PAGE 1 / 12

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	For Other Than An Au	morized Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
CAPG FEDERAL PAC)		
ADDRESS (number and street)	915 WILSHIRE BLVD SUIT	E 1620	
▼ Check if different			
than previously reported. (ACC)	LOS ANGELES		CA 90017
2. FEC IDENTIFICATION N	UMBER ▼ CI	TY ▲	STATE ▲ ZIP CODE ▲
C C00461756		S THIS REPORT (N) O	AMENDED (A)
4. TYPE OF REPORT (Choose One)	(b) Monthly Feb	20 (M2) May 20 (M	(Non-Election Year Only)
(a) Quarterly Reports:	Ma	r 20 (M3) Jun 20 (M	(Non-Election Year Only)
April 15 Quarterly Report (0		20 (M4) Jul 20 (M7	7) Oct 20 (M10) Jan 31 (YE)
July 15 Quarterly Report (0	PRE-Election	Primary (12P)	General (12G) Runoff (12R)
October 15 Quarterly Report (0	Report for the:	Convention (12C)	Special (12S)
January 31 Year-End Report (Y	YE) Election	on on	in the State of
July 31 Mid-Year Report (Non-electic Year Only) (MY)	on (d) 30-Day POST-Election Report for the:	✗ General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)		on on 11 08	in the State of
5. Covering Period 10		through 11	M / D D / Y Y Y Y Y 2 2016
I certify that I have examined th	nis Report and to the best of Crane, Donald, H., ,	f my knowledge and belief it is	true, correct and complete.
Type or Print Name of Treasure			
Signature of Treasurer Cran	ne, Donald, H., ,	[Electronically Filed]	Date 12 08 / 2016
NOTE: Submission of false, erron	neous, or incomplete information	on may subject the person signin	g this Report to the penalties of 52 U.S.C. § 30109
Office Use			FEC FORM 3X Rev. 05/2016

FEC Form 3X (Rev. 05/2016)	F RECEIPTS AND DISBURSEMENTS	Page 2
Write or Type Committee Name		
CAPG FEDERAL PAC		
Report Covering the Period: From:	M / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	11 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
S. (a) Cash on Hand January 1, 2016		82832.67
(b) Cash on Hand at Beginning of Reporting Period	105846.55	
(c) Total Receipts (from Line 19)	16501.10	63859.16
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	122347.65	146691.83
7. Total Disbursements (from Line 31)	55.00	24399.18
3. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	122292.65	122292.65
Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
This committee has qualified as a multican	didate committee. (see FEC FORM 1M)	
F	or 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. 05/2016)

Write or Type Committee Name

CAPG FEDERAL PAC

port Covering the Period: From: 10	20 2016 To	
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
· •		
(i) Itemized (use Schedule A)	16500.00	63000.00
(ii) Unitemized(iii) TOTAL (add	0.00	850.00
Lines 11(a)(i) and (ii)	, 16500.00	63850.00
	0.00	0.00
(such as PACs)	0.00	0.00
` '		
	16500.00	63850.00
Party Committees	0.00	0.00
All Loans Received	0.00	0.00
_oan Repayments Received	0.00	0.00
· · · · · · · · · · · · · · · · · · ·	0.00	0.00
· · · · · · · · · · · · · · · · · · ·	0.00	0.00
	0.00	0.00
Other Federal Receipts	4 4	
·	1.10	9.16
	,	,
	0.00	0.00
(IIOIII Scriedule FIS)	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
	Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Carsinal Tout to puto
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	55.00	2549.18
Expenditures(c) Total Operating Expenditures	33.00	2343.10
(add 21(a)(i), (a)(ii), and (b))▶ Transfers to Affiliated/Other Party	55.00	2549.18
Committees Contributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	0.00	19350.00
Independent Expenditures (use Schedule E)	0.00	0.00
Coordinated Party Expenditures (52 U.S.C. § 30116(d))	0.00	0.00
(use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made Refunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	2500.00
(b) Political Party Committees	200	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	2500.00
Other Disbursements (Including		
Non-Federal Donations)	0.00	0.00
Federal Election Activity (52 U.S.C. § 30101(2 (a) Allocated Federal Election Activity (from Schedule H6)	0))	
(i) Federal Share	0.00	0.00
(ii) "Levin" Share(b) Federal Election Activity Paid	0.00	0.00
Entirely With Federal Funds	0.00	0.00
(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))	55.00	24399.18
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	55.00	24200 40
	55.00	24399.18

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

FEC FORM 3X (Rev. 05/2016)		Page 3
III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	16500.00	63850.00
34. Total Contribution Refunds (from Line 28(d))	0.00	2500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	16500.00	61350.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	55.00	2549.18
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
88. Net Operating Expenditures (subtract Line 37 from Line 36)	55.00	2549.18

FO	R LINE	NUMBER	PAGE		6	OF		12			
(check only one)											
X	11a	11b		11c		12					
	13	14		15		16			17		

	ormation copied from such Reports and State ommercial purposes, other than using the na			
\	E OF COMMITTEE (In Full) PG FEDERAL PAC			
A. Arn	Name of Individual (Last, First, Middle Initial) old, Stan, , , MD ng Address 11301 Dannen Drive	or Full Organ	nization Name	Date of Receipt 11 28 2016
City		State	Zip Code	Transaction ID : SA11AI.6283
San	ta Ana	CA	92705	Amount of Each Receipt this Period
	ID number of contributing ral political committee.	С		1000.00
Nam	e of Employer (for Individual)	Occupat	ion (for Individual)	Memo Item
	ger Medical Group	Physicia	an	Political Contribution
Rece	eipt For: Primary General Other (specify) ▼	Aggregate Yea	ur-to-Date ▼ 1000.00	
3. <u>Bo</u>	Name of Individual (Last, First, Middle Initial) one, Matthew, , , MD ng Address 468 Abbie Way	or Full Orgar	nization Name	Date of Receipt
iviaiii	ng Address 468 Apple Way			11 28 2016
City		State	Zip Code	Transaction ID : SA11Al.6284
Cost	ta Mesa	CA	92627	Amount of Each Receipt this Period
	ID number of contributing ral political committee.	С		1000.00
Eding	e of Employer (for Individual) ger Medical Group	Occupati Physicia	tion (for Individual) an	Memo Item Political Contribution
Rece	eipt For: Primary General Other (specify) ▼	Aggregate Yea	nr-to-Date ▼ 1000.00	
	Name of Individual (Last, First, Middle Initial)	or Full Organ	nization Name	Date of Receipt
	ng Address 28361 Silverton Dr.			11 28 2016
City	una Niguel	State CA	Zip Code 92677	Transaction ID : SA11AI.6296
			32011	Amount of Each Receipt this Period
	ID number of contributing ral political committee.	С		1000.00
	e of Employer (for Individual) ger Medical Group	Occupat Physicia	ion (for Individual) n	Memo Item Political Contribution
Rece		Aggregate Yea	ır-to-Date ▼	
	Primary General Other (specify)		1000.00	
SUBT	DTAL of Receipts This Page (optional)		<u> </u>	3000.00
TOTAL	This Period (last page this line number onl	y)	>	

F	FOR LINE NUMBER:						-	1	OF		12	
(0	(check only one)											
	X	11a		11b		11c		12				
		13		14		15		16	;		17	

	Statements may not be sold or used by any per the name and address of any political committee to	
NAME OF COMMITTEE (In Full) CAPG FEDERAL PAC		
Full Name of Individual (Last, First, Middle Chacon, Shelley, , , MD	Initial) or Full Organization Name	Date of Receipt
Mailing Address 5952 Littlefield Dr		11 28 2016
City Huntington Beach	State Zip Code CA 92648	Transaction ID : SA11AI.6292 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer (for Individual) Edinger Medical Group Receipt For:	Occupation (for Individual) Physician	Memo Item Political Contribution
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name of Individual (Last, First, Middle Don, Karen, , , MD Mailing Address 309 Bay Hill Drive	Initial) or Full Organization Name	Date of Receipt
City Newport Beach	State Zip Code CA 92660	Transaction ID : SA11Al.6285 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer (for Individual) Edinger Medical Group	Occupation (for Individual) Physician	Memo Item Political Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name of Individual (Last, First, Middle	Initial) or Full Organization Name	Date of Receipt
Mailing Address 24782 Red Lodge PI		11 28 2016
City Laguna Hills	State Zip Code 92653	Transaction ID : SA11AI.6286 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer (for Individual) Edinger Medical Group Receipt For:	Occupation (for Individual) Physician	Memo Item Political Contribution
Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional).	····	3000.00
TOTAL This Period (last page this line number	er only)	

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

Any information copied from such Reports and or for commercial purposes, other than using t			
NAME OF COMMITTEE (In Full) CAPG FEDERAL PAC			
Full Name of Individual (Last, First, Middle Greenberg, Catou, , , MD Mailing Address 462 Westminster Ave	Initial) or Full Organiz	ation Name	Date of Receipt 11 28 2016
City	1 1	ip Code	Transaction ID : SA11AI.6282
Newport Beach	CA	92663	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer (for Individual)		n (for Individual)	Memo Item
Greater Newport Physicians	Physician		Political Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-t	o-Date ▼ 500.00	
Full Name of Individual (Last, First, Middle Grodin, Elaine, , , MD	Initial) or Full Organiz	ation Name	Date of Receipt
Mailing Address 3611 Bellflower Blvd			11 28 2016
City		ip Code	Transaction ID : SA11AI.6287
Long Beach	CA	90808	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer (for Individual) Edinger Medical Group	Occupation Physician	n (for Individual)	Memo Item Political Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-t	o-Date ▼ 1000,00	
Full Name of Individual (Last, First, Middle Lembree, Cambria, , Dr., MD	Initial) or Full Organiz	ation Name	Date of Receipt
Mailing Address 5370 E. Broadway			11 28 2016
City	State	ïp Code	Transaction ID : SA11AI.6288
Long Beach	CA	90803	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1000.00
Name of Employer (for Individual) Edinger Medical Group	Occupation Physician	n (for Individual)	Memo Item Political Contribution
Receipt For:	Aggregate Year-t	o-Date ▼	
Primary General Other (specify)	7	1000.00	
SUBTOTAL of Receipts This Page (optional).		•	2500.00
TOTAL This Period (last page this line number	er only)		

FOR LINE NUMBER:						PAGE		9	OF		12	
(0	(check only one)											
X 11a 11b						11c		12				
		13		14		15		16	;		17	

Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by an ne name and address of any political comm	ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CAPG FEDERAL PAC		
Full Name of Individual (Last, First, Middle In Jackman, Jennifer, , Mrs., Mailing Address 892 Kent Drive	nitial) or Full Organization Name	Date of Receipt
City	State Zip Code	11 28 2016
Claremont	CA 91711	Transaction ID : SA11AI.6295
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer (for Individual) MemorialCare Medical Group	Occupation (for Individual) COO	Memo Item Political Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name of Individual (Last, First, Middle In McConnaughey, Douglas, , , Mailing Address 9 Cape Danbury	nitial) or Full Organization Name	Date of Receipt
City	State Zip Code	11 28 2016 Transaction ID : SA11AI.6289
Newport Beach	CA 92660	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer (for Individual) Edinger Medical Group	Occupation (for Individual) Physician	Memo Item Political Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name of Individual (Last, First, Middle In Middlebrooks, Jack, , , MD	nitial) or Full Organization Name	Date of Receipt
Mailing Address 18710 Spruce Circle		11 28 / 2016
City Fountain Valley	State Zip Code CA 92708	Transaction ID : SA11AI.6290
FEC ID number of contributing federal political committee.	C 92706	Amount of Each Receipt this Period
Name of Employer (for Individual) Edinger Medical Group	Occupation (for Individual) Physician	Memo Item Political Contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)		3000.00
TOTAL This Period (last page this line numbe	r only)	

FOR LINE NUMBER: PAGE 10 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c 12

12

for each category of the 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) CAPG FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Nguyen, Lam-Quynh, , Dr., MD Date of Receipt Mailing Address 3506 Bravata Drive 2016 11 City Zip Code State Transaction ID: SA11AI.6297 CA **Huntington Beach** 92649 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **Edinger Medical Group** Physician Political Contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Pellman, Harry, , , MD Date of Receipt Mailing Address 16691 Greenview LN 2016 11 City State Zip Code Transaction ID: SA11AI.6293 CA **Huntington Beach** 92649 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Edinger Medical Group Political Contribution Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Sperling, Malcolm, , , MD Date of Receipt Mailing Address 4661 Los Patos Avenue 28 2016 City State Zip Code Transaction ID: SA11AI.6298 CA **Huntington Beach** 92649 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **Political Contribution Edinger Medical Group** Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 3000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER:			PAGE	_ ′	11	OF	12			
(0	che	ck only	or	ne)						
	X	11a		11b		11c		12		
		13		14		15		16	;	17

	Statements may not be sold or used by any pe he name and address of any political committee	
NAME OF COMMITTEE (In Full) CAPG FEDERAL PAC		
Full Name of Individual (Last, First, Middle I Willis, Burton, , , MD Mailing Address 16074 Bonaire Cr City Huntington Beach FEC ID number of contributing federal political committee. Name of Employer (for Individual) Edinger Medical Group Receipt For: Primary General Other (specify)	State Zip Code CA 92649 C Occupation (for Individual) Physician Aggregate Year-to-Date 1000.00	Date of Receipt 11 28 2016 Transaction ID: SA11AI.6294 Amount of Each Receipt this Period 1000.00 Memo Item Political Contribution
Full Name of Individual (Last, First, Middle I Yu, Betty, , , MD Mailing Address 16525 Oak Circle City Fountain Valley FEC ID number of contributing federal political committee. Name of Employer (for Individual) Edinger Medical Group Receipt For: Primary General Other (specify)	State Zip Code CA 92708 C Occupation (for Individual) Physician Aggregate Year-to-Date ▼ 1000.00	Date of Receipt 11 28 2016 Transaction ID: SA11Al.6291 Amount of Each Receipt this Period 1000.00 Memo Item Political Contribution
Full Name of Individual (Last, First, Middle I Mailing Address City FEC ID number of contributing federal political committee. Name of Employer (for Individual) Receipt For: Primary General Other (specify)	State Zip Code C Occupation (for Individual) Aggregate Year-to-Date	Date of Receipt M M / D D / Y Y Y Y Y Amount of Each Receipt this Period Memo Item
SUBTOTAL of Receipts This Page (optional)	>	2000.00
TOTAL This Period (last page this line number	er only)	16500.00

S 17

Temized Disbursements Disbursement Category Type	SCHEDULE B (FEC Form 3X)	Ţ.,		FOR LINE NUMBER: PAGE 12 OF 12							
Detailed Surmary Page	ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the			٦.00					
Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of seliciting 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 Name) A. PayPal USA Mailing Address 2211 North First Street City San Jose Purpose of Disbursement Gateway Fee Candidate Name Office Sought: Full Name (Last, First, Middle Initial) B. Mailing Address City State: City State: City Senate Primary General Other (specify) Transaction ID: \$8218.502 Amount of Each Disbursement this Period Transaction ID: \$8218.502 Amount of Each Disbursement Category/ Type FEC Identification Number College of Disbursement Category/ Type FEC Identification Number College of Disbursement Category/ Type FEC Identification Number College of Disbursement Candidate Name Category/ Type Fec Identification Number College of Disbursement Category/ Type FEC Identification Number College of Disbursement Category/ Type FEC Identification Number College of Disbursement Mailing Address City State: District Full Name (Last, First, Middle Initial) Category/ Type FEC Identification Number College of Disbursement Mailing Address City State: District Full Name (Last, First, Middle Initial) Category/ Type FEC Identification Number College of Disbursement College of Disbursement FEC Identification Number College of Disburseme											
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 First) CAPG FEDERAL PAC Full Name (Last, First, Middle Initial) A. PayPal USA Mailing Address 2211 North First Street City San Jose Category/ Type City Sought: House Price Senate Primary Office Sought: Full Name (Last, First, Middle Initial) B. Category/ Type Office Sought: Full Name (Last, First, Middle Initial) Mailing Address City State: District: Full Name (Last, First, Middle Initial) City State: District: Full Name (Last, First, Middle Initial) City State: District: Full Name (Last, First, Middle Initial) City State: District: Full Name (Last, First, Middle Initial) Date of Disbursement this Period Type Office Sought: Furpose of Disbursement Category/ Type Office Sought: Full Name (Last, First, Middle Initial) City State: District: Full Name (Last, First, Middle Initial) Category/ Type Office Sought: Fec Identification Number Commercial purposes of Disbursement this Period Type Firmary General District: Full Name (Last, First, Middle Initial) Category/ Type Office Sought: House Purpose of Disbursement Category/ Type Office Sought: House District: State: District: St	Any information copied from such Reports and State	ments may	not be sold or use						ns		
CAPG FEDERAL PAC Full Name (Last, First, Middle Initial) A PayPal USA Mailing Address 2211 North First Street City San Jose Cadegory' San Jose Purpose of Disbursement Gateway Fee Candidate Name Office Sought: House Disbursement For: Joseph Category' Spee City State Disbursement For: Joseph Cadegory' Spee City State Disbursement For: Joseph Category' City State Disbursement Candidate Name Category' Type City State Disbursement For: Joseph Category' Type City State Disbursement Candidate Name Category' Type City State Disbursement For: Joseph Category' Type Category' T											
Full Name (Last, First, Middle Initial) A. PayPail USA Mailing Address 2211 North First Street City San Jose CA 95131 Purpose of Disbursement Gateway Fee Candidate Name Candidate Name City Serute President State: District: Full Name (Last, First, Middle Initial) B. Cardidate Name Condidate N											
A PayPal USA Mailing Address 2211 North First Street City	/ CAPG FEDERAL PAC										
Mailing Address 2211 North First Street	Full Name (Last, First, Middle Initial)										
Mailing Address 2211 North First Street City State City City State Candidate Name City City City State City City State: District: Full Name (Last, First, Middle Initial) Candidate Name City Furpose of Disbursement Candidate Name City State: District: Full Name (Last, First, Middle Initial) Category/ City State: District: Full Name (Last, First, Middle Initial) Category/ Amount of Each Disbursement this Period Category/ Category/ Category/ Category/ Category/ Category/ Category/ Amount of Each Disbursement this Period Category/ Category/ Category/ Amount of Each Disbursement this Period Category/ Category/ Category/ Amount of Each Disbursement this Period Category/ Category/ Category/ Amount of Each Disbursement this Period Category/ Category/ Category/ Amount of Each Disbursement this Period Category/ Category/ Category/ Amount of Each Disburseme	A. PayPal USA				Date of D	isbursei	ment				
City San Jose Purpose of Disbursement Gateway Fee Candidate Name Office Sought:	Mailing Address 2011 North First Street								7		
San Jose	Maining Address 2211 Notiti institution				ا ننا			2010			
Purpose of Disbursement Gateway Fee Candidate Name Office Sought:	•				FEC Iden	tification	Number				
Category/ Office Sought: House Disbursement For: State: District: Senate President State: Disbursement For: Senate President State: District: District: District: Prill Name (Last, First, Middle Initial) Mailing Address City State: District: Primary General Primary General Primary General Primary General President State: District: District: Primary General President Disbursement For: Senate President Other (specify) Memo Item Date of Disbursement Category/ Type Office Sought: House Disbursement For: Senate President Other (specify) Memo Item Date of Disbursement this Period Memo Item Category/ Type Date of Disbursement this Period Disbursement For: Senate President Other (specify) Memo Item Date of Disbursement this Period Memo Item Date of Disbursement this Period Disbursement For: Category/ Type Date of Disbursement Type Date of Disbursement For: Senate President District: Primary General Disbursement Type Disbursement Type Disbursement Disbursement Type Disbursement Disbursement Type Disbursement Dis		UA	30101								
Cardidate Name Office Sought: House State: District: Primary General President State: District: State: District: Primary General President State: District: Primary General President State: District: District: Primary General President State: District: District: Primary General President State: District: District: Primary General President General President General President General President General President General President General Primary General Genera				001							
Office Sought:	Candidate Name										
Senate President Other (specify) State: District: Full Name (Last, First, Middle Initial) B. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House President Other (specify) State: District: Full Name (Last, First, Middle Initial) Category/ Type Office Sought: Amount of Each Disbursement this Period Tother (specify) Date of Disbursement this Period FEC Identification Number Category/ Type Other (specify) Date of Disbursement this Period Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Purpose of Disbursement Category/ Type Office Sought: House Senate Primary General Primary General President Category/ Type Office Sought: House Senate Primary General Primary General President Other (specify) Memo Item Substrottal of Disbursement this Period Memo Item Substrottal of Disbursement This Page (optional) Substrottal of Disbursements This Page (optional) 30.00	Office Sought: House Dishure	mont For		Type	30.00						
State: District: Other (specify) Full Name (Last, First, Middle Initial) B. Date of Disbursement City State Zip Code FEC Identification Number Candidate Name Castegory/ Type Office Sought: House Primary General Prosident State: Disbursement C. C. Date of Disbursement this Period Office Sought: Amount of Each Disbursement this Period Office Sought: State Zip Code FEC Identification Number C. C. Date of Disbursement Candidate Name Cast, First, Middle Initial) C. Date of Disbursement Candidate Name Cast, First, Middle Initial) Condidate Name Cast, First, Middle Initial) Condidate Name Cast Category/ Type Office Sought: House Disbursement For: Gategory/ Type Office Sought: House Disbursement For: Gategory/ Type Office Sought: House Disbursement For: Gategory/ Type Office Sought: House Disbursement For: General Primary G		7				55.55					
State: District: Full Name (Last, First, Middle Initial) B. Mailing Address City	President		ecify) 🔻	Memo Item							
Mailing Address City											
City					Date of C	isbursei	ment				
Mailing Address City Purpose of Disbursement Candidate Name Category/ Office Sought: House Senate Primary General Other (specify) State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City Purpose of Disbursement Candidate Name City Purpose of Disbursement Candidate Name City Purpose of Disbursement Candidate Name Condidate Name Disbursement Condidate Name Disbursement Condidate Name Disbursement Condidate Name Disbursement Condidate Name Condidate Name Disbursement For: Senate Primary General Other (specify) ▼ Memo Item Substortal of Disbursements This Page (optional)											
Purpose of Disbursement Candidate Name Office Sought: House Senate Primary General Other (specify) State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code FEC Identification Number Candidate Name Office Sought: House Primary General Other (specify) Type Office Sought: House Disbursement For: Gategory/ Type Office Sought: House Disbursement For: Gategory Other (specify) Memo Item State: District: Memo Item State: District: Memo Item Substitute Disbursement For: Memo Item Substitute District: Memo Item Substitute Disbursements This Page (optional)	Mailing Address					L.	J Ľ				
Purpose of Disbursement Candidate Name Office Sought: House Senate Primary General Other (specify) State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code FEC Identification Number Candidate Name Office Sought: House Primary General Other (specify) Type Office Sought: House Disbursement For: Gategory/ Type Office Sought: House Disbursement For: Gategory Other (specify) Memo Item State: District: Memo Item State: District: Memo Item Substitute Disbursement For: Memo Item Substitute District: Memo Item Substitute Disbursements This Page (optional)	City	State	Zip Code								
Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Category/ Type Category/ Type Category/ Type Category/ Type Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ State: District: Substract Disbursement this Period Memo Item Amount of Each Disbursement this Period Memo Item Substract Disbursement This Page (optional)					FEC Identification Number						
Office Sought: House Senate Primary General Primary General Disbursement For: Senate President Other (specify) State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Primary General Other (specify) Memo Item State: District: Substate: District: Memo Item FEC Identification Number Category/ Type Office Sought: House Senate Primary General Other (specify) Memo Item Substate: District:	Purpose of Disbursement				C						
Office Sought: House Senate Primary General Other (specify) State: District: Memo Item Date of Disbursement For: Mailing Address Disbursement For: Senate Primary General Other (specify) Date of Disbursement Date of Date o	Candidate Name			Cotogrami	Amount	f Each	Dioburoo	ont this Da	riod		
Senate Primary General Other (specify) State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code FEC Identification Number Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) Memo Item State: District: Subtrotal of Disbursements This Page (optional)					Amount o	ı ⊏acn l	Jisbursem	ent this Pe	HIOU		
State: District: Other (specify) Memo Item						7	-				
State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House President State: District: Substrate: Disbursements This Page (optional)		1									
City State Zip Code FEC Identification Number Candidate Name Category/ Type Office Sought: House Senate Primary General President State: District: Subtotal of Disbursement M M M / D D / YYYYY FEC Identification Number Category/ Type Amount of Each Disbursement this Period Memo Item 30.00							Memo Item				
City State Zip Code FEC Identification Number Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ Subtotal of Disbursements This Page (optional)	,										
City State Zip Code FEC Identification Number Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ Substitute: District: Substitute: Disbursements This Page (optional)	C.										
City State Zip Code FEC Identification Number Candidate Name Category/ Type Office Sought: House Senate Primary General President Other (specify) ▼ State: District: Memo Item SUBTOTAL of Disbursements This Page (optional)	Mailing Address				M = M	/ D	D / Y	YYY	7		
Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) State: District: Substrict: Memolitem Amount of Each Disbursement this Period Memo Item 30.00		I -	I								
Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) State: District: Substract: Memo Item 30.00	City	State	Zip Code		FEC Iden	tification	Number				
Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ Subtrotal of Disbursements This Page (optional)	Purpose of Disbursement	l .			С						
Office Sought: House Disbursement For: Senate Primary General Other (specify) State: District: SUBTOTAL of Disbursements This Page (optional)	Candidata Nama										
Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼ SUBTOTAL of Disbursements This Page (optional)	Category/					Amount of Each Disbursement this Period					
State: Other (specify) Substrict: Memo Item Substrict: 30.00											
State: District: SUBTOTAL of Disbursements This Page (optional)						7	- 7				
SUBTOTAL of Disbursements This Page (optional)			Memo Item								
30 00	orare. District.					-			_		
20.00	SUBTOTAL of Disbursements This Page (optional)					- 1	1 70	30.00)		
TOTAL This Period (last page this line number only)					-	-	,	30.00	一		