

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
CA ASSOCIATION OF PHYSICIAN GROUPS FEDERAL POLITICAL ACTION COMMITTEE (CAPG FEDERAL PAC)

ADDRESS (number and street) 915 WILSHIRE BLVD SUITE 1620
 Check if different than previously reported. (ACC)
LOS ANGELES CA 90017

2. **FEC IDENTIFICATION NUMBER** C00461756
3. IS THIS REPORT NEW (N) OR AMENDED (A)

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

5. Covering Period 07 01 2009 through 12 31 2009

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

Type or Print Name of Treasurer Donald H. Crane

Signature of Treasurer Electronically Filed by Donald H. Crane Date 01 29 2010

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

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

FEC FORM 3X
(Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

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

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 7 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

 To:

| | |
|---|---|
| M | M |
| 1 | 2 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date | | | | | | | | | | |
|---|--|-----------------------------------|--|-----------|---|---|---|---|--|--|---|------|
| 6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 0 | 9 | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td></tr></table> | | <table border="1" style="width: 100%; height: 20px;"><tr><td align="right">0.00</td></tr></table> | 0.00 |
| Y | Y | Y | Y | | | | | | | | | |
| 2 | 0 | 0 | 9 | | | | | | | | | |
| | | | | | | | | | | | | |
| 0.00 | | | | | | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | <table border="1" style="width: 100%; height: 20px;"><tr><td align="right">11100.00</td></tr></table> | 11100.00 | | | | | | | | | | |
| 11100.00 | | | | | | | | | | | | |
| (c) Total Receipts (from Line 19) | <table border="1" style="width: 100%; height: 20px;"><tr><td align="right">117560.00</td></tr></table> | 117560.00 | <table border="1" style="width: 100%; height: 20px;"><tr><td align="right">128660.00</td></tr></table> | 128660.00 | | | | | | | | |
| 117560.00 | | | | | | | | | | | | |
| 128660.00 | | | | | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | <table border="1" style="width: 100%; height: 20px;"><tr><td align="right">128660.00</td></tr></table> | 128660.00 | <table border="1" style="width: 100%; height: 20px;"><tr><td align="right">128660.00</td></tr></table> | 128660.00 | | | | | | | | |
| 128660.00 | | | | | | | | | | | | |
| 128660.00 | | | | | | | | | | | | |
| 7. Total Disbursements (from Line 31) | <table border="1" style="width: 100%; height: 20px;"><tr><td align="right">60400.00</td></tr></table> | 60400.00 | <table border="1" style="width: 100%; height: 20px;"><tr><td align="right">60400.00</td></tr></table> | 60400.00 | | | | | | | | |
| 60400.00 | | | | | | | | | | | | |
| 60400.00 | | | | | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | <table border="1" style="width: 100%; height: 20px;"><tr><td align="right">68260.00</td></tr></table> | 68260.00 | <table border="1" style="width: 100%; height: 20px;"><tr><td align="right">68260.00</td></tr></table> | 68260.00 | | | | | | | | |
| 68260.00 | | | | | | | | | | | | |
| 68260.00 | | | | | | | | | | | | |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | <table border="1" style="width: 100%; height: 20px;"><tr><td align="right">0.00</td></tr></table> | 0.00 | | | | | | | | | | |
| 0.00 | | | | | | | | | | | | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | <table border="1" style="width: 100%; height: 20px;"><tr><td align="right">0.00</td></tr></table> | 0.00 | | | | | | | | | | |
| 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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

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

Report Covering the Period: From: To:

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A) | 105535.00 | 116535.00 |
| (ii) Unitemized | 12025.00 | 12125.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 117560.00 | 128660.00 |
| (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) | 117560.00 | 128660.00 |
| 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.) | 0.00 | 0.00 |
| 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 Transfer (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)) | 117560.00 | 128660.00 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 117560.00 | 128660.00 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|---------------------------------------|---|
| 21. Operating Expenditures: | | |
| (a) Shared 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..... | 0.00 | 0.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶ | 0.00 | 0.00 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 60400.00 | 60400.00 |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 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..... | 0.00 | 0.00 |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | |
| (a) Shared 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)).. | 60400.00 | 60400.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 60400.00 | 60400.00 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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| 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) | 117560.00 | 128660.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 117560.00 | 128660.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 0.00 | 0.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 0.00 | 0.00 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 77
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
CA ASSOCIATION OF PHYSICIAN GROUPS FEDERAL POLITICAL ACTION COMMITTEE (CAPG FEDERAL PAC)

A. Full Name (Last, First, Middle Initial)
Nazli Ahmed, MD

Mailing Address 29 Decente

City Irvine State CA Zip Code 92614

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

Name of Employer Greater Newport Physicians Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt MM / DD / YYYY
08 / 05 / 2009

Transaction ID: SA11AI.4745

Amount of Each Receipt this Period 300.00

B. Full Name (Last, First, Middle Initial)
William Allen, MD

Mailing Address 912 Crest Vista Dr.

City Monterey Park State CA Zip Code 91754

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

Name of Employer HealthCare Partners Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
08 / 10 / 2009

Transaction ID: SA11AI.4553

Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Kenneth Alpern, MD

Mailing Address 1665 Scenic Avenue Suite 100

City Costa Mesa State CA Zip Code 92626

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

Name of Employer Talbert Medical Group Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY
07 / 02 / 2009

Transaction ID: SA11AI.4589

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1050.00

TOTAL This Period (last page this line number only) ►

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 / 77 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | | | | |
|-----------|---|-------------------------|---|--|--|
| A. | Full Name (Last, First, Middle Initial) Stan Arnold, MD | | Date of Receipt MM / DD / YYYY 08 / 05 / 2009 | | |
| | Mailing Address 11301 Dannen Drive | | Transaction ID: SA11AI.4675 | | |
| | City Santa Ana | State CA | Zip Code 92705 | Amount of Each Receipt this Period 500.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Edinger Medical Group | Occupation Physician | Aggregate Year-to-Date 500.00 | | |

| | | | | | |
|-----------|---|-------------------|---|---|--|
| B. | Full Name (Last, First, Middle Initial) Bart Asner, MD | | Date of Receipt MM / DD / YYYY 10 / 30 / 2009 | | |
| | Mailing Address 11 Technology Drive | | Transaction ID: SA11AI.4576 | | |
| | City Irvine | State CA | Zip Code 92618 | Amount of Each Receipt this Period 1000.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Monarch Healthcare | Occupation CEO | Aggregate Year-to-Date 1000.00 | | |

| | | | | | |
|-----------|---|-------------------------|---|--|--|
| C. | Full Name (Last, First, Middle Initial) Trina Austin, MD | | Date of Receipt MM / DD / YYYY 08 / 31 / 2009 | | |
| | Mailing Address 2590 Park Ave # 1 | | Transaction ID: SA11AI.4629 | | |
| | City Laguna Beach | State CA | Zip Code 92651 | Amount of Each Receipt this Period 250.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Talbert Medical Group | Occupation Physician | Aggregate Year-to-Date 250.00 | | |

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1750.00 |
| 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 8 / 77
(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

A.

Full Name (Last, First, Middle Initial)
Joel Axelrod

Mailing Address 1201 Winston Ave.

City State Zip Code
San Marino CA 91108

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

Name of Employer HealthCare Partners Occupation Physician Assistant (PAC)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 12 / 2009

Transaction ID: SA11AI.4539

Amount of Each Receipt this Period
1250.00

B.

Full Name (Last, First, Middle Initial)
Rama Bathala, MD

Mailing Address 9930 Talbert Ave

City State Zip Code
Fountain Valley CA 92708

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

Name of Employer Talbert Medical Group Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 21 / 2009

Transaction ID: SA11AI.4681

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Steven Beal

Mailing Address 12524 Avocado Way

City State Zip Code
Riverside CA 92503

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

Name of Employer Talbert Medical Group Occupation CIO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 07 / 2009

Transaction ID: SA11AI.4559

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ▶ **2500.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 77
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Steven Beaney, MD

Mailing Address 834 Sonora RD

City State Zip Code
Costa Mesa CA 92626

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

Name of Employer: Greater Newport Physicians Occupation: Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt: **07 / 21 / 2009**

Transaction ID: SA11AI.4590

Amount of Each Receipt this Period: **500.00**

B. Full Name (Last, First, Middle Initial)
Barry Behrstock, MD

Mailing Address 1190 Baker Street Ste 103

City State Zip Code
Costa Mesa CA 92626

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

Name of Employer: Greater Newport Physicians Occupation: Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt: **08 / 10 / 2009**

Transaction ID: SA11AI.4592

Amount of Each Receipt this Period: **1000.00**

C. Full Name (Last, First, Middle Initial)
Ali Behzadnia, MD

Mailing Address 275 Victoria St. #1-D

City State Zip Code
Costa Mesa CA 92627

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

Name of Employer: Greater Newport Physicians Occupation: Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt: **08 / 10 / 2009**

Transaction ID: SA11AI.4604

Amount of Each Receipt this Period: **300.00**

SUBTOTAL of Receipts This Page (optional) ► **1800.00**

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 10 / 77
(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

A.

Full Name (Last, First, Middle Initial)
Alan Beyer, MD

Mailing Address 10 Rodingham Dr

City State Zip Code
Newport Beach CA 92660

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

Name of Employer Greater Newport Physicians Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 21 / 2009

Transaction ID: SA11AI.4634

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Robert Blackman, MD

Mailing Address 1025 W. Olympic Blvd

City State Zip Code
Los Angeles CA 90015

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

Name of Employer HealthCare Partners Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 05 / 2009

Transaction ID: SA11AI.4412

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Kimberly Blue

Mailing Address 1665 Scenic Avenue #100

City State Zip Code
Costa Mesa CA 90755

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

Name of Employer Talbert Medical Group Occupation Director of HCS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 05 / 2009

Transaction ID: SA11AI.4503

Amount of Each Receipt this Period
250.00

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: PAGE 11 / 77
(check only one)

| | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|
| <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"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | 17 |

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

A.

Full Name (Last, First, Middle Initial)
Nancy Boerner

Mailing Address 7 Technology Drive

City State Zip Code
Irvine CA 92618

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

Name of Employer Occupation
Monarch Healthcare Senior Medical Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 05 / 2009

Transaction ID: SA11AI.4577

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Matthew Boone, MD

Mailing Address 9900 Talbert Suite 302

City State Zip Code
Fountain Valley CA 92708

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

Name of Employer Occupation
Edinger Medical Group Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 05 / 2009

Transaction ID: SA11AI.4683

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Anita Boorman, DO

Mailing Address 9071 Suva St

City State Zip Code
Downey CA 90240

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

Name of Employer Occupation
Talbert Medical Group Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
10 / 02 / 2009

Transaction ID: SA11AI.4422

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► **1300.00**

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 / 77 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | | | | |
|---|--|-------------------------|---|--|--|
| A. | Full Name (Last, First, Middle Initial) Richard Boos, MD | | Date of Receipt MM / DD / YYYY 07 / 02 / 2009 | | |
| | Mailing Address 601 Torrance Blvd. | | Transaction ID: SA11AI.4449 | | |
| | City Redondo Beach | State CA | Zip Code 90277 | Amount of Each Receipt this Period 250.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer HealthCare Partners Medical Group | Occupation Physician | Aggregate Year-to-Date 250.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | |

| | | | | | |
|---|--|-------------------------|---|--|--|
| B. | Full Name (Last, First, Middle Initial) Elliott Brunner | | Date of Receipt MM / DD / YYYY 07 / 02 / 2009 | | |
| | Mailing Address 19191 S. Vermont | | Transaction ID: SA11AI.4465 | | |
| | City Torrance | State CA | Zip Code 90502 | Amount of Each Receipt this Period 250.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer HealthCare Partners | Occupation Physician | Aggregate Year-to-Date 250.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | |

| | | | | | |
|---|--|-------------------------|---|--|--|
| C. | Full Name (Last, First, Middle Initial) Barbara Bruton, MD | | Date of Receipt MM / DD / YYYY 08 / 05 / 2009 | | |
| | Mailing Address 502 Torrance Blvd | | Transaction ID: SA11AI.4450 | | |
| | City Redondo Beach | State CA | Zip Code 90277 | Amount of Each Receipt this Period 500.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer HealthCare Partners | Occupation Physician | Aggregate Year-to-Date 500.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | |

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 1000.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 77
(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

A.

Full Name (Last, First, Middle Initial)
Zan Calhoun

Mailing Address 63 Eastfield Dr.

City State Zip Code
Rolling Hills CA 90274

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

Name of Employer HealthCare Partners Occupation Sr VP IS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 10 / 2009

Transaction ID: SA11AI.4731

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Catherine Campion-Ritz, MD

Mailing Address 29 Sweet Bay

City State Zip Code
Irvine CA 92603

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

Name of Employer Greater Newport Physicians Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
08 / 05 / 2009

Transaction ID: SA11AI.4560

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Shelley Chacon, MD

Mailing Address 5952 Littlefield Dr

City State Zip Code
Huntington Beach CA 92648

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

Name of Employer Edinger Medical Group Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
07 / 21 / 2009

Transaction ID: SA11AI.4616

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

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 14 / 77
(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

A.

Full Name (Last, First, Middle Initial)
Weston Chandler, MD

Mailing Address 510 Superior Ave Suite 290

City State Zip Code
Newport Beach CA 92663

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

Name of Employer
Greater Newport Physicians

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
08 / 05 / 2009

Transaction ID: SA11AI.4644

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Ratul Chatterjee

Mailing Address 19582 Beach Blvd Suite 102

City State Zip Code
Huntington Beach CA 92648

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

Name of Employer
Greater Newport Physicians

Occupation
Physician Internal Medicine

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
08 / 10 / 2009

Transaction ID: SA11AI.4618

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Raymond Chicoine

Mailing Address 11 Technology Drive

City State Zip Code
Irvine CA 92618

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

Name of Employer
Monarch Healthcare

Occupation
Chief Operating Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
10 / 30 / 2009

Transaction ID: SA11AI.4578

Amount of Each Receipt this Period
1000.00

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: PAGE 15 / 77
(check only one)

| | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|
| <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 |
| | | | | | | | 17 |

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

A.

Full Name (Last, First, Middle Initial)
William Chin, MD

Mailing Address 19191 S. Vermont Avenue; s-200

City State Zip Code
Torrance CA 90502

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

Name of Employer HealthCare Partners Medical Group
Occupation Executive Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt
MM / DD / YYYY
07 / 02 / 2009

Transaction ID: SA11AI.4466

Amount of Each Receipt this Period
1250.00

B.

Full Name (Last, First, Middle Initial)
Ming Chong, MD

Mailing Address 1323 Vandyke Rd.

City State Zip Code
San Marino CA 91108

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

Name of Employer HealthCare Partners
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
07 / 02 / 2009

Transaction ID: SA11AI.4540

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Colleen Coleman, MD

Mailing Address 1407 Avocado Ave #303

City State Zip Code
Newport Beach CA 92660

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

Name of Employer Greater Newport Physicians
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
08 / 05 / 2009

Transaction ID: SA11AI.4635

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► **1800.00**

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 / 77 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

| | | | |
|---|--|-------------------------------------|---|
| A. | Full Name (Last, First, Middle Initial) Daniel Cusator, MD | | Date of Receipt MM / DD / YYYY 10 / 02 / 2009 |
| | Mailing Address 330 Placentia Ave Ste 270 | | Transaction ID: SA11AI.4645 |
| | City Newport Beach | State CA | Zip Code 92663 |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| | Name of Employer Nautilus / Greater Newport Physicians | Occupation Chief Medical Officer | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | |

| | | | |
|---|--|------------------------------------|---|
| B. | Full Name (Last, First, Middle Initial) Nasrin Damoui, MD | | Date of Receipt MM / DD / YYYY 08 / 05 / 2009 |
| | Mailing Address 9930 Talbert Ave. | | Transaction ID: SA11AI.4684 |
| | City Fountain Valley | State CA | Zip Code 92708 |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| | Name of Employer Talbert Medical Group | Occupation Physician | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | |

| | | | |
|---|--|------------------------------------|---|
| C. | Full Name (Last, First, Middle Initial) Raffaele Davidovich, MD | | Date of Receipt MM / DD / YYYY 07 / 22 / 2009 |
| | Mailing Address 19066 Magnolia Ave | | Transaction ID: SA11AI.4607 |
| | City Huntington Beach | State CA | Zip Code 92646 |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| | Name of Employer Talbert Medical Group | Occupation Physician | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 750.00 |
| 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 17 / 77
(check only one)

| | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|
| <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"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | 17 |

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

A.

Full Name (Last, First, Middle Initial)
John Debenham, MD

Mailing Address 540 Dalewood Drive

City State Zip Code
Orinda CA 94563

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

Name of Employer Berkeley Orthopaedic Medical Group
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
08 / 05 / 2009

Transaction ID: SA11AI.4712

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Lori DeBold, MD

Mailing Address 9930 Talbert Ave

City State Zip Code
Fountain Valley CA 92708

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

Name of Employer Talbert Medical Group
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
08 / 31 / 2009

Transaction ID: SA11AI.4685

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
Paulina De Quiroz, MD

Mailing Address 1665 Scenic Ave. Suite 100

City State Zip Code
Costa Mesa CA 92626

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

Name of Employer Talbert Medical Group
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 05 / 2009

Transaction ID: SA11AI.4594

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1050.00**

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 / 77 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | |
|---|---|---|
| A. | Full Name (Last, First, Middle Initial) Karen Don, MD | Date of Receipt MM / DD / YYYY 08 / 05 / 2009 |
| | Mailing Address 9900 Talbert Ave #302 | Transaction ID: SA11AI.4686 |
| | City State Zip Code Fountain Valley CA 92708 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer Edinger Medical Group | Occupation Physician | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|---|---|
| B. | Full Name (Last, First, Middle Initial) S. Ian Drew, MD | Date of Receipt MM / DD / YYYY 10 / 30 / 2009 |
| | Mailing Address 8510 Balboa Blvd. #295 | Transaction ID: SA11AI.4548 |
| | City State Zip Code Northridge CA 91325 | Amount of Each Receipt this Period 1000.00 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer Heritage Provider Network | Occupation Physician | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
|---|---|---|
| C. | Full Name (Last, First, Middle Initial) Thomas Duralde, MD | Date of Receipt MM / DD / YYYY 07 / 21 / 2009 |
| | Mailing Address 452 27th St. | Transaction ID: SA11AI.4428 |
| | City State Zip Code Manhattan Beach CA 90266 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer HealthCare Partners Medical Group | Occupation Physician | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 1750.00 |
| 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 19 / 77

(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

David Eppard, MD

Mailing Address 3565 Del Amo Blvd

City State Zip Code
Torrance CA 90503

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

Name of Employer Occupation
HealthCare Partners Medical Group Physician / Cardiologist

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.4477

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Robert Eppley, MD

Mailing Address 2999 Regent St. Suite 225

City State Zip Code
Berkeley CA 94705

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

Name of Employer Occupation
Cal Sports and Orthopaedic Institute I Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.4726

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Amelia Erickson

Mailing Address 2901 Coleridge Drive

City State Zip Code
Los Alamitos CA 90720

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

Name of Employer Occupation
Talbert Medical Group Physician / Talbert BOD

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.4496

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 20 / 77
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
 Tim Ferguson, MD
 Mailing Address 210 S. Grand Ave #400
 City State Zip Code
 Glendora CA 91741
 Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 05 / 2009
Transaction ID: SA11AI.4551
 Amount of Each Receipt this Period
 500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Family Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

B. Full Name (Last, First, Middle Initial)
 Ronald Fischman, MD
 Mailing Address 3300 E. South St. #308
 City State Zip Code
 Long Beach CA 90805
 Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 10 / 2009
Transaction ID: SA11AI.4514
 Amount of Each Receipt this Period
 1000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southland Management Group Inc. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

C. Full Name (Last, First, Middle Initial)
 Austin Fite, MD
 Mailing Address 1474 Paseo De Oro
 City State Zip Code
 Pacific Palisades CA 90272
 Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 05 / 2009
Transaction ID: SA11AI.4431
 Amount of Each Receipt this Period
 1000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HealthCare Partners Med Grp Occupation Physician / Internist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2500.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 77
(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

A.

Full Name (Last, First, Middle Initial)
Tamara Fogarty, MD

Mailing Address 24782 Red Lodge Pl

City Laguna Hills State CA Zip Code 92653

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

Name of Employer Edinger Medical Group Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 21 / 2009

Transaction ID: SA11AI.4632

Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
Baruch Fogel, MD

Mailing Address 3333 Michelson Drive Suite 735

City Irvine State CA Zip Code 92612

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

Name of Employer Western Medical Management LLC Occupation Managing Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 05 / 2009

Transaction ID: SA11AI.4570

Amount of Each Receipt this Period 1000.00

C.

Full Name (Last, First, Middle Initial)
Stewart Fordham, MD

Mailing Address 1025 W. Olympic Blvd

City Los Angeles State CA Zip Code 90015

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

Name of Employer HealthCare Partners Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt 10 / 13 / 2009

Transaction ID: SA11AI.4413

Amount of Each Receipt this Period 625.00

SUBTOTAL of Receipts This Page (optional) ► 2125.00

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 22 / 77
(check only one)

| | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|
| <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"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | 17 |

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

A.

Full Name (Last, First, Middle Initial)
Michael Forsling, MD

Mailing Address 3547 Burritt Way

City State Zip Code
La Crescenta CA 91214

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

Name of Employer HealthCare Partners Medical Group
Occupation Podiatrist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
10 / 07 / 2009

Transaction ID: SA11AI.4543

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Annemary Franks, MD

Mailing Address 1650 Walnut St.

City State Zip Code
Berkeley CA 94709

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

Name of Employer Berkeley Pediatric Medical Group / ABM
Occupation Pediatrician/Assoc Med Directo

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
08 / 10 / 2009

Transaction ID: SA11AI.4728

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Mark Fredrick, MD

Mailing Address 19866 Magnolia

City State Zip Code
Huntington Beach CA 92646

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

Name of Employer Talbert Medical Group
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
07 / 02 / 2009

Transaction ID: SA11AI.4608

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

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 / 77 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

| | | | | | |
|---|---|------------------------------------|---|--|--|
| A. | Full Name (Last, First, Middle Initial) Michael Gam | | Date of Receipt MM / DD / YYYY 08 / 05 / 2009 | | |
| | Mailing Address 1665 Scenic Ave | | Transaction ID: SA11AI.4595 | | |
| | City Costa Mesa | State CA | Zip Code 92626 | Amount of Each Receipt this Period 500.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Talbert Medical Group | Occupation CFO | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 500.00 | | | |

| | | | | | |
|---|---|------------------------------------|---|--|--|
| B. | Full Name (Last, First, Middle Initial) Vinod Ghai, MD | | Date of Receipt MM / DD / YYYY 10 / 30 / 2009 | | |
| | Mailing Address 1951 Saleroso Dr. | | Transaction ID: SA11AI.4552 | | |
| | City Rowland Heights | State CA | Zip Code 91748 | Amount of Each Receipt this Period 625.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer HealthCare Partners | Occupation Physician | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 625.00 | | | |

| | | | | | |
|---|---|------------------------------------|---|--|--|
| C. | Full Name (Last, First, Middle Initial) Jay Goland, MD | | Date of Receipt MM / DD / YYYY 07 / 21 / 2009 | | |
| | Mailing Address 600 Saint Vincent | | Transaction ID: SA11AI.4580 | | |
| | City Irvine | State CA | Zip Code 92618 | Amount of Each Receipt this Period 250.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Talbert Medical Group | Occupation Physician | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | | | |

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1375.00 |
| 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 24 / 77
(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

A.

Full Name (Last, First, Middle Initial)
Less Granow

Mailing Address 955 Overland Ct

City State Zip Code
San Diego CA 91773

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

Name of Employer Arcadian Management Services
Occupation CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
07 / 21 / 2009

Transaction ID: SA11AI.4556

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Valerie Green-Amos, MD

Mailing Address 35 Linden Ave Unit 507

City State Zip Code
Long Beach CA 90802

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

Name of Employer Talbert Medical Group
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 10 / 2009

Transaction ID: SA11AI.4507

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Catou Greenberg, MD

Mailing Address 1441 Avocado Ave Ste 503

City State Zip Code
Newport Beach CA 92660

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

Name of Employer Greater Newport Physicians
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
MM / DD / YYYY
08 / 05 / 2009

Transaction ID: SA11AI.4636

Amount of Each Receipt this Period
750.00

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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 25 / 77
(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
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| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

A.

Full Name (Last, First, Middle Initial)
Elaine Grodin, MD

Mailing Address 3611 Bellflower Blvd

City State Zip Code
Long Beach CA 90808

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

Name of Employer Occupation
Edinger Medical Group Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
07 / 21 / 2009

Transaction ID: SA11AI.4522

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Guy Guarige

Mailing Address 200 Powell St. Suite 830

City State Zip Code
Emeryville CA 94608

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

Name of Employer Occupation
Alta Bates Medical Group Chief Operating Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 02 / 2009

Transaction ID: SA11AI.4715

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Cynthia Guzman

Mailing Address 4909 Lakewood Blvd

City State Zip Code
Lakewood CA 90712

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

Name of Employer Occupation
Coast Healthcare Management CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
10 / 13 / 2009

Transaction ID: SA11AI.4488

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

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 26 / 77
(check only one)

| | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|
| <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"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | 17 |

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

A.

Full Name (Last, First, Middle Initial)
Ted Halkias

Mailing Address 2612 Vista Dr.

City State Zip Code
Manhattan Beach CA 90266

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

Name of Employer HealthCare Partners Occupation Sr. VP Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 05 / 2009

Transaction ID: SA11AI.4429

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Ruth Hamad, MD

Mailing Address 3385 Hawthorn Avenue

City State Zip Code
Chino Hills CA 91709

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

Name of Employer Self Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
10 / 02 / 2009

Transaction ID: SA11AI.4739

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Richard Hart, MD

Mailing Address 15275 Friends St.

City State Zip Code
Pacific Palisades CA 90272

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

Name of Employer HealthCare Partners Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt
MM / DD / YYYY
10 / 02 / 2009

Transaction ID: SA11AI.4432

Amount of Each Receipt this Period
625.00

SUBTOTAL of Receipts This Page (optional) ► **1375.00**

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 27 / 77
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
 David Hartenbower, MD
 Mailing Address 11980 San Vicente
 City State Zip Code
 Los Angeles CA 90049
 Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 02 / 2009
Transaction ID: SA11AI.4416
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UCLA Health Systems Medical Director COO
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

B. Full Name (Last, First, Middle Initial)
 Ronald Hartman, MD
 Mailing Address 3300 E. South St. #105
 City State Zip Code
 Long Beach CA 90805
 Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 21 / 2009
Transaction ID: SA11AI.4515
 Amount of Each Receipt this Period
 1000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Lakewood Eye Physicians Physician
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

C. Full Name (Last, First, Middle Initial)
 Cambria Hembree, MD
 Mailing Address 210 1/2 Glendora Ave
 City State Zip Code
 Long Beach CA 90803
 Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 05 / 2009
Transaction ID: SA11AI.4511
 Amount of Each Receipt this Period
 500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Edinger Medical Group Physician
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00
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 28 / 77
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
John Hirschleifer, MD

Mailing Address 2000 Powell St. Suite 200

City State Zip Code
Emeryville CA 94608

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

Name of Employer Occupation
Alta Bates Medical Group Medical Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 10 / 2009

Transaction ID: SA11AI.4717

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
James Hobbs, MD

Mailing Address 4859 W. Slauson Avenue #409

City State Zip Code
Los Angeles CA 90056

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

Name of Employer Occupation
HealthCare Partners Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt
MM / DD / YYYY
08 / 10 / 2009

Transaction ID: SA11AI.4417

Amount of Each Receipt this Period
625.00

C. Full Name (Last, First, Middle Initial)
Ken Holt, MD

Mailing Address 6201 Picardie Rd.

City State Zip Code
Rancho Palos Verde CA 90275

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

Name of Employer Occupation
HealthCare Partners (Unified IPA) Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 02 / 2009

Transaction ID: SA11AI.4444

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1125.00**

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 29 / 77

(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

George Hong, MD

Mailing Address 9930 Talbert Ave

City State Zip Code
Fountain Valley CA 92708

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

Name of Employer Occupation
Talbert Medical Group Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 3 / 2 0 0 9

Transaction ID: SA11AI.4687

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

John Hoying, MD

Mailing Address 1524 2nd St.

City State Zip Code
Manhattan Beach CA 90266

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

Name of Employer Occupation
HealthCare Partners Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

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

Transaction ID: SA11AI.4430

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Yenjean Hwang, MD

Mailing Address 1 Country Club Plaza

City State Zip Code
Orinda CA 94563

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

Name of Employer Occupation
Bay Infectious Disease Med Grp Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.4713

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 30 / 77 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

| | | | | | |
|-----------|--|-------------------------|---|--|--|
| A. | Full Name (Last, First, Middle Initial) John Jacomo, MD | | Date of Receipt MM / DD / YYYY 08 / 05 / 2009 | | |
| | Mailing Address 9930 Talbert | | Transaction ID: SA11AI.4688 | | |
| | City Fountain Valley | State CA | Zip Code 92708 | Amount of Each Receipt this Period 250.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Talbert Medical Group | Occupation Physician | Aggregate Year-to-Date 250.00 | | |

| | | | | | |
|-----------|--|-------------------------|---|--|--|
| B. | Full Name (Last, First, Middle Initial) Hooshang Javaheri, MD | | Date of Receipt MM / DD / YYYY 08 / 05 / 2009 | | |
| | Mailing Address 1236 N. Magnolia | | Transaction ID: SA11AI.4704 | | |
| | City Anaheim | State CA | Zip Code 92801 | Amount of Each Receipt this Period 250.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Talbert Medical Group | Occupation Physician | Aggregate Year-to-Date 250.00 | | |

| | | | | | |
|-----------|--|-----------------------------|---|---|--|
| C. | Full Name (Last, First, Middle Initial) Vinod Jivrajka, MD | | Date of Receipt MM / DD / YYYY 07 / 02 / 2009 | | |
| | Mailing Address 6131 Orangethorpe Ave Sute 280 | | Transaction ID: SA11AI.4427 | | |
| | City Buena Park | State CA | Zip Code 90260 | Amount of Each Receipt this Period 5000.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer AppleCare Medical Management | Occupation President/CEO | Aggregate Year-to-Date 5000.00 | | |

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 5500.00 |
| 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 31 / 77
(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

A.

Full Name (Last, First, Middle Initial)
John Johnson, MD

Mailing Address 502 Torrance Blvd.

City State Zip Code
Redondo Beach CA 90277

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

Name of Employer HealthCare Partners Medical Group
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
07 / 02 / 2009

Transaction ID: SA11AI.4451

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Kathryn Johnson, MD

Mailing Address 8 Deerhill Dr.

City State Zip Code
Rolling Hills Est. CA 90274

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

Name of Employer HealthCare Partners
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
10 / 02 / 2009

Transaction ID: SA11AI.4433

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Patrick Kapsner

Mailing Address 2742 Dow Ave.

City State Zip Code
Tustin CA 92780

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

Name of Employer Bristol Park Medical Group Inc.
Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
07 / 02 / 2009

Transaction ID: SA11AI.4697

Amount of Each Receipt this Period
1000.00

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: PAGE 32 / 77
(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

A.

Full Name (Last, First, Middle Initial)
Naim Kassar, MD

Mailing Address 4735 Valley Center

City San Dimas State CA Zip Code 91773

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 07 / 02 / 2009
Transaction ID: SA11AI.4741
Amount of Each Receipt this Period: 500.00

B.

Full Name (Last, First, Middle Initial)
Ronald Katz

Mailing Address 11 Tiburon Bay Dr

City Corona Del Mar State CA Zip Code 92625

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

Name of Employer Nautilus / Greater Newport Physicians Occupation Board Secretary

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 07 / 22 / 2009
Transaction ID: SA11AI.4587
Amount of Each Receipt this Period: 1000.00

C.

Full Name (Last, First, Middle Initial)
David Kaufman, DO

Mailing Address 18 Endeavor Suite 204

City Irvine State CA Zip Code 92618

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

Name of Employer Greater Newport Physicians Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 08 / 05 / 2009
Transaction ID: SA11AI.4582
Amount of Each Receipt this Period: 500.00

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: PAGE 33 / 77
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
 Aaron Kern, MD
 Mailing Address 5750 Downey Ave #100
 City State Zip Code
 Lakewood CA 90712
 Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 14 / 2009
Transaction ID: SA11AI.4490
 Amount of Each Receipt this Period
 1000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Lakewood Primary Care Physician
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

B. Full Name (Last, First, Middle Initial)
 Jason Kim, MD
 Mailing Address 6454 Parklynn Dr.
 City State Zip Code
 Rancho Palos Verde CA 90275
 Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 05 / 2009
Transaction ID: SA11AI.4446
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 HealthCare Partners Medical Group Associate Medical Director
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

C. Full Name (Last, First, Middle Initial)
 John Kirk
 Mailing Address 17777 Center Court Dr. Suite 400
 City State Zip Code
 Cerritos CA 90703
 Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 05 / 2009
Transaction ID: SA11AI.4487
 Amount of Each Receipt this Period
 500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pioneer Medical Group CEO
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00
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 34 / 77
(check only one)

| | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 | | |
| <input type="checkbox"/> | 13 | <input type="checkbox"/> | 14 | <input type="checkbox"/> | 15 | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |

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

A.

Full Name (Last, First, Middle Initial)
Andrius Kirsonis

Mailing Address 1025 W. Olympic Blvd

City State Zip Code
Los Angeles CA 90015

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

Name of Employer HealthCare Partners Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
625.00

Date of Receipt
MM / DD / YYYY
07 / 02 / 2009

Transaction ID: SA11AI.4414

Amount of Each Receipt this Period
625.00

B.

Full Name (Last, First, Middle Initial)
Mark Kislinger, MD

Mailing Address 19191 So. Vermont Ave Ste. 200

City State Zip Code
Torrance CA 90502

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

Name of Employer HealthCare Partners Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
MM / DD / YYYY
08 / 05 / 2009

Transaction ID: SA11AI.4468

Amount of Each Receipt this Period
700.00

C.

Full Name (Last, First, Middle Initial)
Lalita Komanapalli, MD

Mailing Address 9930 Talbert Ave

City State Zip Code
Fountain Valley CA 92708

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

Name of Employer Talbert Medical Group Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 05 / 2009

Transaction ID: SA11AI.4689

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1575.00**

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 35 / 77 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | | | | |
|---|---|------------------------------------|---|--|--|
| A. | Full Name (Last, First, Middle Initial) Renato Labog, MD | | Date of Receipt MM / DD / YYYY 07 / 02 / 2009 | | |
| | Mailing Address 421 So. Sierra Bonita Ave. | | Transaction ID: SA11AI.4737 | | |
| | City Pasadena | State CA | Zip Code 91106 | Amount of Each Receipt this Period 625.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer HealthCare Partners | Occupation Physician | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 625.00 | | | |

| | | | | | |
|---|---|------------------------------------|---|--|--|
| B. | Full Name (Last, First, Middle Initial) Diane Laird | | Date of Receipt MM / DD / YYYY 08 / 05 / 2009 | | |
| | Mailing Address 330 Placentia Ave Ste 270 | | Transaction ID: SA11AI.4649 | | |
| | City Newport Beach | State CA | Zip Code 92663 | Amount of Each Receipt this Period 260.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Nautilus/ Greater Newport Physicians | Occupation CEO | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 260.00 | | | |

| | | | | | |
|---|---|-------------------------------------|---|---|--|
| C. | Full Name (Last, First, Middle Initial) Diane Laird | | Date of Receipt MM / DD / YYYY 08 / 10 / 2009 | | |
| | Mailing Address 330 Placentia Ave Ste 270 | | Transaction ID: SA11AI.4648 | | |
| | City Newport Beach | State CA | Zip Code 92663 | Amount of Each Receipt this Period 1000.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Nautilus/ Greater Newport Physicians | Occupation CEO | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 1260.00 | | | |

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1885.00 |
| 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 36 / 77
(check only one)

| | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|
| <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"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | 17 |

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

A.

Full Name (Last, First, Middle Initial)
Steven Leven

Mailing Address 2925 Palo Verde Ave

City State Zip Code
Long Beach CA 90815

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

Name of Employer Talbert Medical Group Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 05 / 2009

Transaction ID: SA11AI.4523

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Stuart Levine, MD

Mailing Address 540 So. Helberta Ave

City State Zip Code
Redondo Beach CA 90277

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

Name of Employer HealthCare Partners Occupation Corporate Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
07 / 02 / 2009

Transaction ID: SA11AI.4453

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Glenn Libby, MD

Mailing Address 116 14th St.

City State Zip Code
Seal Beach CA 90740

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

Name of Employer HealthCare Partners Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
07 / 02 / 2009

Transaction ID: SA11AI.4501

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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 37 / 77 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | | |
|---|--|------------------------------------|--|
| A. | Full Name (Last, First, Middle Initial) Richard Lipeles | | Date of Receipt |
| | Mailing Address 12062 Valley View St. | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y |
| | City | State | Zip Code |
| | Garden Grove | CA | 92845 |
| | FEC ID number of contributing federal political committee. | | Transaction ID: SA11AI.4708 |
| | | Amount of Each Receipt this Period | <input type="text"/> |
| | | | 1000.00 |
| Name of Employer Heritage Development Organization | | Occupation COO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> |
| | | | 1000.00 |

| | | | |
|---|--|------------------------------------|--|
| B. | Full Name (Last, First, Middle Initial) Jeffrey Litow, MD | | Date of Receipt |
| | Mailing Address 25650 Mullholland Hwy | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y |
| | City | State | Zip Code |
| | Calabasas | CA | 91302 |
| | FEC ID number of contributing federal political committee. | | Transaction ID: SA11AI.4544 |
| | | Amount of Each Receipt this Period | <input type="text"/> |
| | | | 625.00 |
| Name of Employer HealthCare Partners | | Occupation Physician | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> |
| | | | 625.00 |

| | | | |
|---|--|------------------------------------|--|
| C. | Full Name (Last, First, Middle Initial) George Madanat | | Date of Receipt |
| | Mailing Address 22835 Rioge Line Road | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y |
| | City | State | Zip Code |
| | Diamond Bar | CA | 91765 |
| | FEC ID number of contributing federal political committee. | | Transaction ID: SA11AI.4555 |
| | | Amount of Each Receipt this Period | <input type="text"/> |
| | | | 500.00 |
| Name of Employer Self | | Occupation Physician | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> |
| | | | 500.00 |

| | |
|--|----------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> |
| | 2125.00 |
| 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: PAGE 38 / 77
(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

A.

Full Name (Last, First, Middle Initial)
Paul Mahood, MD

Mailing Address 3000 Corte Hermosa

City State Zip Code
Newport Beach CA 92660

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

Name of Employer Talbert Medical Group Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 02 / 2009

Transaction ID: SA11AI.4638

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Haig Manjikian, MD

Mailing Address 1435 Old House Rd.

City State Zip Code
Pasadena CA 91107

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

Name of Employer HealthCare Partners Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt
MM / DD / YYYY
07 / 02 / 2009

Transaction ID: SA11AI.4535

Amount of Each Receipt this Period
625.00

C.

Full Name (Last, First, Middle Initial)
Robert Margolis, MD

Mailing Address 19191 S. Vermont #200

City State Zip Code
Torrance CA 90502

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

Name of Employer HealthCare Partners Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
MM / DD / YYYY
08 / 05 / 2009

Transaction ID: SA11AI.4471

Amount of Each Receipt this Period
1250.00

SUBTOTAL of Receipts This Page (optional) ► **2125.00**

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 39 / 77

(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

James Mason

Mailing Address 2336 Sylvan Lane

City State Zip Code
Glendale CA 91208

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

Name of Employer Occupation
SynerMed President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 10 / 2009

Transaction ID: SA11AI.4542

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Frederick Mayer, MD

Mailing Address 19066 Magnolia Ave

City State Zip Code
Huntington Beach CA 92646

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

Name of Employer Occupation
Talbert Medical Group Physician / DPM

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
10 / 30 / 2009

Transaction ID: SA11AI.4609

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Matthew Mazdyasni

Mailing Address 19191 S. Vermont Ave Suite 200

City State Zip Code
Torrance CA 90502

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

Name of Employer Occupation
HealthCare Partners Executive Vice President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 02 / 2009

Transaction ID: SA11AI.4473

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1350.00

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 40 / 77

(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

Annette Mc Connaughey

Mailing Address 9542 Augusta Ct

City State Zip Code
Cypress CA 90630

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

Name of Employer Occupation
Talbert Medical Group Nurse Midwife

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.4482

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)

Douglas McConnaughey

Mailing Address 9 Cape Danbury

City State Zip Code
Newport Beach CA 92660

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

Name of Employer Occupation
Edinger Medical Group Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

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

Transaction ID: SA11AI.4639

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)

Denise McCourt

Mailing Address 7842 Connie Dr

City State Zip Code
Huntington Beach CA 92648

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

Name of Employer Occupation
Edinger Medical Group Administrator

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.4621

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

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 41 / 77
(check only one)

| | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|
| <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"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | 17 |

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

A.

Full Name (Last, First, Middle Initial)
Leslie McMains

Mailing Address 330 Placentia Ave Ste 270

City State Zip Code
Newport Beach CA 92663

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

Name of Employer Occupation
Nautilus / Greater Newport Physicians CFO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
MM / DD / YYYY
08 / 05 / 2009

Transaction ID: SA11AI.4653

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Rafael Mendez, MD

Mailing Address 543 Perugia Way

City State Zip Code
Los Angeles CA 90077

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

Name of Employer Occupation
HealthCare Partners Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1250.00

Date of Receipt
MM / DD / YYYY
08 / 05 / 2009

Transaction ID: SA11AI.4419

Amount of Each Receipt this Period
1250.00

C.

Full Name (Last, First, Middle Initial)
Edward Merchant, MD

Mailing Address 5164 Earl Dr

City State Zip Code
La Canada Flintridge CA 91011

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

Name of Employer Occupation
HealthCare Partners Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
MM / DD / YYYY
08 / 05 / 2009

Transaction ID: SA11AI.4735

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **3250.00**

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 42 / 77
(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

A.

Full Name (Last, First, Middle Initial)
Richard Merkin, MD

Mailing Address 3115 Ocean Front Walk #301

City Marina del Rey State CA Zip Code 90292

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

Name of Employer Heritage Provider Network Occupation President/CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 05 / 2009

Transaction ID: SA11AI.4460

Amount of Each Receipt this Period 1000.00

B.

Full Name (Last, First, Middle Initial)
Jack Middlebrooks, MD

Mailing Address 18710 Spruce Circle

City Fountain Valley State CA Zip Code 92708

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

Name of Employer Edinger Medical Group Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 05 / 2009

Transaction ID: SA11AI.4690

Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
Lee Ann Moore

Mailing Address 7895 Poinsettia Dr.

City Buena Park State CA Zip Code 90620

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

Name of Employer Talbert Medical Group Occupation COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 30 / 2009

Transaction ID: SA11AI.4479

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2500.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 77
(check only one)

| | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|
| <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 |
| | | | | | | | 17 |

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

A.

Full Name (Last, First, Middle Initial)
John Morey, MD

Mailing Address 10072 Meredith Drive

City State Zip Code
Huntington Beach CA 92646

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

Name of Employer Occupation
Newport Huntington Medical Group Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
08 / 05 / 2009

Transaction ID: SA11AI.4611

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
Marc Moser

Mailing Address 2936 Via Alvarado

City State Zip Code
Palos Verdes Estat CA 90274

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

Name of Employer Occupation
Torrance Hospital IPA CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
07 / 02 / 2009

Transaction ID: SA11AI.4435

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Mohinderjit Neelam, MD

Mailing Address 2603 Via Campo

City State Zip Code
Montebello CA 90640

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

Name of Employer Occupation
HealthCare Partners Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
07 / 02 / 2009

Transaction ID: SA11AI.4483

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1050.00**

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 44 / 77 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A.

Full Name (Last, First, Middle Initial)
David Neer, MD

Mailing Address 2210 Hill St.

City State Zip Code
Santa Monica CA 90405

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

Name of Employer Occupation
Lakewood IPA Medical Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
09 / 18 / 2009

Transaction ID: SA11AI.4461

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Debra Nemec

Mailing Address 7677 Center Ave #104

City State Zip Code
Huntington Beach CA 92647

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

Name of Employer Occupation
Talbert Medical Group Clinical Director - RN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 10 / 2009

Transaction ID: SA11AI.4614

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Stephen Newman

Mailing Address 930 River Lane

City State Zip Code
Santa Ana CA 92706

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

Name of Employer Occupation
Bristol Park Medical Group Inc. General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
07 / 22 / 2009

Transaction ID: SA11AI.4679

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 2500.00

TOTAL This Period (last page this line number only) ►

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 45 / 77 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

| | | | |
|---|---|--------------------------|--|
| A. | Full Name (Last, First, Middle Initial) Lionel Ng, MD | | Date of Receipt |
| | Mailing Address 2750 E. Washington Blvd #360 | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y Y 07 / 02 / 2009 |
| | City | State | Zip Code |
| | Pasadena | CA | 91107 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.4538 |
| Name of Employer HealthCare Partners | | Occupation Physician | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> 625.00 |

| | | | |
|---|---|--------------------------------|--|
| B. | Full Name (Last, First, Middle Initial) Vincent Nguyen, DO | | Date of Receipt |
| | Mailing Address 7 Technology Drive | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y Y 08 / 05 / 2009 |
| | City | State | Zip Code |
| | Irvine | CA | 92618 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.4583 |
| Name of Employer Monarch Healthcare | | Occupation Medical Director | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> 500.00 |

| | | | |
|---|---|--------------------------|--|
| C. | Full Name (Last, First, Middle Initial) Shanti Nilakanan, MD | | Date of Receipt |
| | Mailing Address 3122 Salmon Dr. | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y Y 07 / 21 / 2009 |
| | City | State | Zip Code |
| | Los Alamitos | CA | 90720 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.4497 |
| Name of Employer Talbert Medical Group | | Occupation Physician | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> 250.00 |

| | |
|--|---------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 1375.00 |
| 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 46 / 77 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | | | | |
|---|---|-------------------------|---|---|--|
| A. | Full Name (Last, First, Middle Initial) Joseph Oh, MD | | Date of Receipt MM / DD / YYYY 08 / 05 / 2009 | | |
| | Mailing Address 3650 E. South St. #405 | | Transaction ID: SA11AI.4491 | | |
| | City Lakewood | State CA | Zip Code 90712 | Amount of Each Receipt this Period 1000.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Lakewood Pediatrics Medical Grp. Inc. | Occupation Physician | Aggregate Year-to-Date 1000.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | |

| | | | | | |
|---|---|---------------------------------------|---|--|--|
| B. | Full Name (Last, First, Middle Initial) Marcia Okawa | | Date of Receipt MM / DD / YYYY 08 / 05 / 2009 | | |
| | Mailing Address 1665 Scenic Avenue Suite 100 | | Transaction ID: SA11AI.4598 | | |
| | City Costa Mesa | State CA | Zip Code 92626 | Amount of Each Receipt this Period 250.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Talbert Medical Group | Occupation Certified Nurse Midwife | Aggregate Year-to-Date 250.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | |

| | | | | | |
|---|---|--|---|--|--|
| C. | Full Name (Last, First, Middle Initial) Richard Oken, MD | | Date of Receipt MM / DD / YYYY 07 / 02 / 2009 | | |
| | Mailing Address 2999 Regent St. #325 | | Transaction ID: SA11AI.4727 | | |
| | City Berkeley | State CA | Zip Code 94705 | Amount of Each Receipt this Period 500.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Self / East Bay Pediatrics | Occupation Physician/President ABMG | Aggregate Year-to-Date 500.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | |

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1750.00 |
| 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 47 / 77 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | | | | |
|-----------|---|-------------------|---|---|--|
| A. | Full Name (Last, First, Middle Initial) Patricia Page LaPenn | | Date of Receipt MM / DD / YYYY 08 / 05 / 2009 | | |
| | Mailing Address 1100 E. Willow | | Transaction ID: SA11AI.4504 | | |
| | City Signal Hill | State CA | Zip Code 90755 | Amount of Each Receipt this Period 1500.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Memorial HealthCare IPA | Occupation CEO | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | | | |
|-----------|---|-------------------------|---|---|--|
| B. | Full Name (Last, First, Middle Initial) Larry Pasquali, MD | | Date of Receipt MM / DD / YYYY 10 / 02 / 2009 | | |
| | Mailing Address 3300 E. South St. #105 | | Transaction ID: SA11AI.4516 | | |
| | City Long Beach | State CA | Zip Code 90805 | Amount of Each Receipt this Period 1000.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Lakewood Eye Physicians | Occupation Physician | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | | | |
|-----------|---|---|---|--|--|
| C. | Full Name (Last, First, Middle Initial) Thomas Paulsen, MD | | Date of Receipt MM / DD / YYYY 08 / 10 / 2009 | | |
| | Mailing Address 19191 South Vermont Ave Suite 200 | | Transaction ID: SA11AI.4475 | | |
| | City Torrance | State CA | Zip Code 90502 | Amount of Each Receipt this Period 500.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer HealthCare Partners Medical Group | Occupation Executive Medical Director CA | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|--|---|---------|
| 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: PAGE 48 / 77
(check only one)

| | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|
| <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"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | 17 |

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

A.

Full Name (Last, First, Middle Initial)
Harry Pellman, MD

Mailing Address 16691 Greenview LN

City State Zip Code
Huntington Beach CA 92649

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

Name of Employer Edinger Medical Group Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
08 / 05 / 2009

Transaction ID: SA11AI.4622

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
George Perrine Jr, MD

Mailing Address 1665 Scenic Avenue

City State Zip Code
Costa Mesa CA 92626

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

Name of Employer Talbert Medical Group Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
08 / 05 / 2009

Transaction ID: SA11AI.4599

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
Kathy Porter

Mailing Address 1236 N. Magnolia Ave

City State Zip Code
Anaheim CA 90650

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

Name of Employer Talbert Medical Group Occupation Director Center Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 10 / 2009

Transaction ID: SA11AI.4485

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **900.00**

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 49 / 77 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | | |
|---|--|-------------------|---|
| A. | Full Name (Last, First, Middle Initial) Alan Puzarne | | Date of Receipt MM / DD / YYYY 07 / 02 / 2009 |
| | Mailing Address 330 Placentia | | Transaction ID: SA11AI.4659 |
| | City Newport Beach | State CA | Zip Code 92663 |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| | Name of Employer Nautilus Healthcare Management Group | Occupation COO | Aggregate Year-to-Date 500.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|-------------------------------|---|
| B. | Full Name (Last, First, Middle Initial) Steven Rapaport, MD | | Date of Receipt MM / DD / YYYY 08 / 05 / 2009 |
| | Mailing Address 601 Torrance Blvd | | Transaction ID: SA11AI.4455 |
| | City Redondo Beach | State CA | Zip Code 90277 |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| | Name of Employer HealthCare Partners Medical Group | Occupation General Surgeon | Aggregate Year-to-Date 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|-------------------|---|
| C. | Full Name (Last, First, Middle Initial) Karl Rebay | | Date of Receipt MM / DD / YYYY 08 / 21 / 2009 |
| | Mailing Address 7 Technology Drive | | Transaction ID: SA11AI.4584 |
| | City Irvine | State CA | Zip Code 92618 |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| | Name of Employer Monarch Healthcare | Occupation CFO | Aggregate Year-to-Date 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 77
(check only one)

| | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|
| <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"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | 17 |

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

A.

Full Name (Last, First, Middle Initial)
Donald Rebhun, MD

Mailing Address 11600 Indian Hills Rd

City Mission Hills State CA Zip Code 91345

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

Name of Employer HealthCare Partners Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 08 / 05 / 2009
Transaction ID: SA11AI.4549
 Amount of Each Receipt this Period: 250.00

B.

Full Name (Last, First, Middle Initial)
Bruce Rice, MD

Mailing Address 2316 Dwight Way

City Berkeley State CA Zip Code 94704

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

Name of Employer East Bay Head & Neck Surgery Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt: 07 / 02 / 2009
Transaction ID: SA11AI.4724
 Amount of Each Receipt this Period: 900.00

C.

Full Name (Last, First, Middle Initial)
Carlos Rosales, MD

Mailing Address 2600 Redondo Ave

City Long Beach State CA Zip Code 90806

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

Name of Employer HealthCare Partners Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 / 21 / 2009
Transaction ID: SA11AI.4520
 Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► **1400.00**

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 51 / 77
(check only one)

| | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|
| <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"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | 17 |

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

A.

Full Name (Last, First, Middle Initial)
G. Thomas Ruiz, MD

Mailing Address 1665 Scenic Ave

City State Zip Code
Costa Mesa CA 92626

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

Name of Employer Talbert Medical Group Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 18 / 2009

Transaction ID: SA11AI.4600

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Wayne Sass

Mailing Address 1601 Canyon Drive

City State Zip Code
Fullerton CA 92833

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

Name of Employer Nautilus / Greater Newport Physicians Occupation VP & CIO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
08 / 10 / 2009

Transaction ID: SA11AI.4707

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
Mark Schafer, MD

Mailing Address 25531 Pacific Hills Drive

City State Zip Code
Mission Viejo CA 92692

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

Name of Employer Bristol Park Medical Group Occupation Physician/Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
07 / 02 / 2009

Transaction ID: SA11AI.4673

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1550.00**

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 52 / 77
(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

A.

Full Name (Last, First, Middle Initial)
Gordon Schaye, MD

Mailing Address 58 Portuguese Bend Rd

City State Zip Code
Rolling Hills CA 90274

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

Name of Employer HealthCare Partners Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
07 / 02 / 2009

Transaction ID: SA11AI.4436

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Gregory Schroff, MD

Mailing Address 1721 Pablo Place

City State Zip Code
Palos Verdex Estat CA 90274

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

Name of Employer HealthCare Partners Medical Group Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
10 / 02 / 2009

Transaction ID: SA11AI.4438

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Lauri Seymour, MD

Mailing Address 23301 Via Dorado

City State Zip Code
Coto de Caza CA 92679

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

Name of Employer Edinger Medical Group Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
10 / 02 / 2009

Transaction ID: SA11AI.4671

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 / 77
(check only one)

| | | | | | | | | | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 | <input type="checkbox"/> | 13 | <input type="checkbox"/> | 14 | <input type="checkbox"/> | 15 | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|

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

A.

Full Name (Last, First, Middle Initial)
Archana Shah, MD

Mailing Address 1002 N. Fairview

City State Zip Code
Santa Ana CA 92703

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

Name of Employer Talbert Medical Group Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 05 / 2009

Transaction ID: SA11AI.4674

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Mansoor Shah, MD

Mailing Address 5750 Downey Ave #100

City State Zip Code
Lakewood CA 90712

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

Name of Employer Lakewood Primary Medical Group Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
MM / DD / YYYY
07 / 21 / 2009

Transaction ID: SA11AI.4493

Amount of Each Receipt this Period
2500.00

C.

Full Name (Last, First, Middle Initial)
Scott Shiffman, MD

Mailing Address 2742 Dow Avenue

City State Zip Code
Tustin CA 92780

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

Name of Employer Bristol Park Medical Group Occupation Associate Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
07 / 02 / 2009

Transaction ID: SA11AI.4699

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **3750.00**

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 54 / 77 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | | |
|---|---|--------------------------|---|
| A. | Full Name (Last, First, Middle Initial) Maziyar Shoae, MD | | Date of Receipt |
| | Mailing Address 2925 N. Palo Verde Ave | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 02 / 2009 |
| | City | State | Zip Code |
| | Long Beach | CA | 90815 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.4524 |
| Name of Employer Talbert Medical Group | | Occupation Physician | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> 350.00 |

| | | | |
|---|---|----------------------------------|---|
| B. | Full Name (Last, First, Middle Initial) Judy Shubin | | Date of Receipt |
| | Mailing Address 2742 Dow Ave | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 02 / 2009 |
| | City | State | Zip Code |
| | Tustin | CA | 92780 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.4700 |
| Name of Employer Bristol Park Medical Group | | Occupation Sr. VP Contracting | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> 1000.00 |

| | | | |
|---|---|--------------------------|---|
| C. | Full Name (Last, First, Middle Initial) James Slaggert | | Date of Receipt |
| | Mailing Address 2000 Powell St. #830 | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 21 / 2009 |
| | City | State | Zip Code |
| | Emeryville | CA | 94608 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.4718 |
| Name of Employer Alta Bates Medical Group | | Occupation CEO | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> 500.00 |

| | |
|--|---------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 1850.00 |
| 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: PAGE 55 / 77
(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

A.

Full Name (Last, First, Middle Initial)
Douglas Smith, MD

Mailing Address 322 Whites LNDG

City State Zip Code
Long Beach CA 90803

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

Name of Employer HealthCare Partners Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 05 / 2009

Transaction ID: SA11AI.4733

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Paul Smith, MD

Mailing Address 502 Torrance Blvd

City State Zip Code
Redondo Beach CA 90277

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

Name of Employer HealthCare Partners Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 05 / 2009

Transaction ID: SA11AI.4456

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
John Somers

Mailing Address 2742 Dow Avenue

City State Zip Code
Tustin CA 92780

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

Name of Employer Bristol Park Medical Group Occupation Chief Operating Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
08 / 05 / 2009

Transaction ID: SA11AI.4701

Amount of Each Receipt this Period
1000.00

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: PAGE 56 / 77

(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

William Somers, MD

Mailing Address 1561 Amberleaf

City State Zip Code
Costa Mesa CA 92626

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

Name of Employer Occupation
Greater Newport Physicians Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.4601

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Malcolm Sperling, MD

Mailing Address 4661 Los Patos Avenue

City State Zip Code
Huntington Beach CA 92649

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

Name of Employer Occupation
Edinger Medical Group Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.4625

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Debra Spindel

Mailing Address 510 Superior Ave Suite 290

City State Zip Code
Newport Beach CA 92663

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

Name of Employer Occupation
Nautilus / Greater Newport Physicians Vice President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.4662

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1300.00

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 57 / 77
(check only one)

| | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|
| <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"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | 17 |

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

A.

Full Name (Last, First, Middle Initial)
Mary Straub

Mailing Address 5661 Littler Drive

City State Zip Code
Huntington Beach CA 92649

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

Name of Employer Occupation
Edinger Medical Group Office Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 05 / 2009

Transaction ID: SA11AI.4626

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Gary Sutter, MD

Mailing Address 219 Howland Canal

City State Zip Code
Venice CA 90291

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

Name of Employer Occupation
HealthCare Partners Medical Group Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 21 / 2009

Transaction ID: SA11AI.4458

Amount of Each Receipt this Period
750.00

C.

Full Name (Last, First, Middle Initial)
Daniel Temanka, MD

Mailing Address 710 Pinehurst Dr.

City State Zip Code
Pasadena CA 91106

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

Name of Employer Occupation
HealthCare Partners Physician (Retired)

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 10 / 2009

Transaction ID: SA11AI.4533

Amount of Each Receipt this Period
1000.00

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 58 / 77 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | | | | |
|---|--|------------------------------------|---|--|--|
| A. | Full Name (Last, First, Middle Initial) Mark Thompson, MD | | Date of Receipt MM / DD / YYYY 08 / 05 / 2009 | | |
| | Mailing Address 2124 Via Estudillo | | Transaction ID: SA11AI.4440 | | |
| | City Palos Verdes Estat | State CA | Zip Code 90274 | Amount of Each Receipt this Period 250.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer HealthCare Partners | Occupation Physician | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | | | |

| | | | | | |
|---|--|-------------------------------------|---|---|--|
| B. | Full Name (Last, First, Middle Initial) David Townsend | | Date of Receipt MM / DD / YYYY 08 / 05 / 2009 | | |
| | Mailing Address 1717 I Street | | Transaction ID: SA11AI.4729 | | |
| | City Sacramento | State CA | Zip Code 95814 | Amount of Each Receipt this Period 2500.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Townsend Raimundo Besler & Usher | Occupation Partner | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 2500.00 | | | |

| | | | | | |
|---|--|------------------------------------|---|--|--|
| C. | Full Name (Last, First, Middle Initial) Kenneth Tram, MD | | Date of Receipt MM / DD / YYYY 07 / 02 / 2009 | | |
| | Mailing Address 9930 Talbert Ave | | Transaction ID: SA11AI.4693 | | |
| | City Fountain Valley | State CA | Zip Code 92708 | Amount of Each Receipt this Period 250.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Talbert Medical Group | Occupation Physician | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | | | |

| | | |
|--|---|---------|
| 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: PAGE 59 / 77
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
 Nga Tuyet Ha, MD
 Mailing Address 2258 Manning Ave.
 City State Zip Code
 Los Angeles CA 90064
 Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 05 / 2009
Transaction ID: SA11AI.4418
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HealthCare Partners Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

B. Full Name (Last, First, Middle Initial)
 Phillip Valentine, MD
 Mailing Address 3565 Del Amo Blvd
 City State Zip Code
 Torrance CA 90503
 Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 02 / 2009
Transaction ID: SA11AI.4478
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HealthCare Partners Medical Group Occupation Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

C. Full Name (Last, First, Middle Initial)
 Mark Van Houten, MD
 Mailing Address 361 Hospital Rd # 527
 City State Zip Code
 Newport Beach CA 92663
 Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 05 / 2009
Transaction ID: SA11AI.4664
 Amount of Each Receipt this Period
 300.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

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: PAGE 60 / 77
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
 Clayton Varga
 Mailing Address 1035 So Fair Oaks Ave #104
 City Pasadena State CA Zip Code 91105
 Date of Receipt 07 / 02 / 2009
Transaction ID: SA11AI.4531
 Amount of Each Receipt this Period 1000.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Fusion Health Occupation CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 1000.00

B. Full Name (Last, First, Middle Initial)
 Tenzing Wangyal, MD
 Mailing Address 9930 Talbert Ave.
 City Fountain Valley State CA Zip Code 92708
 Date of Receipt 08 / 05 / 2009
Transaction ID: SA11AI.4694
 Amount of Each Receipt this Period 250.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Talbert Medical Group Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 250.00

C. Full Name (Last, First, Middle Initial)
 Ezzat Wassef, MD
 Mailing Address 5750 Downey Avenue Suite 308
 City Lakewood State CA Zip Code 90712
 Date of Receipt 07 / 02 / 2009
Transaction ID: SA11AI.4495
 Amount of Each Receipt this Period 1000.00
 FEC ID number of contributing federal political committee. C
 Name of Employer E.W. Wassef M.D Inc. Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 1000.00

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 61 / 77 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | | |
|---|--|---|---|
| A. | Full Name (Last, First, Middle Initial) Veronica Whelan, MD | | Date of Receipt MM / DD / YYYY 08 / 05 / 2009 |
| | Mailing Address 1665 Scenic Ave. Ste. 100 | | Transaction ID: SA11AI.4603 |
| | City Costa Mesa | State CA | Zip Code 92626 |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 700.00 |
| | Name of Employer Talbert Medical Group | Occupation Phys / Assoc Med Director | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 700.00 | |

| | | | |
|---|--|------------------------------------|---|
| B. | Full Name (Last, First, Middle Initial) J. Stephen Wikle, MD | | Date of Receipt MM / DD / YYYY 08 / 05 / 2009 |
| | Mailing Address 11572 Marble Arch Dr. | | Transaction ID: SA11AI.4677 |
| | City Santa Ana | State CA | Zip Code 92705 |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| | Name of Employer Greater Newport Physicians | Occupation Physician | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 500.00 | |

| | | | |
|---|--|------------------------------------|---|
| C. | Full Name (Last, First, Middle Initial) Lillie Williams, MD | | Date of Receipt MM / DD / YYYY 10 / 02 / 2009 |
| | Mailing Address 8031 Ainsworth Lane | | Transaction ID: SA11AI.4481 |
| | City La Palma | State CA | Zip Code 90623 |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| | Name of Employer Talbert Medical Group | Occupation Physician | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1450.00 |
| 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 62 / 77 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | | | |
|---|---|------------------------------------|--|------------------------------------|
| A. | Full Name (Last, First, Middle Initial) Burton Willis, MD | | Date of Receipt | |
| | Mailing Address 16074 Bonaire Cr | | M M / D D / Y Y Y Y Y 1 0 / 0 7 / 2 0 0 9 | |
| | City | State | Zip Code | Transaction ID: SA11AI.4627 |
| | Huntington Beach | CA | 92649 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. C | | 500.00 | |
| Name of Employer Edinger Medical Group | | Occupation Physician | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 500.00 | | |

| | | | | |
|---|---|-------------------------------------|--|------------------------------------|
| B. | Full Name (Last, First, Middle Initial) Keith Wilson, MD | | Date of Receipt | |
| | Mailing Address 18402 Coltman Ave | | M M / D D / Y Y Y Y Y 0 7 / 0 2 / 2 0 0 9 | |
| | City | State | Zip Code | Transaction ID: SA11AI.4502 |
| | Carson | CA | 90746 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. C | | 1000.00 | |
| Name of Employer Talbert Medical | | Occupation President & CEO | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 1000.00 | | |

| | | | | |
|---|---|-------------------------------------|--|------------------------------------|
| C. | Full Name (Last, First, Middle Initial) Chris Wing | | Date of Receipt | |
| | Mailing Address 19191 S. Vermont | | M M / D D / Y Y Y Y Y 1 0 / 0 2 / 2 0 0 9 | |
| | City | State | Zip Code | Transaction ID: SA11AI.4476 |
| | Torrance | CA | 90502 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. C | | 1000.00 | |
| Name of Employer HealthCare Partners LLC | | Occupation EVP / COO | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 1000.00 | | |

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 2500.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 63 / 77 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | | |
|---|---|---|---|
| A. | Full Name (Last, First, Middle Initial) Kenneth Wogensen, MD | | Date of Receipt |
| | Mailing Address 665 W. Naomi Avenue Suite 201 | | <input type="text" value="07"/> / <input type="text" value="21"/> / <input type="text" value="2009"/> |
| | City | State | Zip Code |
| | Arcadia | CA | 91007 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.4526 |
| Name of Employer Kenneth K. Wogensen MD Inc. | | Occupation Physician | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <input type="text" value="250.00"/> | <input type="text" value="250.00"/> |

| | | | |
|---|---|---|---|
| B. | Full Name (Last, First, Middle Initial) Nancy Worthen, MD | | Date of Receipt |
| | Mailing Address 502 Torrance Blvd | | <input type="text" value="07"/> / <input type="text" value="02"/> / <input type="text" value="2009"/> |
| | City | State | Zip Code |
| | Redondo Beach | CA | 90277 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.4457 |
| Name of Employer HealthCare Partners Medical Group | | Occupation Physician | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <input type="text" value="250.00"/> | <input type="text" value="250.00"/> |

| | | | |
|---|---|---|---|
| C. | Full Name (Last, First, Middle Initial) Albert Yeung, MD | | Date of Receipt |
| | Mailing Address 9882 Vicksburg Drive | | <input type="text" value="07"/> / <input type="text" value="02"/> / <input type="text" value="2009"/> |
| | City | State | Zip Code |
| | Huntington Beach | CA | 92646 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.4747 |
| Name of Employer Talbert Medical Group | | Occupation Pediatrician | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <input type="text" value="250.00"/> | <input type="text" value="250.00"/> |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text" value="750.00"/> |
| 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: PAGE 64 / 77
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
 Mary Young
 Mailing Address 2526 Encina Way
 City Laguna Beach State CA Zip Code 92651
 Date of Receipt 08 / 05 / 2009
Transaction ID: SA11AI.4631
 Amount of Each Receipt this Period 300.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Monarch Healthcare Occupation VP Network Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 300.00

B. Full Name (Last, First, Middle Initial)
 Betty Yu, MD
 Mailing Address 16525 Oak Circle
 City Fountain Valley State CA Zip Code 92708
 Date of Receipt 07 / 02 / 2009
Transaction ID: SA11AI.4695
 Amount of Each Receipt this Period 500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Edinger Medical Group Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 500.00

C. Full Name (Last, First, Middle Initial)
 Michael Yu, MD
 Mailing Address 361 Hospital Road #322
 City Newport Beach State CA Zip Code 92663
 Date of Receipt 07 / 21 / 2009
Transaction ID: SA11AI.4665
 Amount of Each Receipt this Period 500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Greater Newport Physicians Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 500.00

SUBTOTAL of Receipts This Page (optional) ► 1300.00
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 65 / 77

(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

Ronald Zent, MD

Mailing Address 1100 E. Willow St.

City State Zip Code
Signal Hill CA 90755

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

Name of Employer Occupation
Memorial HealthCare IPA Medical Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.4505

Amount of Each Receipt this Period

1500.00

B.

Full Name (Last, First, Middle Initial)

Kenneth Zuckerman, MD

Mailing Address 16300 Sand Canyon Ave #704

City State Zip Code
Irvine CA 92618

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

Name of Employer Occupation
Greater Newport Physicians Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.4585

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

105535.00

**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"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

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

| | | | |
|-----------|--|---|--|
| A. | Full Name (Last, First, Middle Initial) ANNA ESHOO FOR CONGRESS Mailing Address 555 Capitol Mall, Suite 1425 City Sacramento State CA Zip Code 95814 Purpose of Disbursement Contribution Candidate Name ANNA ESHOO FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 14 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB23.4378 Date of Disbursement 07 / 22 / 2009 | Amount of Each Disbursement this Period 1000.00 |
| B. | Full Name (Last, First, Middle Initial) ANNA ESHOO FOR CONGRESS Mailing Address 555 Capitol Mall, Suite 1425 City Sacramento State CA Zip Code 95814 Purpose of Disbursement Contribution Candidate Name ANNA ESHOO FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 14 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB23.4381 Date of Disbursement 08 / 28 / 2009 | Amount of Each Disbursement this Period 1400.00 |
| C. | Full Name (Last, First, Middle Initial) BECERRA FOR CONGRESS Mailing Address P.O. Box 261060 City Los Angeles State CA Zip Code 90026 Purpose of Disbursement Contribution Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 31 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB23.4813 Date of Disbursement 07 / 09 / 2009 | Amount of Each Disbursement this Period 2000.00 |

SUBTOTAL of Disbursements This Page (optional) ▶

4400.00

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"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)
CITIZENS FOR HARKIN

Mailing Address P O BOX 811

City DES MOINES State IA Zip Code 50304

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IA District: 00

Transaction ID: SB23.4810
Date of Disbursement

10 / 30 / 2009

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
COMMITTEE TO RE-ELECT LINDA SANCHEZ

Mailing Address 1212 S. Victory Blvd
SUITE 211

City BURBANK State CA Zip Code 91502

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: CA District: 39

Transaction ID: SB23.4782
Date of Disbursement

09 / 29 / 2009

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
CONGRESSMAN WAXMAN CAMPAIGN COMMITTEE

Mailing Address 6380 Wilshire Blvd. #1612

City Los Angeles State CA Zip Code 90048

Purpose of Disbursement
Contribution

Candidate Name
HENRY A. WAXMAN

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: CA District: 30

Transaction ID: SB23.4766
Date of Disbursement

07 / 22 / 2009

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

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

| | | |
|----|---|---|
| A. | Full Name (Last, First, Middle Initial) FEINSTEIN FOR SENATE | Transaction ID: SB23.4398 Date of Disbursement 08 / 12 / 2009 |
| | Mailing Address 1212 S VICTORY BLVD | Amount of Each Disbursement this Period 2400.00 |
| | City BURBANK State CA Zip Code 91502 | |
| | Purpose of Disbursement Contribution Candidate Name DIANNE FEINSTEIN Category/Type | |
| | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 00 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| B. | Full Name (Last, First, Middle Initial) FEINSTEIN FOR SENATE | Transaction ID: SB23.4402 Date of Disbursement 08 / 12 / 2009 |
| | Mailing Address 1212 S VICTORY BLVD | Amount of Each Disbursement this Period 100.00 |
| | City BURBANK State CA Zip Code 91502 | |
| | Purpose of Disbursement Contribution Candidate Name DIANNE FEINSTEIN Category/Type | |
| | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 00 Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| C. | Full Name (Last, First, Middle Initial) FEINSTEIN FOR SENATE | Transaction ID: SB23.4403 Date of Disbursement 11 / 16 / 2009 |
| | Mailing Address 1212 S VICTORY BLVD | Amount of Each Disbursement this Period 2300.00 |
| | City BURBANK State CA Zip Code 91502 | |
| | Purpose of Disbursement Contribution Candidate Name DIANNE FEINSTEIN Category/Type | |
| | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 00 Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 4800.00 |
| 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"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

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

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) FRIENDS FOR HARRY REID | Transaction ID: SB23.4762 Date of Disbursement 07 / 09 / 2009 |
| | Mailing Address P.O. BOX 19163 | Amount of Each Disbursement this Period 2400.00 |
| | City LAS VEGAS State NV Zip Code 89132 | |
| | Purpose of Disbursement Contribution Candidate Name HARRY REID Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 00 | Category/Type |
| | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| B. | Full Name (Last, First, Middle Initial) FRIENDS OF BARBARA BOXER | Transaction ID: SB23.4382 Date of Disbursement 07 / 22 / 2009 |
| | Mailing Address PO BOX 411176 | Amount of Each Disbursement this Period 1000.00 |
| | City LOS ANGELES State CA Zip Code 90041 | |
| | Purpose of Disbursement Contribution Candidate Name BARBARA BOXER Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 00 | Category/Type |
| | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| C. | Full Name (Last, First, Middle Initial) FRIENDS OF DENNIS CARDOZA | Transaction ID: SB23.4393 Date of Disbursement 07 / 22 / 2009 |
| | Mailing Address PO Box 2749 | Amount of Each Disbursement this Period 1000.00 |
| | City Merced State CA Zip Code 95340 | |
| | Purpose of Disbursement Contribution Candidate Name DENNIS CARDOZA Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 18 | Category/Type |
| | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

SUBTOTAL of Disbursements This Page (optional) ▶

4400.00

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"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial)
FRIENDS OF DENNIS CARDOZA

Mailing Address PO Box 2749

City Merced State CA Zip Code 95340

Purpose of Disbursement Contribution

Candidate Name DENNIS CARDOZA

Office Sought: House
 Senate
 President

State: CA District: 18

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB23.4397

Date of Disbursement

09 / 29 / 2009

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
FRIENDS OF JANE HARMAN

Mailing Address PO Box 96

City Torrance State CA Zip Code 90507

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House
 Senate
 President

State: CA District: 36

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB23.4773

Date of Disbursement

10 / 23 / 2009

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
FRIENDS OF LOIS CAPPS

Mailing Address PO Box 23940

City Santa Barbara State CA Zip Code 93121

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House
 Senate
 President

State: CA District: 23

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB23.4785

Date of Disbursement

07 / 22 / 2009

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

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

| | |
|--|---|
| A. Full Name (Last, First, Middle Initial) KLEIN FOR CONGRESS <hr/> Mailing Address 21301 Powerline Road, Suite 204 <hr/> City Boca Raton State FL Zip Code 33431 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 22 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB23.4805 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 9 |
| | Amount of Each Disbursement this Period 1000.00 Category/Type |
| B. Full Name (Last, First, Middle Initial) MATSUI FOR CONGRESS <hr/> Mailing Address PO BOX 1738 <hr/> City SACRAMENTO State CA Zip Code 95812 <hr/> Purpose of Disbursement Contribution Candidate Name DORIS MATSUI <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 05 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB23.4404 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 2 / 2 0 0 9 |
| | Amount of Each Disbursement this Period 1000.00 Category/Type |
| C. Full Name (Last, First, Middle Initial) MATSUI FOR CONGRESS <hr/> Mailing Address PO BOX 1738 <hr/> City SACRAMENTO State CA Zip Code 95812 <hr/> Purpose of Disbursement Contribution Candidate Name DORIS MATSUI <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 05 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB23.4408 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 9 |
| | Amount of Each Disbursement this Period 1000.00 Category/Type |

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

| | | |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial) MCNERNEY FOR CONGRESS | Transaction ID: SB23.4779 Date of Disbursement 12 / 02 / 2009 |
| | Mailing Address 6520 Village Parkway Second Floor | Amount of Each Disbursement this Period 2500.00 |
| | City Dublin State CA Zip Code 94568 | |
| | Purpose of Disbursement Contribution Candidate Name | Category/Type |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 11 | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial) MIKE THOMPSON FOR CONGRESS | Transaction ID: SB23.4789 Date of Disbursement 07 / 22 / 2009 |
| | Mailing Address 5429 Madison Avenue | Amount of Each Disbursement this Period 1000.00 |
| | City Sacramento State CA Zip Code 95841 | |
| | Purpose of Disbursement Contribution Candidate Name | Category/Type |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 01 | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial) NANCY PELOSI FOR CONGRESS | Transaction ID: SB23.4792 Date of Disbursement 10 / 30 / 2009 |
| | Mailing Address 607 14th Street, NW Suite 800 | Amount of Each Disbursement this Period 2400.00 |
| | City Washington State DC Zip Code 20005 | |
| | Purpose of Disbursement Contribution Candidate Name | Category/Type |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 08 | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) | 5900.00 |
| 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"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

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

| | | |
|-----------|--|---|
| A. | Full Name (Last, First, Middle Initial) PALLONE FOR CONGRESS | Transaction ID: SB23.4756 Date of Disbursement 07 / 22 / 2009 |
| | Mailing Address PO BOX 3176 | Amount of Each Disbursement this Period 1000.00 |
| | City Long Branch State NJ Zip Code 07740 | Category/ Type |
| | Purpose of Disbursement Contribution Candidate Name FRANK JR PALLONE Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NJ District: 00 | |
| B. | Full Name (Last, First, Middle Initial) PALLONE FOR CONGRESS | Transaction ID: SB23.4760 Date of Disbursement 12 / 03 / 2009 |
| | Mailing Address PO BOX 3176 | Amount of Each Disbursement this Period 4000.00 |
| | City Long Branch State NJ Zip Code 07740 | Category/ Type |
| | Purpose of Disbursement Contribution Candidate Name FRANK JR PALLONE Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NJ District: 00 | |
| C. | Full Name (Last, First, Middle Initial) PALLONE FOR CONGRESS | Transaction ID: SB23.4761 Date of Disbursement 12 / 03 / 2009 |
| | Mailing Address PO BOX 3176 | Amount of Each Disbursement this Period 1000.00 |
| | City Long Branch State NJ Zip Code 07740 | Category/ Type |
| | Purpose of Disbursement Contribution Candidate Name FRANK JR PALLONE Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NJ District: 00 | |

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"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial)
PEOPLE FOR PATTY MURRAY

Mailing Address PO BOX 3662

City SEATTLE State WA Zip Code 98124

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: WA District: 00

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB23.4795

Date of Disbursement

10 / 30 / 2009

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
PETE STARK RE-ELECTION COMMITTEE

Mailing Address P.O. Box 8331

City Fremont State CA Zip Code 94537

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: CA District: 13

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB23.4798

Date of Disbursement

07 / 22 / 2009

Amount of Each Disbursement this Period

2400.00

C. Full Name (Last, First, Middle Initial)
SOLIDARITY PAC

Mailing Address 607 14th Street, NW, Suite 800
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement
Contribution

Candidate Name
SOLIDARITY PAC

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For: 2009
 Primary General
 Other (specify) ▼

Transaction ID: SB23.4808

Date of Disbursement

12 / 02 / 2009

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) ►

8400.00

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"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

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

| | | |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial) WELCH FOR CONGRESS | Transaction ID: SB23.4801 Date of Disbursement 07 / 30 / 2009 |
| | Mailing Address PO BOX 1682 | Amount of Each Disbursement this Period 1000.00 |
| | City BURLINGTON State VT Zip Code 05402 | |
| | Purpose of Disbursement Contribution Candidate Name | Category/Type |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VT District: 00 | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| B. | Full Name (Last, First, Middle Initial) WELCH FOR CONGRESS | Transaction ID: SB23.4804 Date of Disbursement 12 / 15 / 2009 |
| | Mailing Address PO BOX 1682 | Amount of Each Disbursement this Period 500.00 |
| | City BURLINGTON State VT Zip Code 05402 | |
| | Purpose of Disbursement Contribution Candidate Name | Category/Type |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VT District: 00 | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| C. | Full Name (Last, First, Middle Initial) ZACK SPACE FOR CONGRESS COMMITTEE | Transaction ID: SB23.4816 Date of Disbursement 07 / 30 / 2009 |
| | Mailing Address 726 Sixteenth Street NE | Amount of Each Disbursement this Period 1000.00 |
| | City Massillon State OH Zip Code 44646 | |
| | Purpose of Disbursement Contribution Candidate Name | Category/Type |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 18 | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

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

60400.00