

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.


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

| Office <br> Use <br> Only |  |  |  |  |  |  |
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## Write or Type Committee Name

CA ASSOCIATION OF PHYSICIAN GROUPS FEDERAL POLITICAL ACTION COMMITTEE (CAPG FEDE-

## RAL PAC)

6. (a) Cash on Hand
January 1
[X] 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

Write or Type Committee Name
CA ASSOCIATION OF PHYSICIAN GROUPS FEDERAL POLITICAL ACTION COMMITTEE (CAPG FEDERAL PAC)


| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
| :---: | :---: | :---: |
| 11. Contributions (other than loans) From: <br> (a) Individuals/Persons Other <br> Than Political Committees <br> (i) Itemized (use Schedule A) $\qquad$ <br> (ii) Unitemized $\qquad$ |  |  |
|  | 11000.00 | 11000.00 |
|  | 100.00 | 100.00 |
| (iii) TOTAL (add Lines 11 (a)(i) and (ii) $\qquad$ | 11100.00 | 11100.00 |
| (b) Political Party Committees <br> (c) Other Political Committees (such as PACs) $\qquad$ <br> (d) Total Contributions (add Lines | 0.00 | 0.00 |
|  | 0.00 | 0.00 |
| 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) $\qquad$ | 11100.00 | 11100.00 |
| 12. Transfers From Affiliated/Other Party Committees $\qquad$ | 0.00 | 0.00 |
| 13. All Loans Received ............................... | 0.00 | 0.00 |
| 14. Loan Repayments Received $\qquad$ <br> 15. Offsets To Operating Expenditures | 0.00 | 0.00 |
| (Refunds, Rebates, etc.) <br> (Carry Totals to Line 37, page 5) $\qquad$ | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees. $\qquad$ |  |  |
|  | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) ... | $\underbrace{0.18}$ | 0.18 |

18. Transfers from Non-Federal and Levin Funds
(a) Non-Federal Account (from Schedule H3)
(b) Levin Funds (from Schedule H5)
(c) Total Transfer (add 18(a) and 18(b)).

0
19. Total Receipts (add Lines 11 (d),
$12,13,14,15,16,17$, and 18(c))
$\square$
11100.18
11100.18
20. Total Federal Receipts (subtract Line 18(c) from Line 19) $\qquad$ 11100.18

## FE6AN026

## II. DISBURSEMENTS

21. Operating Expenditures:
(a) Shared Federal/Non-Federal Activity (from Schedule H4)
(i) Federal Share
(ii) Non-Federal Share
(b) Other Federal Operating Expenditures.
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))
..
22. Transfers to Affiliated/Other Party Committees
23. Contributions to

Federal Candidates/Committees
and Other Political Committees.
24. Independent Expenditure
(use Schedule E)
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441 a(d))
(use Schedule F )
26. Loan Repayments Made
27. Loans Made
28. Refunds of Contributions To:
(a) Individuals/Persons Other Than Political Committees
(b) Political Party Committees
(c) Other Political Committees (such as PACs)
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .......... D
29. Other Disbursements
30. Federal Election Activity (2 U.S.C 431(20))
(a) Shared Federal Election Activity (from Schedule H6)
(i) Federal Share
(ii) "Levin" Share
(b) Federal Election Activity Paid Entirely With Federal Funds
(c) Total Federal Election Activity (add

Lines 30(a)(i), 30(a)(ii) and 30(b))....
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) $\qquad$


COLUMN B Calendar Year-to-Date

| 0.00 |
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| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B <br> Calendar Year-to-Date |
| :---: | :---: | :---: |
| 33. Total Contributions (other than loans) from Line 1 (d), page 3 ) $\qquad$ | 11100.00 | 11100.00 |
| 34. Total Contribution Refunds <br> (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) $\qquad$ | 11100.00 | 11100.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)). | 0.00 | 0.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures <br> (subtract Line 37 from Line 36) $\qquad$ | 0.00 | 0.00 |

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

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

FOR LINE NUMBER: PAGE $6 / 7$ (check only one)


Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

| A. | Full Name (Last, First, Middle Initial) Jay Cohen, MD | Date of Receipt $\left[\begin{array}{c} \mathrm{MFM} \\ 06 \end{array}\right]^{\prime}\left[\begin{array}{r} 0 \\ 0 \\ 0 \end{array}\right]{ }^{\prime}\left[\begin{array}{rl} \mathrm{Y} \\ 20 & 0 \end{array}\right]$ <br> Transaction ID: SA11AI. 4104 |
| :---: | :---: | :---: |
|  | Mailing Address 11 Technology Ave |  |
|  | City State Zip Code |  |
|  | Irvine CA 92618 | Amount of Each Receipt this Period $=$ |
|  | FEC ID number of contributing federal political committee. |  |
|  | Name of Employer Occupation <br> Monarch HealthCare |  |
|  | Receipt For: <br> Primary $\quad \square$ General <br> Other (specify) |  |
| Full Name (Last, First, Middle Initial)Donald $H$. Crane |  | Date of Receipt $\left[\begin{array}{l} M \\ 06 \end{array}\right]^{\prime}\left[\begin{array}{r} 0 \\ 0 \\ 0 \end{array}\right]^{\prime}\left[\begin{array}{l} Y / \\ 2 \\ 2 \end{array} 009\right.$ <br> Transaction ID: SA11AI. 4105 |
| +10 | Mailing Address 915 Wilshire Blvd., Suite 1620 |  |
| \$ | City State Zip Code <br> Los Angeles CA 90017 |  |
| HIT |  | Amount of Each Receipt this Period |
| ¢ | FEC ID number of contributing federal political committee. |  |
| - | Name of Employer  <br> California Assoc of Physi- Occupation <br> cian President \& CEO |  |
|  | Receipt For:  <br> $\square$ Primary $\quad \square$ General <br> $\square$ Other (specify) $\nabla$ |  |
| C. | Full Name (Last, First, Middle Initial) John E. Jenrette, MD | Date of Receipt $\left[\begin{array}{l} \mathrm{M} \\ 06 \end{array}\right]^{\prime}\left[\begin{array}{r} 0 \\ 0 \end{array}\right]^{\prime}\left[\begin{array}{r} \mathrm{Y} \\ 200 \end{array}\right.$ <br> Transaction ID: SA11AI. 4106 |
|  | Mailing Address 8695 Spectrum Center Blv. |  |
|  | City State <br> San Diego CA |  |
|  |  | Amount of Each Receipt this Period |
|  | FEC ID number of contributing federal political committee. |  |
|  | Name of Employer <br> Sharp Community Medical <br> Group Occupation <br> CEO |  |
|  | Receipt For: <br> $\square$Primary $\quad \square$ General <br> Other (specify) $\nabla$ |  |
|  | SUBTOTAL of Receipts This Page (optional) ............................................................... | 7500.00 |
|  | TAL This Period (last page this line number only) ............................................... | , |

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

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

FOR LINE NUMBER: PAGE $7 / 7$ (check only one)
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NAME OF COMMITTEE (In Full)
CA ASSOCIATION OF PHYSICIAN GROUPS FEDERAL POLITICAL ACTION COMMITTEE (CAPG FEDERAL PAC)


| SUBTOTAL of Receipts This Page (optional) ........................................................ | - | 3500.00 |
| :---: | :---: | :---: |
| TOTAL This Period (last page this line number only) ............................................... | - | 11000.00 |


|  |
| :--- | :--- |
| ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS |
| The FEC added this page to the end of this filing to indicate how it was received. |

