

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. 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 SUITE 1620
Check if different than previously reported. (ACC) LOS ANGELES CA 90017

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00461756 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on M M M / D D D / Y Y Y Y Y Y in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 04 01 2016 through 06 30 2016

I certify that I have examined this Report 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 Donald H. Crane [Electronically Filed] Date 07 15 2016

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

CAPG FEDERAL PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value="82832.67"/>	<input type="text" value="82832.67"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="82445.16"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="18752.55"/>	<input type="text" value="18755.04"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="101197.71"/>	<input type="text" value="101587.71"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="3079.60"/>	<input type="text" value="3469.60"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="98118.11"/>	<input type="text" value="98118.11"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name
CAPG FEDERAL PAC

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	18000.00	18000.00
(ii) Unitemized	750.00	750.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	18750.00	18750.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (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)	18750.00	18750.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	2.55	5.04
18. Transfers from Non-Federal and Levin Funds		
(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
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	18752.55	18755.04
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	18752.55	18755.04

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	579.60	669.60
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	579.60	669.60
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	300.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	2500.00	2500.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	2500.00	2500.00
29. Other Disbursements	0.00	0.00
30. 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	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	3079.60	3469.60
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3079.60	3469.60

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	18750.00	18750.00
34. Total Contribution Refunds (from Line 28(d))	2500.00	2500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	16250.00	16250.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	579.60	669.60
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	579.60	669.60

**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 6 OF 15
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CAPG FEDERAL PAC

A. Bart Asner MD
Full Name (Last, First, Middle Initial)
Mailing Address 25 Offshore

City Newport Beach	State CA	Zip Code 92657
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FEC ID number of contributing federal political committee. **C**

Name of Employer Monarch Healthcare	Occupation CEO/Physician
--	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2016

Transaction ID : SA11AI.6160

Amount of Each Receipt this Period
1000.00

Memo Item

B. Marnie Baker MD
Full Name (Last, First, Middle Initial)
Mailing Address 3 Fairdawn

City Irvine	State CA	Zip Code 92614
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FEC ID number of contributing federal political committee. **C**

Name of Employer MemorialCare Medical Group	Occupation Physician
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	20	/	2016

Transaction ID : SA11AI.6139

Amount of Each Receipt this Period
500.00

Memo Item

c. Dr. Ian Bare MD
Full Name (Last, First, Middle Initial)
Mailing Address 26991 Crown Valley Pkwy

City Mission Viejo	State CA	Zip Code 92691
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer MemorialCare Medical Group	Occupation Physician
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	20	/	2016

Transaction ID : SA11AI.6138

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
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: (check only one)	PAGE 7 OF 15
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CAPG FEDERAL PAC

A. Norman Chenven
Full Name (Last, First, Middle Initial)

Mailing Address 3403 Spanish Oak Drive

City Austin State TX Zip Code 78731

FEC ID number of contributing federal political committee. **C**

Name of Employer Austin REgional Clinic Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 17 / 2016
Transaction ID : SA11AI.6170

Amount of Each Receipt this Period 500.00

Memo Item

B. Gracia Covarrubias MD
Full Name (Last, First, Middle Initial)

Mailing Address 3803 Orangewood

City Irvine State CA Zip Code 92618

FEC ID number of contributing federal political committee. **C**

Name of Employer Bristol Park Medical Group Occupation Internal Medicine

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 20 / 2016
Transaction ID : SA11AI.6140

Amount of Each Receipt this Period 250.00

Memo Item

C. Ms. Mariella Cummings
Full Name (Last, First, Middle Initial)

Mailing Address 319 Seventh Avenue SE Suite 201

City Olympia State WA Zip Code 98501

FEC ID number of contributing federal political committee. **C**

Name of Employer Physicians of Southwest WA Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 17 / 2016
Transaction ID : SA11AI.6165

Amount of Each Receipt this Period 250.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00

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: (check only one)	PAGE 8 OF 15
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CAPG FEDERAL PAC

A. Richard Fish
Full Name (Last, First, Middle Initial)
Mailing Address 153 Townsend St.
City San Francisco State CA Zip Code 94107
FEC ID number of contributing federal political committee. **C**
Name of Employer Brown & Toland Medical Group Occupation CEO
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 06 / 17 / 2016
Transaction ID : SA11AI.6161
Amount of Each Receipt this Period 1000.00
 Memo Item

B. Kathryn Hegstrom
Full Name (Last, First, Middle Initial)
Mailing Address 500 Airport Plaza Drive
City Long Beach State CA Zip Code 90815
FEC ID number of contributing federal political committee. **C**
Name of Employer Brown & Toland Medical Group Occupation Chief Executive Officer
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 06 / 17 / 2016
Transaction ID : SA11AI.6180
Amount of Each Receipt this Period 1000.00
 Memo Item

c. Dr. John E. Jenrette MD
Full Name (Last, First, Middle Initial)
Mailing Address 850 Beech St #1205
City San Diego State CA Zip Code 92101
FEC ID number of contributing federal political committee. **C**
Name of Employer Sharp HealthCare Occupation CEO
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 06 / 17 / 2016
Transaction ID : SA11AI.6164
Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3000.00
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: (check only one)	PAGE 9 OF 15
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CAPG FEDERAL PAC

A. Keith Lee MD
Full Name (Last, First, Middle Initial)

Mailing Address 250 E. Yale Loop

City Irvine State CA Zip Code 92604

FEC ID number of contributing federal political committee. **C**

Name of Employer Bristol Park Medical Group Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 20 / 2016

Transaction ID : SA11AI.6141

Amount of Each Receipt this Period
 500.00

Memo Item

B. Amber Manko
Full Name (Last, First, Middle Initial)

Mailing Address 423 18th Street NE

City Washington State DC Zip Code 20002

FEC ID number of contributing federal political committee. **C**

Name of Employer CAPG Occupation Director of Federal Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 17 / 2016

Transaction ID : SA11AI.6153

Amount of Each Receipt this Period
 250.00

Memo Item

C. Dr. Charles Payton MD
Full Name (Last, First, Middle Initial)

Mailing Address 5553 Mountain View Place

City Yorba Linda State CA Zip Code 92886

FEC ID number of contributing federal political committee. **C**

Name of Employer EPIC Management Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 17 / 2016

Transaction ID : SA11AI.6163

Amount of Each Receipt this Period
 250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
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: (check only one)	PAGE 10 OF 15
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CAPG FEDERAL PAC

A. Dr. Jeerreddi Prasad
 Full Name (Last, First, Middle Initial)
 Mailing Address 766 Brigham Young Drive
 City State Zip Code
 Clermont CA 91736
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Prospect Medical Group Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 17 / 2016
Transaction ID : SA11AI.6205
 Amount of Each Receipt this Period
 2500.00
 Memo Item

B. Dr. Kurt Ransohoff MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 470 South Patterson Ave
 City State Zip Code
 Santa Barbara CA 93112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Sansum Clinic Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 17 / 2016
Transaction ID : SA11AI.6166
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Dr. Donald Rebhun MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 36 Rancho Rd
 City State Zip Code
 Bell Canyon CA 91307
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 HealthCare Partners Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 17 / 2016
Transaction ID : SA11AI.6167
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	4000.00
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: (check only one)	PAGE 11 OF 15
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CAPG FEDERAL PAC

A. Rick Shinto
Full Name (Last, First, Middle Initial)

Mailing Address 18992 Montecito Drive

City Yorba Linda	State CA	Zip Code 92886
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FEC ID number of contributing federal political committee. **C**

Name of Employer Innovacare	Occupation CEO
--------------------------------	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		18		2016

Transaction ID : SA11AI.6187

Amount of Each Receipt this Period

2000.00

 Memo Item

B. Dr. Chris Stanley
Full Name (Last, First, Middle Initial)

Mailing Address 891 14th Street

City Denver	State CO	Zip Code 80202
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FEC ID number of contributing federal political committee. **C**

Name of Employer Catholic Health Initiatives	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
06		17		2016

Transaction ID : SA11AI.6173

Amount of Each Receipt this Period

1000.00

 Memo Item

C. Daisy Tint MD
Full Name (Last, First, Middle Initial)

Mailing Address 250 E. Yale Loop

City Irvine	State CA	Zip Code 92604
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FEC ID number of contributing federal political committee. **C**

Name of Employer MemorialCare Medical Group	Occupation Physician
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		20		2016

Transaction ID : SA11AI.6144

Amount of Each Receipt this Period

500.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	3500.00
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: (check only one)	PAGE 12 OF 15
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CAPG FEDERAL PAC

A. Mimi Trinh MD
Full Name (Last, First, Middle Initial)
Mailing Address 53 Waterspout
City Irvine State CA Zip Code 92620
FEC ID number of contributing federal political committee. **C**
Name of Employer MemorialCare Medical Group Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **06 / 13 / 2016**
Transaction ID : SA11AI.6147
Amount of Each Receipt this Period **500.00**
 Memo Item

B. Mark Wager
Full Name (Last, First, Middle Initial)
Mailing Address 1775 East Palm Canyon Drive
City Palm Springs State CA Zip Code 92264
FEC ID number of contributing federal political committee. **C**
Name of Employer Heritage Medical System Occupation President
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1000.00**

Date of Receipt **06 / 17 / 2016**
Transaction ID : SA11AI.6191
Amount of Each Receipt this Period **1000.00**
 Memo Item

C. Bart Wald MD
Full Name (Last, First, Middle Initial)
Mailing Address 199 S. Los Robles Avenue #300
City Pasadena State CA Zip Code 91101
FEC ID number of contributing federal political committee. **C**
Name of Employer HealthCare Partners Occupation Regional Medical Director
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1000.00**

Date of Receipt **06 / 17 / 2016**
Transaction ID : SA11AI.6162
Amount of Each Receipt this Period **1000.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **2500.00**
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: (check only one)	PAGE 13 OF 15
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
CAPG FEDERAL PAC

A. Dr. Anthony Wong MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 514 Luminous
 City Irvine State CA Zip Code 92603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MemorialCare Medical Group Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 20 / 2016
Transaction ID : SA11AI.6143
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Dr. Eric Wong MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7117 E. Brighton Circle
 City Orange State CA Zip Code 92869
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MemorialCare Medical Group Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 20 / 2016
Transaction ID : SA11AI.6142
 Amount of Each Receipt this Period
 500.00
 Memo Item

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	18000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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 (Last, First, Middle Initial)

A. PayPal USA

Mailing Address 2211 North First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement
PayPal USA - Online CC Transaction Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
06 / 18 / 2016

Transaction ID : **SB21B.6199**

Amount of Each Disbursement this Period: 383.05

Memo Item

Category/Type: 001

Full Name (Last, First, Middle Initial)

B. PayPal USA

Mailing Address 2211 North First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement
PayPal USA - Online CC Transaction Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
06 / 19 / 2016

Transaction ID : **SB21B.6201**

Amount of Each Disbursement this Period: 61.80

Memo Item

Category/Type: 001

Full Name (Last, First, Middle Initial)

C. PayPal USA

Mailing Address 2211 North First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement
PayPal USA - Online CC Transaction Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
06 / 25 / 2016

Transaction ID : **SB21B.6202**

Amount of Each Disbursement this Period: 3.20

Memo Item

Category/Type: 001

SUBTOTAL of Disbursements This Page (optional).....▶	448.05
TOTAL This Period (last page this line number only).....▶	448.05

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CAPG FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Jeerreddi Prasad

Mailing Address 766 Brigham Young Drive

City State Zip Code
Clermont CA 91736

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB28A.6206

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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