

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.

CAPG FEDERAL PAC

ADDRESS (number and street)

Check if different than previously reported. (ACC) -

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

3. IS THIS REPORT NEW (N) AMENDED (A) OR

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:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11)
<small>(Non-Election Year Only)</small> |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12)
<small>(Non-Election Year Only)</small> |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on / / in the State of

- (d) 30-Day POST-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on / / in the State of

5. Covering Period / / through / /

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

Type or Print Name of Treasurer

Signature of Treasurer Crane, Donald, H., , JD [Electronically Filed] Date / /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only							
-----------------	--	--	--	--	--	--	--

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="2017"/>		122122.17
(b) Cash on Hand at Beginning of Reporting Period.....	139112.09	
(c) Total Receipts (from Line 19)	53235.39	108307.59
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	192347.48	230429.76
7. Total Disbursements (from Line 31).....	45221.00	83303.28
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	147126.48	147126.48
9. 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 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. 05/2016)

Write or Type Committee Name

CAPG FEDERAL PAC

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2017 To: M M / D D / Y Y Y Y 12 / 31 / 2017

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).....	52300.00	106600.00
(ii) Unitemized	630.00	1391.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	52930.00	107991.00
(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)	52930.00	107991.00
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.).....	305.39	316.59
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)).....▶	53235.39	108307.59
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	53235.39	108307.59

DETAILED SUMMARY PAGE
of Disbursements

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	3550.00	6132.28
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	3550.00	6132.28
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	41500.00	77000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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	0.00	0.00
(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)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	171.00	171.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	45221.00	83303.28
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	45221.00	83303.28

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	52930.00	107991.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	52930.00	107991.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	3550.00	6132.28
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	3550.00	6132.28

**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 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Severs, Bob, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2055 Idyllwild
 City Arroyo Grande State CA Zip Code 93420-9602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) CAPG Consultant
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 450.00

Date of Receipt 07 / 01 / 2017
Transaction ID : A9C86F61B489D44E19D9
 Amount of Each Receipt this Period 450.00
 Memo Item

B. Skootsky, Samuel, A., Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2151 Balsam Ave
 City Los Angeles State CA Zip Code 90025-5909
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UCLA Medical Group Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 2500.00

Date of Receipt 07 / 05 / 2017
Transaction ID : AA287E58FF7294885B38
 Amount of Each Receipt this Period 2500.00
 Memo Item

C. Snyder, Andrew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 808 Columbia Ave, PH3-B
 City New York State NY Zip Code 10025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mount Sinai Occupation (for Individual) EVP
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 2500.00

Date of Receipt 07 / 05 / 2017
Transaction ID : A73CAF02F8510425E81B
 Amount of Each Receipt this Period 2500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 5450.00
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:	PAGE 7 OF 39
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Sicaeros, Laurie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9312 Darrow Drive
 City Huntington Beach State CA Zip Code 92646-7232
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Memorial Care Occupation (for Individual) COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **07 / 05 / 2017**
Transaction ID : A7F124D9D749445808CA
 Amount of Each Receipt this Period 2500.00
 Memo Item

B. Rebhun, Don, , Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9301 Oakdale Ave., Suite 200
 City Chatsworth State CA Zip Code 91311-6538
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DaVita HealthCare Partners Occupation (for Individual) Physician/Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **07 / 10 / 2017**
Transaction ID : A0172D22C841F43E78C9
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Montalvo, Raul, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 350 Chardon Avenue Suite 500
 City San Juan State PR Zip Code 00908
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MSO of Puerto Rico Occupation (for Individual) President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **07 / 12 / 2017**
Transaction ID : A8316944E9CC64C8D844
 Amount of Each Receipt this Period 2500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 6000.00
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 39
	<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	

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

A. Peterson, Margaret, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1501 M Street, NW
 City Washington State DC Zip Code 20005-1700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CAPG Occupation (for Individual) aads
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 251.00

Date of Receipt 07 / 21 / 2017
Transaction ID : A115F12A8118F487FA3C
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Gandhi, Niyum, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1425 Madison Avenue
 City New York State NY Zip Code 10029-6514
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mount Sinai Health System Occupation (for Individual) EVP and Chief Population Health Office
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 07 / 24 / 2017
Transaction ID : AC5F6F5E65F20487796E
 Amount of Each Receipt this Period 2500.00
 Memo Item

C. Howell, Amy Nguyen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 915 Wilshire Blvd Suite 1620
 City Los Angeles State CA Zip Code 90017-2658
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CAPG Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 25 / 2017
Transaction ID : A1153392F3C454F91A8F
 Amount of Each Receipt this Period 250.00
 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 39
	<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	

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

A. Shiba, Diana, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 393 E. Walnut St.
 City Pasadena State CA Zip Code 91188-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Southern California Permanente Medical Occupation (for Individual) Director of Government Relations/Ophtl
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **07 / 27 / 2017**
Transaction ID : A81DC680726E341B999C
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Song, Kit, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10945 Le Conte Ave Suite 1401
 City Los Angeles State CA Zip Code 90095-3000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UCLA Medical Group Occupation (for Individual) Medical Director/Orthopaedic Surgery
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **08 / 02 / 2017**
Transaction ID : A260CBFFA17074BCEB4A
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Cohen, Ken, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1687 Cole Blvd Ste 155
 City Lakewood State CO Zip Code 80401-3325
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) New West Physicians, P.C. Occupation (for Individual) Chief Medical Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2300.00

Date of Receipt **08 / 09 / 2017**
Transaction ID : AD5B0532D0782431BAE7
 Amount of Each Receipt this Period 2300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3300.00
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 39
	<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

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

A. Benton, Ruth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1707 Cole blvd.
 Suite 100
 City Golden State CO Zip Code 80401-3219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) New West Physicians, P.C. Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 08 / 14 / 2017
Transaction ID : AE36A1B98CB0D4FAB9E0
 Amount of Each Receipt this Period 2500.00
 Memo Item

B. O'Bryan IV, Carey, L., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2320 Cliff Dr
 Ste 200
 City Newport Beach State CA Zip Code 92663-5130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Newport Heart Medical Group Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 29 / 2017
Transaction ID : AD11A5D3252E04D048D7
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Zuckerman, Kenneth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16300 Sand Canyon Ave
 704
 City Irvine State CA Zip Code 92618-3711
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Greater Newport Physicians Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 29 / 2017
Transaction ID : AB8B87AFA1DCD4646A87
 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 11 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Taylor, Jeff, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1190 Baker Street
 103
 City Costa Mesa State CA Zip Code 92626-4108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Greater Newport Physicians Medical Gro Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 29 / 2017
Transaction ID : AC644B88F58FF4943801
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Wikle, John Stephen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11572 Marble Arch Drive
 City Santa Ana State CA Zip Code 92705-2917
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Greater Newport Physicians Medical Gro Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 29 / 2017
Transaction ID : A8D590AD32379430F91C
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Armstrong, Kurt, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30371 Paseo Del Valle
 City Laguna Niguel State CA Zip Code 92677-2310
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Greater Newport Physicians Medical Gro Occupation (for Individual) Family Practice
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 29 / 2017
Transaction ID : AB35C8BC7801441A6AA6
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1500.00
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 39
	<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

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

A. Wikle, John Stephen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11572 Marble Arch Drive
 City Santa Ana State CA Zip Code 92705-2917
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Greater Newport Physicians Medical Gro Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 29 / 2017
Transaction ID : A2295ACBA426B4194B84
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Armstrong, Kurt, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30371 Paseo Del Valle
 City Laguna Niguel State CA Zip Code 92677-2310
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Greater Newport Physicians Medical Gro Occupation (for Individual) Family Practice
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 29 / 2017
Transaction ID : A342D38C1084248A7813
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Behrstock, Barry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1190 Baker Street Suite 103
 City Costa Mesa State CA Zip Code 92626-4105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Greater Newport Physicians Medical Gro Occupation (for Individual) Pediatrician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 29 / 2017
Transaction ID : A0D2D7191A27347B9B07
 Amount of Each Receipt this Period 1000.00
 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 13 OF 39
	<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	

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

A. Hrontas, Stacey, , Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2020 Genesee Ave
 City San Diego State CA Zip Code 92123-4219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sharp Rees-Stealy Medical Group Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 08 / 2017
Transaction ID : ADFD5BC885E3F41F58E2
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. McGlone, Christopher, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8695 Spectrum Center Boulevard
 City San Diego State CA Zip Code 92123-1489
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sharp Community Medical Group Occupation (for Individual) COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 08 / 2017
Transaction ID : A521001659CE64C20A61
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Bier, Alan, , Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2929 Health Center Dr
 City San Diego State CA Zip Code 92123-2762
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sharp Rees-Stealy Medical Group Occupation (for Individual) President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 08 / 2017
Transaction ID : AF5F19D833DE84B21A58
 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 14 OF 39
	<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	

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

A. Merkin, Richard, , Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3115 Ocean Front Walk, Suite 301
 City Marina Del Rey State CA Zip Code 90292-5142
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Heritage Provider Network Occupation (for Individual) President/CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 08 / 2017
Transaction ID : A464ED98B271241EDB16
 Amount of Each Receipt this Period 5000.00
 Memo Item

B. Greenberg, Catou, , 9497189020, MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1441 Avocado Ave Ste 503
 City Newport Beach State CA Zip Code 92660-7706
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Greater Newport Physicians Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 13 / 2017
Transaction ID : AF92EB632CD9348DBA46
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Daghestani, Anas, , Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4515 Seton Center Pkwy Ste 215
 City Austin State TX Zip Code 78759-5785
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Austin Regional Clinic Occupation (for Individual) President and CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 09 / 18 / 2017
Transaction ID : A3D28B04058DE440288C
 Amount of Each Receipt this Period 2500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	8000.00
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 15 OF 39
	<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	

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

A. Durr, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8695 Spectrum Center Boulevard
 City San Diego State CA Zip Code 92123-1489
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sharp Community Medical Group Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 21 / 2017
Transaction ID : ADAD454C182E54BD09C5
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Brouwer, Valery, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28361 Silverton Dr
 City Laguna Niguel State CA Zip Code 92677-1464
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Edinger Medical Group Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 03 / 2017
Transaction ID : AE5637BC089854B80AFD
 Amount of Each Receipt this Period 500.00
 Memo Item

c. Nguyen, Lam-Quynh, , Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3506 Bravata Dr
 City Huntington Beach State CA Zip Code 92649-2034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Edinger Medical Group Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 03 / 2017
Transaction ID : A4E8E7933838147CF937
 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 16 OF 39
	<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
-----------------------------	-----------------------------	-----------------------------

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

A. Tran, Mai-Khanh, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9337 Lily Ave
 City Fountain Valley State CA Zip Code 92708-2263
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Edinger Medical Group Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 03 / 2017
Transaction ID : AC5951526B01B476095E
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Winter, Randy, , Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3320 Tully Road, Suite 1
 City Modesto State CA Zip Code 95350-0800
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AllCare IPA Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 04 / 2017
Transaction ID : A055B7A798EBB4F929DC
 Amount of Each Receipt this Period 2000.00
 Memo Item

C. Zdunek, Jay, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4515 Seton Center Parkway
 City Austin State TX Zip Code 78759-5290
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Austin Regional Clinic Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 10 / 04 / 2017
Transaction ID : ABA1F18BBA5AD4E7E962
 Amount of Each Receipt this Period 2500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	5000.00
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 17 OF 39
<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

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

A. Arnold, Stan, , Dr., MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11301 Dannen Dr

City North Tustin	State CA	Zip Code 92705-2506
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Edinger Medical Group	Occupation (for Individual) 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
10	/	05	/	2017

Transaction ID : A24C17B0A306A4E6CAC5

Amount of Each Receipt this Period
500.00

Memo Item

B. Fogarty, Tamara, , , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 24782 Red Lodge Pl

City Laguna Hills	State CA	Zip Code 92653-5832
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Edinger Medical Group	Occupation (for Individual) 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
10	/	05	/	2017

Transaction ID : A9DBD76623CB147C4827

Amount of Each Receipt this Period
500.00

Memo Item

C. willis, burton, , Dr., MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9900 Talbert Ave

City Fountain Valley	State CA	Zip Code 92708-5153
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) Edinger Medical Group	Occupation (for Individual) 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
10	/	05	/	2017

Transaction ID : A0D044304F08F482FBE4

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1500.00
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 18 OF 39
	<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	

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

A. Don, Karen, , Ms., MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 309 Bay Hill Dr

City Newport Beach	State CA	Zip Code 92660-5235
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Edinger Medical Group	Occupation (for Individual) 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
10		05		2017

Transaction ID : A50F7AB8815C249BEA90

Amount of Each Receipt this Period
500.00

Memo Item

B. Jackman, Jennifer, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 892 Kent Dr

City Claremont	State CA	Zip Code 91711-3311
-------------------	-------------	------------------------

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

Name of Employer (for Individual) MemorialCare Medical Group	Occupation (for Individual) COO
---	------------------------------------

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
10		05		2017

Transaction ID : AD764932A486241B8BE5

Amount of Each Receipt this Period
500.00

Memo Item

C. Cummings-Grodin, Elaine, , Dr., MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3611 N Bellflower Blvd

City Long Beach	State CA	Zip Code 90808-2636
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Edinger Medical Group	Occupation (for Individual) 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
10		05		2017

Transaction ID : A3BBB24812B824D3796F

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1500.00
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 19 OF 39
	<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	

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

A. Middlebrooks, Jack, , Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Talbert Ave
 Ste 302
 City Fountain Valley State CA Zip Code 92708-5153
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Edinger Medical Group Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 05 / 2017
Transaction ID : A65C40213B4D54126BFF
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Chacon, Shelley, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5952 Littlefield Dr
 City Huntington Beach State CA Zip Code 92648-1034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Edinger Medical Group Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 05 / 2017
Transaction ID : AEA5F48A6430C4B3BAE0
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Yu, Betty, , Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16525 Oak Cir
 City Fountain Valley State CA Zip Code 92708-2230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Edinger Medical Group Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 05 / 2017
Transaction ID : A05BBC6B9B45D49969FF
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1500.00
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 20 OF 39
	<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	

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

A. Hembree, Cambria, , Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5370 E Broadway
 City Long Beach State CA Zip Code 90803-3549
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Edinger Medical Group Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 05 / 2017
Transaction ID : AA5EB716C9BA04BCE92C
 Amount of Each Receipt this Period 500.00
 Memo Item

B. McConnaughey, Doug, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 Cape Danbury
 City Newport Beach State CA Zip Code 92660-8408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Edinger Medical Group Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 05 / 2017
Transaction ID : AB980CE7BEEBD48FA8FE
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Pellman, Harry, , Mr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16691 Greenview Ln
 City Huntington Beach State CA Zip Code 92649-3772
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Edinger Medical Group Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 05 / 2017
Transaction ID : AA96C9C016EEB4392AE5
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1500.00
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 21 OF 39
	<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	

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

A. Mantei, Mark, , FACHE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13898 NE 28th Street
 Suite A-100
 City Vancouver State WA Zip Code 98682-8841
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Vancouver Clinic, Inc., P.S. Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 08 / 2017
Transaction ID : AA827B6404FD34933929
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Flores, Sergio, , Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 740 Country Club Ln
 City Coronado State CA Zip Code 92118-2038
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) San Diego Digestive Disease Co Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 15 / 2017
Transaction ID : A6D61AFF5142A421F93A
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Roth, Kenneth, J., Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8765 Aero Dr
 Ste 130
 City San Diego State CA Zip Code 92123-1767
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) San Diego Internal Medicine Occupation (for Individual) President, SCMG, Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 15 / 2017
Transaction ID : AB3554FB129B94C42B3B
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2250.00
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 22 OF 39
	<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	

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 A. Marin, Ada, , Dr., MD		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 17 / 2017
Mailing Address 4912 Mount Elbrus Dr		Transaction ID : ABCDB5BAE0B484D25830
City San Diego	State CA	Zip Code 92117-4854
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer (for Individual) Metro Family Physicians Med Gr	Occupation (for Individual) Family Physician	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Bakker, Richard, , ,		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 21 / 2017
Mailing Address 4265 Camborne Rd		Transaction ID : A3917614469FA49DCA98
City Upper Arlington	State OH	Zip Code 43220-4340
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) choose title	Occupation (for Individual) Dr	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 50.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Knox, Jennifer, , Dr.,		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 01 / 2017
Mailing Address 520 Superior Ave		Transaction ID : ADB706DA274F5411DA04
City Newport Beach	State CA	Zip Code 92663-3637
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer (for Individual) Coastal Family Medicine	Occupation (for Individual) Physician	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	800.00
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 23 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kim, Peter Lee, , Dr.,

Mailing Address 25681 Pacific Crest Dr

City Mission Viejo	State CA	Zip Code 92692-5040
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Coastal Family Medicine	Occupation (for Individual) 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
12	/	29	/	2017

Transaction ID : A82EDFCCBB18B4953819

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	52300.00

**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 24 OF 39
<input 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 checked="" type="checkbox"/> 17

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 A. Merrill Lynch		Date of Receipt
Mailing Address 100 Spectrum Center Dr Ste 1100		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2017"/>
City Irvine	State CA	Zip Code 92618-4978
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A738565FEA0C14EB9AF8
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="54.75"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Interest
Aggregate Year-to-Date ▼ <input type="text" value="264.90"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Merrill Lynch		Date of Receipt
Mailing Address 100 Spectrum Center Dr Ste 1100		<input type="text" value="09"/> / <input type="text" value="29"/> / <input type="text" value="2017"/>
City Irvine	State CA	Zip Code 92618-4978
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : ABFA22E96C500465A900
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="47.80"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Interest
Aggregate Year-to-Date ▼ <input type="text" value="153.17"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Merrill Lynch		Date of Receipt
Mailing Address 100 Spectrum Center Dr Ste 1100		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2017"/>
City Irvine	State CA	Zip Code 92618-4978
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A8BE08E93978C485E83D
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="47.69"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Interest
Aggregate Year-to-Date ▼ <input type="text" value="105.37"/>		

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="150.24"/>
TOTAL This Period (last page this line number only).....	<input type="text"/>

**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 25 OF 39
<input 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 checked="" type="checkbox"/> 17

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

A. Merrill Lynch

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 Spectrum Center Dr
Ste 1100

City Irvine State CA Zip Code 92618-4978

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.15

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2017

Transaction ID : A3AAABD337B5D48E6B77

Amount of Each Receipt this Period
56.98

Memo Item
Interest

B. Merrill Lynch

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 Spectrum Center Dr
Ste 1100

City Irvine State CA Zip Code 92618-4978

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
316.59

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 29 / 2017

Transaction ID : A938087C11C774CF19BA

Amount of Each Receipt this Period
51.69

Memo Item
Interest

C. Merrill Lynch

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 Spectrum Center Dr
Ste 1100

City Irvine State CA Zip Code 92618-4978

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
57.68

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2017

Transaction ID : A208EF1106CB344E7AA4

Amount of Each Receipt this Period
46.48

Memo Item
Interest

SUBTOTAL of Receipts This Page (optional).....	155.15
TOTAL This Period (last page this line number only).....	305.39

**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"/> 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. Evo Payments International			Date of Disbursement MM / DD / YYYY 07 / 03 / 2017		
Mailing Address 515 Broadhollow Rd					
City Melville	State NY	Zip Code 11747-3705	FEC Identification Number C [REDACTED] Transaction ID : B7EA93D46A Amount of Each Disbursement this Period [REDACTED] 1.75		
Purpose of Disbursement Bank Fee		Category/Type [REDACTED]	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					
Full Name (Last, First, Middle Initial) B. PayPal USA			Date of Disbursement MM / DD / YYYY 07 / 03 / 2017		
Mailing Address 2211 N 1st St					
City San Jose	State CA	Zip Code 95131-2021	FEC Identification Number C [REDACTED] Transaction ID : B74FF32D507 Amount of Each Disbursement this Period [REDACTED] 30.00		
Purpose of Disbursement Credit Card Processing Fees		Category/Type [REDACTED]	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:					
Full Name (Last, First, Middle Initial) C. Authorize.Net			Date of Disbursement MM / DD / YYYY 07 / 05 / 2017		
Mailing Address PO Box 947					
City American Fork	State UT	Zip Code 84003-0947	FEC Identification Number C [REDACTED] Transaction ID : BDC9A3BC3 Amount of Each Disbursement this Period [REDACTED] 25.00		
Purpose of Disbursement Gateway Fee		Category/Type [REDACTED]	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:					
SUBTOTAL of Disbursements This Page (optional)..... ▶			[REDACTED] 56.75		
TOTAL This Period (last page this line number only)..... ▶			[REDACTED]		

**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"/> 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

A. Merrill Lynch

Full Name (Last, First, Middle Initial)

Mailing Address 100 Spectrum Center Dr
Ste 1100

City Irvine State CA Zip Code 92618-4978

Purpose of Disbursement Bank Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 07 / 10 / 2017

FEC Identification Number: C

Transaction ID : BAC0661B96

Amount of Each Disbursement this Period: 300.00

Memo Item

B. Aristotle

Full Name (Last, First, Middle Initial)

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 07 / 31 / 2017

FEC Identification Number: C

Transaction ID : BBD51E24DD

Amount of Each Disbursement this Period: 974.50

Memo Item

C. Evo Payments International

Full Name (Last, First, Middle Initial)

Mailing Address 515 Broadhollow Rd

City Melville State NY Zip Code 11747-3705

Purpose of Disbursement Bank Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 08 / 01 / 2017

FEC Identification Number: C

Transaction ID : BF2290A14B

Amount of Each Disbursement this Period: 1.75

Memo Item

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

1276.25

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

**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"/> 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 N 1st St

City San Jose State CA Zip Code 95131-2021

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 03 / 2017

FEC Identification Number

C
Transaction ID : B8A5FA5D5C
Amount of Each Disbursement this Period
30.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Aristotle

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2017

FEC Identification Number

C
Transaction ID : B816032B279
Amount of Each Disbursement this Period
250.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Evo Payments International

Mailing Address 515 Broadhollow Rd

City Melville State NY Zip Code 11747-3705

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 01 / 2017

FEC Identification Number

C
Transaction ID : BB59C0705E
Amount of Each Disbursement this Period
1.75

Memo Item

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

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

281.75

**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"/> 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 N 1st St

City San Jose State CA Zip Code 95131-2021

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
09 / 05 / 2017

FEC Identification Number

C []
Transaction ID : BEBBC12722
Amount of Each Disbursement this Period
[] 30.00

Memo Item

Full Name (Last, First, Middle Initial)

B. PHYSICIANS FOR A BETTER HEALTHCARE FUTURE

Mailing Address 915 WILSHIRE BLVD SUITE 1620

City LOS ANGELES State CA Zip Code 90017

Purpose of Disbursement
CPA Tax Prep Bill

Candidate Name
PHYSICIANS FOR A BETTER HEALTHCARE FUTURE

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
09 / 05 / 2017

FEC Identification Number

C C00492553
Transaction ID : B2E10C65BD
Amount of Each Disbursement this Period
[] 550.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Ahlstrom & Baker CPAs

Mailing Address 10621 Calle Lee
Ste 153

City Los Alamitos State CA Zip Code 90720-8501

Purpose of Disbursement
Invoice # CAPGPAC17

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
09 / 05 / 2017

FEC Identification Number

C []
Transaction ID : B429823B45:
Amount of Each Disbursement this Period
[] 550.00

Memo Item

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

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

[] 1130.00
[]

**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"/> 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. Aristotle		Date of Disbursement MM / DD / YYYY 09 / 30 / 2017
Mailing Address 205 Pennsylvania Ave SE		FEC Identification Number C [REDACTED] Transaction ID : BC84E475D2 Amount of Each Disbursement this Period [REDACTED] 450.00
City Washington	State DC	Zip Code 20003-1164
Purpose of Disbursement Credit Card Processing Fees		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Evo Payments International		Date of Disbursement MM / DD / YYYY 10 / 01 / 2017
Mailing Address 515 Broadhollow Rd		FEC Identification Number C [REDACTED] Transaction ID : BF94EDBA30 Amount of Each Disbursement this Period [REDACTED] 1.75
City Melville	State NY	Zip Code 11747-3705
Purpose of Disbursement Credit Card Processing Fees		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Aristotle		Date of Disbursement MM / DD / YYYY 10 / 31 / 2017
Mailing Address 205 Pennsylvania Ave SE		FEC Identification Number C [REDACTED] Transaction ID : BE06072BBE Amount of Each Disbursement this Period [REDACTED] 175.00
City Washington	State DC	Zip Code 20003-1164
Purpose of Disbursement Credit Card Processing Fees		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 626.75
TOTAL This Period (last page this line number only).....▶	[REDACTED]

**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"/> 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

A. Evo Payments International

Full Name (Last, First, Middle Initial)

Mailing Address 515 Broadhollow Rd

City Melville State NY Zip Code 11747-3705

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 01 / 2017

FEC Identification Number: C
Transaction ID : **BAD6966C06**
Amount of Each Disbursement this Period: 1.75

Memo Item

B. Aristotle

Full Name (Last, First, Middle Initial)

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 30 / 2017

FEC Identification Number: C
Transaction ID : **BBC44CFA7E**
Amount of Each Disbursement this Period: 147.50

Memo Item

C. Evo Payments International

Full Name (Last, First, Middle Initial)

Mailing Address 515 Broadhollow Rd

City Melville State NY Zip Code 11747-3705

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 12 / 01 / 2017

FEC Identification Number: C
Transaction ID : **BD73B05028**
Amount of Each Disbursement this Period: 1.75

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 151.00

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

**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"/> 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. Aristotle		Date of Disbursement M M / D D / Y Y Y Y Y Y 12 / 04 / 2017	
Mailing Address 205 Pennsylvania Ave SE			
City Washington	State DC	Zip Code 20003-1164	
Purpose of Disbursement Credit Card Processing Fees		FEC Identification Number C	
Candidate Name		Transaction ID : B81F5A8147 Amount of Each Disbursement this Period 27.50	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y Y Y	
Mailing Address			
City	State	Zip Code	
Purpose of Disbursement		FEC Identification Number C	
Candidate Name		Amount of Each Disbursement this Period	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y Y Y	
Mailing Address			
City	State	Zip Code	
Purpose of Disbursement		FEC Identification Number C	
Candidate Name		Amount of Each Disbursement this Period	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

SUBTOTAL of Disbursements This Page (optional)..... ▶	27.50
TOTAL This Period (last page this line number only)..... ▶	3550.00

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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

A. BOB CASEY FOR SENATE INC

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 58746

City PHILADELPHIA State PA Zip Code 19102

Purpose of Disbursement
Contribution to Committee

Candidate Name
Casey, Robert, P., Sen., Jr.

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: PA District:

Date of Disbursement: 09 / 27 / 2017

FEC Identification Number: **C00431056**
Transaction ID : **BE03EEDE59**
Amount of Each Disbursement this Period: 1000.00

Memo Item

B. KEVIN MCCARTHY FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 12667

City Bakersfield State CA Zip Code 93389

Purpose of Disbursement
Contribution to Committee

Candidate Name
McCarthy, Kevin, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: CA District: 23

Date of Disbursement: 12 / 26 / 2017

FEC Identification Number: **C00420935**
Transaction ID : **BE1EB5FE42**
Amount of Each Disbursement this Period: 5000.00

Memo Item

C. TOM REED FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 10847

City ROCHESTER State NY Zip Code 14610

Purpose of Disbursement
Contribution to Committee

Candidate Name
Reed, Tom, W., Rep., II

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: NY District: 23

Date of Disbursement: 11 / 15 / 2017

FEC Identification Number: **C00464032**
Transaction ID : **BFFB99BC6**
Amount of Each Disbursement this Period: 1500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 7500.00

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

**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 checked="" type="checkbox"/> 23	<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. BUCSHON FOR CONGRESS		Date of Disbursement MM / DD / YYYY 11 / 27 / 2017
Mailing Address PO BOX 250		FEC Identification Number C00468256 Transaction ID : BA41620A48I Amount of Each Disbursement this Period 2500.00
City NEWBURGH	State IN	Zip Code 47629
Purpose of Disbursement Contribution to Committee		Category/ Type
Candidate Name Bucshon, Larry, D., Rep.,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IN	District: 08	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. SCOTT PETERS FOR CONGRESS		Date of Disbursement MM / DD / YYYY 11 / 29 / 2017
Mailing Address PO BOX 70980		FEC Identification Number C00503110 Transaction ID : B155B0790Bf Amount of Each Disbursement this Period 1000.00
City WASHINGTON	State DC	Zip Code 20024
Purpose of Disbursement Contribution to Committee		Category/ Type
Candidate Name Peters, Scott, H., Rep.,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 52	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. CROWLEY FOR CONGRESS		Date of Disbursement MM / DD / YYYY 12 / 18 / 2017
Mailing Address 80-22 NORTHERN BLVD.		FEC Identification Number C00338954 Transaction ID : BE987CBA2: Amount of Each Disbursement this Period 2500.00
City JACKSON HEIGHTS	State NY	Zip Code 11372
Purpose of Disbursement Contribution to Committee		Category/ Type
Candidate Name Crowley, Joseph, , Rep.,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY	District: 14	<input type="checkbox"/> Memo Item

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

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

6000.00

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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. VERN BUCHANAN FOR CONGRESS

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2		1	1		2	0	1	7		

Mailing Address P. O. BOX 48928

FEC Identification Number

C C00412759

Transaction ID : B88A0F47CA
Amount of Each Disbursement this Period

2500.00

Memo Item

City SARASOTA State FL Zip Code 34230

Purpose of Disbursement
Political Contribution

Candidate Name
Buchanan, Vern, G., Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: FL District: 16

Full Name (Last, First, Middle Initial)
B. FRIENDS OF JOHN BARRASSO

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		1	2		2	0	1	7		

Mailing Address 1020 North Fairfax Street
Suite 201

FEC Identification Number

C C00436386

Transaction ID : BCBC4119F1
Amount of Each Disbursement this Period

1000.00

Memo Item

City Alexandria State VA Zip Code 22314-1537

Purpose of Disbursement
Contribution to Committee

Candidate Name
Barrasso, John, A., Sen.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: WY District:

Full Name (Last, First, Middle Initial)
C. CARPER FOR SENATE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		2	9		2	0	1	7		

Mailing Address 19 EAST COMMONS BLVD SECOND FLOOR

FEC Identification Number

C C00349217

Transaction ID : B60C42927B
Amount of Each Disbursement this Period

2500.00

Memo Item

City NEW CASTLE State DE Zip Code 19720

Purpose of Disbursement
Contribution to Committee

Candidate Name
Carper, Tom, R., Sen.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: DE District:

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

6000.00

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

**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 checked="" type="checkbox"/> 23	<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

A. COMMITTEE TO RE-ELECT LINDA SANCHEZ

Full Name (Last, First, Middle Initial)
Mailing Address 415 New Jersey Ave, SE - #1

City Washington State DC Zip Code 20003-4036

Purpose of Disbursement Contribution to Committee

Candidate Name Sanchez, Linda, T., Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: CA District: 38

Date of Disbursement: 07 / 11 / 2017

FEC Identification Number: C00384057
Transaction ID : B106C1D57D
Amount of Each Disbursement this Period: 1000.00

Memo Item

B. AMI BERA FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 582496

City ELK GROVE State CA Zip Code 95758

Purpose of Disbursement Contribution to Committee

Candidate Name Bera, Ami, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: CA District: 07

Date of Disbursement: 12 / 26 / 2017

FEC Identification Number: C00461061
Transaction ID : B688C7D228f
Amount of Each Disbursement this Period: 2500.00

Memo Item

C. FRIENDS OF SHERROD BROWN

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 15293

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement Contribution to Committee

Candidate Name Brown, Sherrod, C., Sen.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: OH District:

Date of Disbursement: 12 / 01 / 2017

FEC Identification Number: C00264697
Transaction ID : BF47C69497
Amount of Each Disbursement this Period: 2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 6000.00

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

**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 checked="" type="checkbox"/> 23	<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

A. MIKE KELLY FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 476

M M M	/	D D D	/	Y Y Y Y Y
07		26		2017

City LYNDORA State PA Zip Code 16045

FEC Identification Number

Purpose of Disbursement
Contribution to Committee

C	C00474189
---	-----------

Candidate Name
Kelly, Mike, , Rep., Jr.

Transaction ID : **BF701639D21**

Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: PA District: 03

1000.00

Memo Item

B. WALTERS FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 9070 IRVINE CENTER DRIVE, #150

M M M	/	D D D	/	Y Y Y Y Y
07		05		2017

City IRVINE State CA Zip Code 92618

FEC Identification Number

Purpose of Disbursement
Contribution to Committee

C	C00546853
---	-----------

Transaction ID : **B2F5BC98E01**

Amount of Each Disbursement this Period

Candidate Name
Walters, Mimi, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: CA District: 45

5000.00

Memo Item

C. HIGGINS FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 56 MUMFORD STREET

M M M	/	D D D	/	Y Y Y Y Y
12		26		2017

City Buffalo State NY Zip Code 14220-1316

FEC Identification Number

Purpose of Disbursement
Contribution to Committee

C	C00271569
---	-----------

Transaction ID : **BF860647731**

Amount of Each Disbursement this Period

Candidate Name
Higgins, Thomas, F, ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: NY District: 30

2500.00

Memo Item

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

8500.00

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

--

**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 checked="" type="checkbox"/> 23	<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

A. M-PAC

Full Name (Last, First, Middle Initial)

Mailing Address 119 1ST AVE S STE 320

City SEATTLE State WA Zip Code 98104

Purpose of Disbursement Contribution to Committee

Candidate Name M-PAC

Office Sought: House Senate President

Disbursement For: 2017 Primary General Other (specify) Other

State: District:

Date of Disbursement: 12 / 07 / 2017

FEC Identification Number: C00365270
Transaction ID : BDE4A05DE4
Amount of Each Disbursement this Period: 5000.00

Memo Item

B. FEARLESS FOR THE PEOPLE PAC

Full Name (Last, First, Middle Initial)

Mailing Address 777 S. FIGUEROA STREET SUITE 4050

City LOS ANGELES State CA Zip Code 90017

Purpose of Disbursement Contribution to Committee

Candidate Name FEARLESS FOR THE PEOPLE PAC

Office Sought: House Senate President

Disbursement For: 2017 Primary General Other (specify) Other

State: District:

Date of Disbursement: 10 / 02 / 2017

FEC Identification Number: C00629071
Transaction ID : B2EE9FFDA3
Amount of Each Disbursement this Period: 2500.00

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) Other

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	7500.00
TOTAL This Period (last page this line number only).....▶	41500.00

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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. CAPG, the Voice of Accountable Physician Groups		Date of Disbursement MM / DD / YYYY 07 / 31 / 2017
Mailing Address 915 Wilshire Blvd, #1620		FEC Identification Number C Transaction ID : B28A172CCF Amount of Each Disbursement this Period 171.00
City Los Angeles	State CA	
Purpose of Disbursement Transfer of mis-deposited contributions		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Other	
State: District:		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C Amount of Each Disbursement this Period
City	State	
Purpose of Disbursement		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C Amount of Each Disbursement this Period
City	State	
Purpose of Disbursement		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	171.00
TOTAL This Period (last page this line number only).....▶	171.00