11AI</b> Receipt t		bd	_
FEC ID number of contributing federal political committee.	Occupation		10				0.00	0		
Edinger Medical Group Receipt For:	Physician									
Primary General Other (specify) V	Aggregate	Year-to-Date ▼ 1000.00	1							
Full Name (Last, First, Middle Initial) C. Elaine Grodin MD			D	ate o	of Re	eceipt				
Mailing Address 3611 Bellflower Blvd				м м 08	/	D 0		2015		
City Long Beach	State CA	Zip Code 90808					: SA11A Receipt t		bc	_
FEC ID number of contributing federal political committee.	С					7		10	00.0	0
Name of Employer Edinger Medical Group	Occupation Physician									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	]							
SUBTOTAL of Receipts This Page (optiona	ıl)					7		300	0.0	0

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS	IZED RECEIPTS for each category of the Detailed Summary Page							12	17				
Any information copied from such Reports and or for commercial purposes, other than using								g contrib	utions				
NAME OF COMMITTEE (In Full) CAPG FEDERAL PAC													
Full Name (Last, First, Middle Initial)         Dr. Cambria Hembree MD         Mailing Address 5370 E. Broadway         City         Long Beach         FEC ID number of contributing federal political committee.	State CA	Zip Code 90803			2015 1.6066 his Period 100								
Name of Employer Edinger Medical Group Receipt For: Primary General Other (specify)	Occupation Physician Aggregate	Year-to-Date ▼ 1000.00	]										
Full Name (Last, First, Middle Initial) B. Joel Katz MD Mailing Address 14 Brittlestar Lane City	Zip Code		Date o 07	1	01		2015	Y					
Ladera Ranch FEC ID number of contributing federal political committee.	Ladera Ranch CA 92694												
Name of Employer Pacific Hospitalist Associates Receipt For: Primary General Other (specify)	Pacific Hospitalist Associates     Hospitalist       Receipt For:     Aggregate Year-to-Date ▼       Primary     General												
C. Full Name (Last, First, Middle Initial) Dr. Jennifer Knox MD Mailing Address 1412 Arch Ln				Date o	of Re	D			Y				
City Huntington Beach FEC ID number of contributing	State CA	Zip Code 92640					2 : <b>SA11AI</b> Receipt tl	his Period					
federal political committee. Name of Employer Greater Newport Physicians	Occupation Physician					7	- J	50	00.00				
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 500.00											
SUBTOTAL of Receipts This Page (optional)						7		2000	0.00				

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:

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TEMIZED RECEIPTS	Detailed Summary Page	X	11a		] 11b	)	11c	1	12					
				13		14		15		16	17			
Any information copied from such Reports or for commercial purposes, other than usin														
NAME OF COMMITTEE (In Full)														
Full Name (Last, First, Middle Initial) <b>A.</b> Douglas McConnaughey			Date of	Re	eceip	ot								
Mailing Address 9 Cape Danbury				м м 10	/	D	D 01	/ Y	20 <sup>2</sup>		Y			
City	State	Zip Code		Trans	acti	ion I	ID : S	A11AI.	6069					
Newport Beach	CA	92660	A	mount	t of	Eac	h Re	ceipt th	nis Pe	riod				
FEC ID number of contributing federal political committee.	C					7		J	1	000.0	00			
Name of Employer	Occupation													
Edinger Medical Group	Physician													
Receipt For:	Aggregate	Year-to-Date 🔻												
Other (specify)		1000.00	]											
Full Name (Last, First, Middle Initial) <b>B. Denise McCourt</b>				Date of	Re	eceip	ot							
Mailing Address 7842 Connie Dr		Zip Code	M = M         /         D = D         /         Y = Y = Y         Y           08         05         2015         2015											
City	Transaction ID : SA11AI.6070 Amount of Each Receipt this Period													
Huntington Beach	CA	A	mount	t of	Eac	h Re	ceipt th	nis Pe	riod					
FEC ID number of contributing federal political committee.	C					7		J	1	000.0	00			
Name of Employer Edinger Medical Group	Occupation Administrate													
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	]											
Full Name (Last, First, Middle Initial) C. Mrs. Lara McKenna				Date of	Re	eceip	ot							
Mailing Address 9178 Columbine Ave				м м 08	/		05	/ Y	201		Y			
City	State	Zip Code		Trans	act	ion	ID : S	A11AI.	.6071					
Fountain Valley	CA	92708	A	mount	t of	Eac	h Re	ceipt th	nis Pe	riod				
FEC ID number of contributing federal political committee.	С					7		y	1	1000.	00			
Name of Employer	Occupation													
Edinger Medical Group	Director of	Marketing												
Receipt For:	Aggregate	Year-to-Date ▼												
Primary General Other (specify) ▼		1000.00	1											
SUBTOTAL of Receipts This Page (option	al)					7		7	3	000.0	0			
TOTAL This Period (last page this line nu	mber only)		. [			,		9						

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13		11b	11c	12	17					
Any information copied from such Reports and or for commercial purposes, other than using t				or the		pose c	of soliciting	g contrib	utions					
NAME OF COMMITTEE (In Full) CAPG FEDERAL PAC														
Full Name (Last, First, Middle Initial)         A.       Jack Middlebrooks MD         Mailing Address 18710 Spruce Circle         City         Fountain Valley         FEC ID number of contributing         federal activities	State CA	Zip Code 92708		Date of Receipt this Period 1000.00										
federal political committee.          Name of Employer         Edinger Medical Group         Receipt For:         Primary       General         Other (specify) ▼	Occupation Physician	Year-to-Date ▼ 1000.00	]			- y - 1								
Full Name (Last, First, Middle Initial) B. Mrs. Leslie Murray Mailing Address 19882 Estuary Ln City Huntington Beach	State CA	Zip Code 92646		Date of Receipt          08       05       2015         Transaction ID : SA11AI.6073         Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.          Name of Employer         Edinger Medical Group         Receipt For:         Primary       General         Other (specify) ▼	Occupation Finance Mar					7			0.00					
C. Dr. Lam-Quynh Nguyen MD Mailing Address 3506 Bravata Drive				Date o	f Re	eceipt		2015	Y					
City Huntington Beach FEC ID number of contributing federal political committee.	CA	Zip Code 92649					: SA11AI Receipt th	his Perio	d 0.00					
Name of Employer Edinger Medical Group Receipt For:	Occupation Physician Aggregate	Year-to-Date ▼ 1000.00	]											
SUBTOTAL of Receipts This Page (optional).						7		3000	0.00					

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

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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(check only one)

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	and Statements may not be sold or used by any point of the name and address of any political committee	person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)		
Full Name (Last, First, Middle Initial)         Dr. Carey L. O'Bryan IV MD         Mailing Address 2320 Cliff Drive         City         Newport Beach         FEC ID number of contributing federal political committee.         Name of Employer         Carey L O'Bryan IV MD         Receipt For:         Primary       General         Other (specify) ▼	State     Zip Code       CA     92663       C     Occupation       Physician     Aggregate Year-to-Date ▼       500.00	Date of Receipt
Full Name (Last, First, Middle Initial) Harry Pellman MD Mailing Address 16691 Greenview LN City Huntington Beach FEC ID number of contributing federal political committee. Name of Employer	State Zip Code CA 92649 C	Date of Receipt          Mark       0       0       2015         Transaction ID : SA11AI.6076         Amount of Each Receipt this Period         1000.00
Edinger Medical Group Receipt For: Primary General Other (specify)	Physician Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial)         Dr. Donald Rebhun MD         Mailing Address 36 Ranchero Rd         City         Bell Canyon         FEC ID number of contributing federal political committee.         Name of Employer         HealthCare Partners         Receipt For:         Primary       General         Other (specify)	State     Zip Code       C     91307       C     Occupation       Physician     Aggregate Year-to-Date ▼       1000.00	Date of Receipt
SUBTOTAL of Receipts This Page (option	al)	▶ 2500.00
TOTAL This Period (last page this line nu	mber only)	

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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	EMIZED RECEIPTS		for each catego Detailed Summ		×	11a 13		11b 14	11c	12	17	7
	y information copied from such Reports and St for commercial purposes, other than using the					for the		oose of	f soliciting	g contrib	utions	
	NAME OF COMMITTEE (In Full) CAPG FEDERAL PAC											
Α.	Full Name (Last, First, Middle Initial) Dr. Lauri Seymour MD					Date of	f Re	ceipt				
	Mailing Address 2036 Galaxy Drive	State	Zin Codo			08	/	05		2015	Y	
	City Newport Beach	State CA	Zip Code 92660						SA11AI.		d	
	FEC ID number of contributing federal political committee.	С				Amoun			Receipt th		0.00	
	Name of Employer Edinger Medical Group	Occupation Physician	I									
	Receipt For:		Year-to-Date V									
	Other (specify)		л	1000.00								
В.	Full Name (Last, First, Middle Initial) Malcolm Sperling MD					Date of	f Re	ceipt				
	Mailing Address 4661 Los Patos Avenue					м м 08	/	D 11	D / Y	2015	Y	
	City Huntington Beach	State CA	Zip Code 92649						SA11AI. Receipt th		d	
	FEC ID number of contributing federal political committee.	С						9		100	0.00	
	Name of Employer Edinger Medical Group	Occupation Physician	I									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	1000.00								
C.	Full Name (Last, First, Middle Initial) Mrs. Robyne Thibodeau					Date of	f Re	ceipt				
	Mailing Address 20701 Beach Blvd #230					м м 08	1	D 05	D / Y	2015	Y	
	City Huntington Beach	State CA	Zip Code 92648						: SA11AI. Receipt th		d	
	FEC ID number of contributing federal political committee.	С						,	,		00.00	
	Name of Employer	Occupation	1		_							
	Edinger Medical Group	Director Cli	nical Services									
	Receipt For:	Aggregate	Year-to-Date <b>V</b>									
	Other (specify) ▼		7 7	1000.00								
s	UBTOTAL of Receipts This Page (optional)			•••••				,		300	0.00	
т	OTAL This Period (last page this line number of	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)

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		Detailed Summary Page		11a 13	$\square$	11b 14	11c		12 16	17					
Any information copied from such Reports and or for commercial purposes, other than using				or the		pose of	soliciting	g con	ntributi	ons					
NAME OF COMMITTEE (In Full) CAPG FEDERAL PAC															
Full Name (Last, First, Middle Initial) A. Mai-Khanh Tran MD				Date of	Re	ceipt									
Mailing Address 9337 Lily Ave				м – м 08	/	11	/ Y		) 15	Y					
City	State	Zip Code		Trans	acti	on ID :	SA11AI.	6081							
Fountain Valley	CA	92708	A	mount	of	Each R	eceipt th	iis Pe	eriod						
FEC ID number of contributing federal political committee.	С					7			1000.	00					
Name of Employer	Occupation														
Edinger Medical Group Receipt For:	Physician		_												
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00													
Full Name (Last, First, Middle Initial) B. Burton Willis MD				Date of	Re	ceipt									
Mailing Address 16074 Bonaire Cr			08 05 2015												
City	State	Zip Code		Trans	acti	on ID :	SA11AI.	6082							
Huntington Beach	each CA 92649														
FEC ID number of contributing federal political committee.	С					,			1000.(	00					
Name of Employer Edinger Medical Group	Occupation Physician														
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00													
Full Name (Last, First, Middle Initial) C. Betty Yu MD				Date of	Re	ceipt									
Mailing Address 16525 Oak Circle				м м 08	/	05	/ Y	20 <sup>°</sup>	ү 15	Y					
City	State CA	Zip Code					SA11AI.			_					
Fountain Valley	CA	92708	A	mount	of	Each R	eceipt th	is Pe	eriod						
FEC ID number of contributing federal political committee.	С				_	,	7		1000.	00					
Name of Employer	Occupation	 													
Edinger Medical Group	Physician														
	Aggregate	Year-to-Date ▼													
Other (specify)		1000.00													
SUBTOTAL of Receipts This Page (optional)						7		3	3000.0	00					
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S	CHEDULE B (FEC Form 3X)		F	OR	LINF	NUMBEF	l:		F	PAGE	15	OF 22	2			
IT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the		hec	k only	only one)										
		Detailed Summary Page		×	21b 27	22 28a		23 28b	24		25 29	2	6 0b			
	ny information copied from such Reports and State for commercial purposes, other than using the na															
$\square$	NAME OF COMMITTEE (In Full)															
	CAPG FEDERAL PAC															
Α.	Full Name (Last, First, Middle Initial) Ahlstrom & Baker CPAs					Date of	of Di	sburse	ement							
	Mailing Address 10621 Calle Lee Suite 153					10 <sup>M</sup>	/	D 1	D / 5		2015	Y				
	City Los Alamitos	StateZip CodeCA90720				Transaction ID : SB21B.6112										
	Purpose of Disbursement Federal tax assistance					Amour	nt of	Each	Disburs	emer	nt this	Period				
	Candidate Name		Cate T	egoi ype				7	,		52	5.00				
	Senate President	ement For: Primary General Other (specify) V														
в.	Full Name (Last, First, Middle Initial)					Date o		sburse		Y	Y Y	Y				
	Mailing Address 21215 Burbank Blvd Suite 100		07 03 2015													
	City Woodland Hills	StateZip CodeCA91367		Transaction ID : SB21B.6113												
	Purpose of Disbursement Credit card transaction fee			-		Amour	nt of	Fach	Disburs	emer	nt this	Period				
	Candidate Name		Cate T	egoi ype				1	Disbuis	ienner		7.25	]			
	Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify) v														
	Full Name (Last, First, Middle Initial)					Date o	of Die	shurse	ment							
0.	Intuit Payment Solutions					M	_	D		Y	Y Y	Y				
	Mailing Address 21215 Burbank Blvd Suite 100					07			4		2015	_				
	City Woodland Hills	StateZip CodeCA91367				Tran	sact	ion ID	: SB21	B.61 <sup>-</sup>	14					
	Purpose of Disbursement Credit card transaction fee Candidate Name		Cate		n/	Amour	nt of	Each	Disburs	emer	nt this	Period				
			T	ype	iy/			7	,	_	3	4.50	L			
	Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify) v														
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S	CHEDULE B (FEC Form 3X)			F	OR	LINE N	E NUMBER: PAGE 16 OF										
IT	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the		hec		nly one)										
			Summary Page			216	22	L		23 28b	$\vdash$	24 28c		25 29	26 30b		
	ny information copied from such Reports and States for commercial purposes, other than using the nar																
	NAME OF COMMITTEE (In Full) CAPG FEDERAL PAC																
Ľ	Full Name (Last, First, Middle Initial)																
Α.	Intuit Payment Solutions						Date		Disl	burse		ent	(	Y	Y		
	Mailing Address 21215 Burbank Blvd Suite 100		Zip Code				08 18 2015										
	City Woodland Hills		Transaction ID : SB21B.6115														
	Purpose of Disbursement	_															
	Credit card transaction fee			1.1			Amc	unt	of E	Each	Di	sburse	men	t this	Period		
	Candidate Name			Cat T	egoi ype					,		,		17	1.25		
	Office Sought: House Disbursel Senate President	ment For: Primary Other (spec	General cify) ▼														
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В.	Full Name (Last, First, Middle Initial) Intuit Payment Solutions						Date	e of I	Disl	burse	eme	ent					
	Mailing Address 21215 Burbank Blvd Suite 100				08 / D D / Y Y Y Y 08 18 2015												
	Woodland Hills	State CA	Zip Code 91367				Transaction ID : SB21B.6116										
	Purpose of Disbursement Charge back fee			-	-		Amo	unt	of E	Tooh		oburoo	mon	t thio	Dariad		
	Candidate Name			Cate T	egoi ype		Amount of Each Disbursement this Period 25.00										
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<u> </u>	Full Name (Last, First, Middle Initial) Intuit Payment Solutions						Date	e of I	Disl	burse	eme	ent					
	Mailing Address 21215 Burbank Blvd Suite 100						M 1	м 0	/	D 0	D 2			015	Ŷ		
		State CA	Zip Code 91367				Tra	ansa	ctio	on ID	: 5	SB21B	.611	7			
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	Credit card transaction fee Candidate Name			Cat	egoi ype		Amo	unt	of E	Each	Di	sburse	men		Period 4.25		
	Office Sought: House Disburser Senate President District:	ment For: Primary Other (spec	General cify) ▼		<u>, , , , , , , , , , , , , , , , , , , </u>					,		7					
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	CHEDULE B			Use sepa	arate schedule(s)			A LINE NUMBER: PAGE 17 OF 22 ck only one)											
11	EMIZED DISB	OKSEMENI	5	for each	category of the Summary Page			21b 27		22 28a		23 28b		24 28c		25 29		6 0b	
	y information copied for commercial purp	oses, other than u																	
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		215 Burbank Blvd te 100								12			1			)15			
	City Woodland Hills Purpose of Disburse	ment	S	State CA	Zip Code 91367			Transaction ID : SB21B.6118											
	Credit card transact								Am	oun	it of	Each	Disl	bursem	nent	this I	Period		
	Candidate Name	1	1			Cate T	egoi ype	ry/				,		,		73	8.91	]	
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		istrict:																	
В.	Full Name (Last, Fir Merrill Lynch	st, Middle Initial)								te o		sburse			V	Ŷ	V		
		0 Spectrum Center ite 1100	Drive							07 08 2015									
	City Irvine	ment	5	State CA	Zip Code 92618				Transaction ID : SB21B.6119										
	Purpose of Disburse Bank charge	ment				<b>_</b>			Am	noun	it of	Each	Disl	bursem	nent	this I	Period		
	Candidate Name					Cate T	egoi ype	ry/				,		,		300	0.00	]	
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C.	Full Name (Last, Fir PayPal USA	st, Middle Initial)								te o	_	sburse			Y	Y	Y		
	Mailing Address 221	1 North First Stree	ŧ							07		0	6		20	)15			
	City San Jose Purpose of Disburse	ment		State CA	Zip Code 95131	_			т	rans	sact	ion ID	) : SI	B21B.6	6120	)			
	Gateway fee Candidate Name					Cate	egoi ype	ry/	Am	ioun	it of	Each	Disl	bursem	nent	-	Period 0.00	1	
	Office Sought:	House Senate President		nent For: Primary Other (spe	General cify) ▼		<u> </u>											1	
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S	CHEDULE B (FEC Form 3X)					NUMBER	:			PA	GE 1	8 C	F 22							
IT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	) (c		k only				Г											
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	y information copied from such Reports and State for commercial purposes, other than using the national states of the states of																			
$\setminus$	NAME OF COMMITTEE (In Full)																			
	CAPG FEDERAL PAC																			
Α.	Full Name (Last, First, Middle Initial) PayPal USA									Date of Disbursement										
	Mailing Address 2211 North First Street					Mmm       /       D       /       2015         O8       O3       /       2015         Transaction ID : SB21B.6121         Amount of Each Disbursement this Period														
	San Jose	State Zip Code CA 95131																		
	Purpose of Disbursement Gateway fee																			
	Candidate Name		Cat T	ego ype				7			30.00									
	Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼																		
	State: District:																			
в.	Full Name (Last, First, Middle Initial) PayPal USA Meiling Address, 2014 North Sint Orest					Date o	_	D	D	/ Y	201		Y							
	Mailing Address 2211 North First Street	State Zip Code		09 02 2015																
	San Jose	CA 95131				Transaction ID : SB21B.6122														
	Purpose of Disbursement Gateway fee								Amount of Each Disbursement this Period											
	Candidate Name		Cat T	ego ype				7				30	.00							
	Senate President	ment For: Primary General Other (specify) ▼																		
_	State:     District:       Full Name (Last, First, Middle Initial)						( D:													
C.	PayPal USA					Date o	_	_	em		Y	V	V							
	Mailing Address 2211 North First Street					10			02		201		T							
	San Jose	StateZip CodeCA95131				Transaction ID : SB21B.6123														
	Purpose of Disbursement Gateway fee Candidate Name		Cat	ego ype		Amount of Each Disbursement this Per 30.00														
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼						7												
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S	CHEDULE B (FEC Form 3X)			FOR	LINE	NUMBER:			PA	GE 19	OF 22					
IT	EMIZED DISBURSEMENTS	Use separate schedule for each category of the	e	(che		y one)	2	3	24	25	26					
		Detailed Summary Page	je		27	28a		8b	28c	29	30b					
	ny information copied from such Reports and State for commercial purposes, other than using the nar															
	NAME OF COMMITTEE (In Full)	ne and address of any po	mucal	John			mout	0115	nom su							
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$\square$	Full Name (Last, First, Middle Initial)															
Α.	PayPal USA					Date of	f Disbu	urser	nent							
	-					11 / D D / Y Y Y Y 11 02 2015										
	Mailing Address 2211 North First Street															
	5	State Zip Code				Transaction ID : SB21B.6124										
	San Jose Purpose of Disbursement	CA 95131														
	Gateway fee		ΙΓ			Amount	t of Ea	ach I	Disburse	ment this	s Period					
	Candidate Name			Catego							30.00					
	Office Sought: House Disburse	ment For:		Туре	e			_	- 7							
	Senate Setugiti	Primary General	ıl													
	President	Other (specify)														
	State: District:															
В.	Full Name (Last, First, Middle Initial) PayPal USA					Date of	f Disbu	urser	nent							
				M = M / D = D / Y = Y = Y = Y												
	Mailing Address 2211 North First Street			12 02 2015												
	City San Jose	State Zip Code CA 95131	_	_	_	Transaction ID : SB21B.6125										
	Purpose of Disbursement		Te	_	-											
	Gateway fee			Amount	t of Ea	of Each Disbursement this Period										
	Candidate Name		ory/ Ə	30.00												
	Office Sought: House Disburse	ment For:	<i>.</i>		- 7		7									
	Senate	Primary General	l													
	State: District:	Other (specify)														
_	Full Name (Last, First, Middle Initial)															
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	Mailing Address					M M	/	D	D / Y	YY	Y					
	City	State Zip Code														
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	Candidate Name		$\downarrow$ L			Amount	t of Ea	ach I	Disburse	ment this	s Period					
	Candidate Name		(	Catego Type												
	Office Sought: House Disburse	ment For:						_	7							
	Senate President	Primary General	ıl													
	State: District:	Other (specify)														
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5	<b>SUBTOTAL</b> of Disbursements This Page (optional)					L	7		7		60.00					
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S	CHEDULE B (FEC Form 3X)		, F	OR	LINE M	UMBER:	:			PA	GE	20 (	DF 22				
IT	EMIZED DISBURSEMENTS	Use separate schedule(s for each category of the		-	k only	one)		-	_								
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$\left  \right\rangle$	NAME OF COMMITTEE (In Full)																
	CAPG FEDERAL PAC																
^	Full Name (Last, First, Middle Initial)					Date of	f Di	oburor	. m	ont							
А.	BERA FOR CONGRESS																
	Mailing Address Post Office Box 582496					м м 07	ĺ	0	01	/ 1	20		Ť				
	City	State Zip Code				Transaction ID : SB23.6092											
	Elk Grove	CA 95758															
	Purpose of Disbursement Returned check originally reported as 6/2/2015 con	tribution				Amount of Each Disbursement this Period											
				egoi		-1000.00											
	AMERISH BERA Office Sought: X House Disburser	ment For: 2016	ר	уре				7	-	7	-						
	Senate	Primary General															
	President	Other (specify)															
	State: CA District: 03																
	Full Name (Last, First, Middle Initial)																
В.	BERA FOR CONGRESS					Date of	f Di	sburse	eme	ent							
			M M	/	D		/ Y	Y 20		Υ							
	Mailing Address Post Office Box 582496		09 28 2015														
	City Elk Grove	State Zip Code CA 95758				Transaction ID : SB23.6099											
	Purpose of Disbursement	95756			_												
						Amount of Each Disbursement this Period											
	Candidate Name		Cat	egoi	rv/	5000.00											
	AMERISH BERA			уре			-	7	-	7		5000	).00				
		ment For: 2016															
	Senate X President	Primary General															
	State: CA District: 03	Other (specify)															
_	Full Name (Last, First, Middle Initial)					Data	( D:	-1									
υ.	BRADY FOR CONGRESS					Date of											
	Mailing Address PO BOX 8277	10 / D D / Y Y Y 2015										Y					
	City	State Zip Code															
	THE WOODLANDS	TX 77387				Trans	sact	ion ID	)::	SB23.6	100						
	Purpose of Disbursement			-													
	Candidate Name				Amount	t of	Each	Di	isburser	nent	this	Period					
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		ment For: 2016		ype			-	7	-	7	1						
	Senate	Primary General															
	President	Other (specify)															
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S	CHEDULE B (FEC Form 3X)			FC	DR	LINE	NUMBE	R:				PA	GE	21 (	OF	22	
IT	EMIZED DISBURSEMENTS		erate schedule(s) category of the			k only	one)	_						1			
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	ny information copied from such Reports and State for commercial purposes, other than using the na					/ persc	on for th	ie pu	irpo	ose d		oliciting		ntribu			
$\left[ \right]$	NAME OF COMMITTEE (In Full)																
$\square$	CAPG FEDERAL PAC																
۸	Full Name (Last, First, Middle Initial)						Date	of F	lich	oureo	mai	nt					
	GEORGIANS FOR ISAKSON			-	/ 30				V	V	V						
	Mailing Address POST OFFICE BOX 250116						07 22 2015										
	City ATLANTA	State GA	Zip Code 30325				Tra	nsac	tio	on ID	: SI	<b>B23.6</b> 1	08				
	Purpose of Disbursement						Amo	int o	f⊨	ach	Dis	burser	nent	this	Perio	d	
	Candidate Name						7 1110				Dio	burbor				ŭ	
	JOHN HARDY ISAKSON			Cate Ty	egor /pe				7					5000	0.00		
	Office Sought: House Disburse	ement For:	2016									,					
	X Senate	Primary	General														
	President	Other (spe	ecify) 🔻														
_	State: GA District: 00																
В.	Full Name (Last, First, Middle Initial) KEVIN MCCARTHY FOR CONGE	RESS					Date of Disbursement										
	Mailing Address PO Box 12667						08 12 2015						Y				
	City Bakersfield	State CA	Zip Code 93389				Transaction ID : SB23.6101										
	Purpose of Disbursement			<b>—</b>			Amo	unt o	of E	Each	Dis	burser	nent	this	Perio	d	
	Candidate Name		gor	rv/	0500.00												
	KEVIN MCCARTHY				/pe				7	_		- 7		250	0.00		
		ment For: Primary Other (spe	General														
	Full Name (Last, First, Middle Initial)						Date	of F	)ieł	ourso	mai	nt					
0.	PALLONE FOR CONGRESS						M		/	D			Y	Y	Y		
	Mailing Address PO BOX 3176	09 17									2015						
	City	State	Zip Code				Tra	nsad	tio	on ID	: S	B23.6 <sup>-</sup>	02				
	Long Branch Purpose of Disbursement	NJ	07740														
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	Candidate Name	Cate	aor	rv/	Amount of Each Disbursement this Period									ŭ			
	FRANK JR PALLONE	/pe									2500	0.00					
	Senate President	ement For: Primary Other (spe	General						_								
_	State: NJ District: 06																
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER		PA	GE 22	2 OF 22				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	_							
-	Detailed Summary Page	21b	22		24	2					
		27	28a	28b	28c	2					
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NAME OF COMMITTEE (In Full)											
CAPG FEDERAL PAC											
Full Name (Last, First, Middle Initial)	_										
A. PHYSICIANS FOR A BETTER F	Date of Disbursement										
Mailing Address 915 WILSHIRE BLVD SUITE 1	11	02	2	2018	5						
City	State Zip Code		Transac		. 6822 6	111					
LOS ANGELES	CA 90017		Transac		. 3823.0						
Purpose of Disbursement	Amount of Each Disbursement this Period										
Candidate Name		Category/ Type	525.00								
Office Sought: House Disbu	sement For:	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,							
Senate President	Primary General Other (specify)										
State: District:											
Full Name (Last, First, Middle Initial)											
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Mailing Address											
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Purpose of Disbursement		Amount of Each Disbursement this Perio									
Candidate Name		/ iniounit o		Diobaloc							
		Category/ Type									
Office Sought: House Disbu	sement For: Primary General Other (specify)			,							
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Full Name (Last, First, Middle Initial)			Date of D								
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Purpose of Disbursement	Purpose of Disbursement										
Candidate Name		Category/ Type	Amount o	ment th	is Period						
Office Sought: House Disbu	sement For: Primary General Other (specify) ▼										
State: District:											
SUBTOTAL of Disbursements This Page (optiona	D		· · ·				525.00				
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