

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
CAPG FEDERAL PAC

A. Douglas McConnaughey
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 Cape Danbury
 City Newport Beach State CA Zip Code 92660
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Edinger Medical Group Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 01 / 2015
Transaction ID : SA11AI.6069
 Amount of Each Receipt this Period
1000.00

B. Denise McCourt
 Full Name (Last, First, Middle Initial)
 Mailing Address 7842 Connie Dr
 City Huntington Beach State CA Zip Code 92648
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Edinger Medical Group Occupation Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 05 / 2015
Transaction ID : SA11AI.6070
 Amount of Each Receipt this Period
1000.00

C. Mrs. Lara McKenna
 Full Name (Last, First, Middle Initial)
 Mailing Address 9178 Columbine Ave
 City Fountain Valley State CA Zip Code 92708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Edinger Medical Group Occupation Director of Marketing
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 05 / 2015
Transaction ID : SA11AI.6071
 Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....▶	3000.00
TOTAL This Period (last page this line number only).....▶	