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Image# 201507319000509483

**FEC** FORM 3Y

### **REPORT OF RECEIPTS AND DISBURSEMENTS**

TONIN 3X	For Other Than An Au	thorized Committee		Office Use Only
NAME OF     COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing over the lines.	, type 12FE4M!	5
CA ASSOCIATION OF PH	YSICIAN GROUPS FEDE	RAL POLITICAL ACT	ION COMMITTEE (C.	APG FEDERAL PAC)
ADDRESS (number and street) ▼	915 WILSHIRE BLVD SUI	TE 1620		
Check if different than previously reported. (ACC)	LOS ANGELES		CA	90017
2. FEC IDENTIFICATION N	IUMBER ▼ CI	TY▲	STATE ▲	ZIP CODE ▲
C C00461756		IS THIS REPORT X (N		MENDED A)
4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:	Report Due On:			D 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (		r 20 (M4) Ju Primary (12P)	I 20 (M7) Oct	20 (M10) Jan 31 (YE)
Quarterly Report ( October 15 Quarterly Report (	(Q2) Report for the:	Convention (1:	2C) Special	(12S)
January 31 Year-End Report	(YE) Electi	ion on	D D / Y Y Y Y Y	in the State of
X July 31 Mid-Year Report (Non-electi Year Only) (MY)	ion (d) 30-Day POST-Election Report for the:	General (30G)	Runoff	(30R) Special (30S)
Termination Report (TER)	rt	ion on	D = D / Y = Y = Y = Y	in the State of
5. Covering Period	01 01 2015	through	M M / D D D 06 30	2015
I certify that I have examined	this Report and to the best o	of my knowledge and be	elief it is true, correct ar	nd complete.
Type or Print Name of Treasur	rer Donald H. Crane			
Signature of Treasurer Don	nald H. Crane	[Electronically i	Filed] Date 07	M / 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of false, erro	neous, or incomplete information	on may subject the perso	n 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

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

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

01 2015 06 30 2015 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 58469.18 January 1, 2015 (b) Cash on Hand at 58469.18 Beginning of Reporting Period..... 35030.96 35030.96 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 93500.14 93500.14 6(a) and 6(c) for Column B)..... 15336.56 15336.56 Total Disbursements (from Line 31)..... Cash on Hand at Close of 8. Reporting Period 78163.58 78163.58 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) .....

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

#### For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

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

tributions (other than loans) From: Individuals/Persons Other		
Individuals/Persons Other		
Than Political Committees	30700.00	30700.00
(i) Itemized (use Schedule A)	7	7
(ii) Unitemized	4325.00	4325.00
Lines 11(a)(i) and (ii)▶	35025.00	35025.00
Delitical Deute Consumit	0.00	0.00
	0.00	
	0.00	0.00
	7	
	35025.00	35025.00
ry Committees	0.00	0.00
_oans Received	0.00	0.00
· ·	0.00	0.00
· · · · · · · · · · · · · · · · · · ·	0.00	0.00
	0.00	0.00
	0.00	0.00
	0.00	3 3
·	5.96	5.96
· · · · · · · · · · · · · · · · · · ·		
Non-Federal Account		
(from Schedule H3)	0.00	0.00
Levin Funds (from Schedule H5)	0.00	0.00
Total Transfers (add 18(a) and 18(b))	0.00	0.00
	Political Party Committees Other Political Committees (such as PACs) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)  Insfers From Affiliated/Other (by Committees	(ii) Unitemized

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
21.	Operating Expenditures:  (a) Allocated Federal/Non-Federal  Activity (from Schedule H4)		200000000000000000000000000000000000000		
	(i) Federal Share	0.00	0.00		
	(ii) Non-Federal Share	0.00	0.00		
	(b) Other Federal Operating				
	Expenditures	836.56	836.56		
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	836.56	836.56		
2.	Transfers to Affiliated/Other Party				
3.	Committees	0.00	0.00		
	Federal Candidates/Committees and Other Political Committees	14500.00	14500.00		
4.	Independent Expenditures (use Schedule E)	0.00	0.00		
5.	Coordinated Party Expenditures (2 U.S.C. §441a(d))				
	(2 0.3.0. §441a(u)) (use Schedule F)	0.00	0.00		
6.	Loan Repayments Made	0.00	0.00		
7	Loans Made	0.00	0.00		
8.	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	0.00	0.00		
	(such as PACs)	0.00	0.00		
	(d) Total Contribution Refunds	0.00	0.00		
	(add Lines 28(a), (b), and (c))▶	0.00	0.00		
9.	Other Disbursements	0.00	0.00		
0.	Federal Election Activity (2 U.S.C. §431(20))				
	(a) Allocated Federal Election Activity				
	(from Schedule H6) (i) Federal Share	0.00	0.00		
	(i) Federal Share				
	(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		
1.	Total Disbursements (add Lines 21(c), 22,				
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	15336.56	15336.56		
2.	Total Federal Disbursements				
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	15336.56	15336.56		
	from Line 31)	10000.00	1000.00		

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures				
3. Total Contributions (other than loans) (from Line 11(d), page 3)	35025.00	35025.00		
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00		
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	35025.00	35025.00		
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	836.56	836.56		
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00		
3. Net Operating Expenditures (subtract Line 37 from Line 36)	836.56	836.56		

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

	FOR LINE NUMBER:					PAGE	6	OF	29	
(check only one)										
	[:	X	11a		11b		11c	12	!	
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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) Full Name (Last, First, Middle Initial) Bart Asner MD Date of Receipt Mailing Address 25 Offshore 02 2015 City State Zip Code Transaction ID: SA11AI.6051 CA **Newport Beach** 92657 Amount of Each Receipt this Period FEC ID number of contributing C 2500.00 federal political committee. Name of Employer Occupation Monarch Healthcare CEO/Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Marnie Baker MD Date of Receipt Mailing Address 3 Fairdawn 04 22 2015 City State Zip Code Transaction ID: SA11AI.6050 CA Irvine 92614 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation MemorialCare Medical Group Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Ian Bare MD Date of Receipt Mailing Address 26991 Crown Valley Pkwy 05 12 2015 City State Zip Code Transaction ID: SA11AI.6048 CA Mission Viejo 92691 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Physician MemorialCare Medical Group Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 3500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

	FOR LINE NUMBER:					PAGE	=	7	OF	29	
(check only one)											
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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	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CA ASSOCIATION OF PHYSICIAN	GROUPS FEDERAL POLITICAL ACTION C	OMMITTEE (CAPG FEDERAL PAC)
Full Name (Last, First, Middle Initial)  Barry Behrstock MD		Date of Receipt
Mailing Address 1190 Baker Street Ste 103		06 19 2015
City	State Zip Code	Transaction ID : SA11AI.6047
Costa Mesa	CA 92626	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	†
Greater Newport Physicians	Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	Aggregate real-to-bate ▼	
Full Name (Last, First, Middle Initial)  3. Alan Beyer MD		Date of Receipt
Mailing Address 10 Rodingham Dr		06 19 2015
City	State Zip Code	Transaction ID : SA11AI.6043
Newport Beach	CA 92660	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	1
Greater Newport Physicians	Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  500.00	
Full Name (Last, First, Middle Initial)  Dr. Alan Bier MD		Date of Receipt
Mailing Address 300 Fir Street		04 20 2015
City	State Zip Code	Transaction ID : SA11AI.6041
San Diego	CA 92101	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	1
Sharp Rees-Stealy Medical Grp	President	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (optional)	<b>.</b>	2500.00
TOTAL This Period (last page this line number	per only)	

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

	FOI	R LINE	NU	MBER	:	PAGE	8	OF	29	
(check only one)										
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		13		14		15	16	6	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) Full Name (Last, First, Middle Initial) David Bodkin MD Date of Receipt Mailing Address 120 Alder Street 2015 City State Zip Code Transaction ID: SA11AI.6039 CA Coronado 92117 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Cancer Center Oncology Group Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Barry Ceverha MD Date of Receipt Mailing Address 2865 Atlantic Avenue 04 22 2015 City State Zip Code Transaction ID: SA11AI.6037 CA Long Beach 90806 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation MemorialCare Medical Foundatio Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Ratul Chatterjee MD Date of Receipt Mailing Address 7416 Paloma Drive 06 19 2015 #360 City State Zip Code Transaction ID: SA11AI.6036 CA **Huntington Beach** 92648 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation Physician, Internal Medicine **Greater Newport Physicians** Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

FOR LINE NUMBER:					PAGE		9	OF		29
(check only one)										
X	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) Full Name (Last, First, Middle Initial) Dr. Timothy Chen MD Date of Receipt Mailing Address 45 Cambria Drive 19 2015 City State Zip Code Transaction ID: SA11AI.6034 CA Corona del Mar 92625 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation Associate Medical Director MemorialCare Medical Group Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Mark Cianciola MD Date of Receipt Mailing Address 2 Kempton Lane 06 02 2015 City State Zip Code Transaction ID: SA11AI.6032 Ladera Ranch CA 92694 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation MemorialCare Medical Group Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Jay Cohen MD Date of Receipt Mailing Address 11 Technology Ave 06 07 2015 City State Zip Code Transaction ID: SA11AI.6031 CA Irvine 92618 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation President/Chairman Monarch HealthCare Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 2000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	FOR LINE NUMBER:	PAGE	10
Use separate schedule(s)	(check only one)		
for each category of the Detailed Summary Page	X 11a 11b	11c	12
	12 14	15	146

OF

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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) Full Name (Last, First, Middle Initial) Dr. Matthew Coulson MD Date of Receipt Mailing Address 17 Merrill Hill 2015 City Zip Code State Transaction ID: SA11AI.6028 CA Ladera Ranch 92694 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation MemorialCare Medical Group Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ms. Mariella Cummings Date of Receipt Mailing Address 319 Seventh Avenue SE Suite 201 04 20 2015 City State Zip Code Transaction ID: SA11AI.6026 WA Olympia 98501 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Physicians of Southwest WA CEO Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Zidd Deeb MD Date of Receipt Mailing Address 17360 Brookhurst St 05 12 2015 City State Zip Code Transaction ID: SA11AI.6024 CA Fountain Valley 92708 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Physician, Radiologist MemorialCare Medical Foundatio Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

	FOR LINE NUMBER:					PAGE	 11	OF	29	
(check only one)										
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or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CA ASSOCIATION OF PHYSICIAN G	ROUPS FEDERAL POLITICAL ACTION CO	OMMITTEE (CAPG FEDERAL PAC)
Full Name (Last, First, Middle Initial)  1. Dr. David Dunckel MD		Date of Receipt
Mailing Address 11103 Sudith Avenue		04 22 2015
City	State Zip Code	Transaction ID : SA11AI.6022
Fountain Valley	CA 92708	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
MemorialCare Medical Group	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  3. Paul Durr		Date of Receipt
Mailing Address 2128 Hills Lake Drive		M M / D D / Y Y Y
		05 12 2015
City	State Zip Code	Transaction ID : SA11AI.6021
El Cajon	CA 92020	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Sharp Healthcare	CFO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr. Azadeh Farin MD		Date of Receipt
Mailing Address 7 Quail Ridge Road South		04 22 2015
City	State Zip Code	Transaction ID : SA11AI.6017
Rolling Hills	CA 90274	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
MemorialCare Medical Group	Neurosurgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)		1500.00
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 12 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

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Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) CA ASSOCIATION OF PHYSICIAN GROUPS FEDERAL POLITICAL ACTION COMMITTEE (CAPG FEDERAL PAC) Full Name (Last, First, Middle Initial) Dr. Sergio Flores MD Date of Receipt Mailing Address 740 Country Club Lane 2015 City State Zip Code Transaction ID: SA11AI.6012 CA Coronado 92118 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation San Diego Digestive Disease Co Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Lorellen Green MD Date of Receipt Mailing Address 34 Pelicon Point Drive 05 80 2015 City State Zip Code Transaction ID: SA11AI.6008 **Newport Coast** CA 92657 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation MemorialCare Medical Group Medical Director Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Catou Greenberg MD Date of Receipt Mailing Address 462 Westminster Ave 06 07 2015 City State Zip Code Transaction ID: SA11AI.6007 CA Newport Beach 92663 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation **Greater Newport Physicians** Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1250.00 SUBTOTAL of Receipts This Page (optional).....

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

ı	FOR LINE	NUMBER	: PAGE	13 OF	29
	(check only	/ one)			
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	13	14	15	16	17

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	e name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CA ASSOCIATION OF PHYSICIAN G	ROUPS FEDERAL POLITICAL ACTION CO	OMMITTEE (CAPG FEDERAL PAC)
Full Name (Last, First, Middle Initial)  Dr. Stephen Harms MD  Mailing Address 47 Shively	Ctoto 7:- O-1-	Date of Receipt  05 12 2015
City Ladera Ranch	State Zip Code CA 92694	Transaction ID : SA11AI.6003
Ladera Ranch	UN 92094	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer	Occupation	
MemorialCare Medical Group	Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial)  Dr. Alan Israel MD		Date of Receipt
Mailing Address 250 E. Yale Loop		06 02 2015
City	State Zip Code	06 02 2015 Transaction ID : SA11Al.6000
Irvine	CA 92604	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer	Occupation	1
MemorialCare Medical Group	Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  500.00	
Full Name (Last, First, Middle Initial)  C. Mrs. Jennifer Jackman	•	Date of Receipt
Mailing Address 892 Kent Drive		04 20 2015
City	State Zip Code	Transaction ID : SA11AI.5999
Claremont	CA 91711	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
MemorialCare Medical Group	coo	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (optional)		2000.00
TOTAL This Period (last page this line number	<u> </u>	

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

_	LINE	_		:	PAGE	 14	OF	29
(che	ck only	or	ne)					
X	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.

or for commercial purposes, other than using	the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CA ASSOCIATION OF PHYSICIAN	GROUPS FEDERAL POLITICAL ACTION C	OMMITTEE (CAPG FEDERAL PAC)
Full Name (Last, First, Middle Initial)  A. Dr. John E. Jenrette MD		Date of Receipt
Mailing Address 850 Beech St #1205		05 12 2015
City	State Zip Code	Transaction ID : SA11AI.5998
San Diego	CA 92101	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2500.00
Name of Employer	Occupation	
Sharp HealthCare	CEO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2500.00	
Full Name (Last, First, Middle Initial)  John Kirk  Mailing Address 2062 New York Drive		Date of Receipt
City	State Zip Code	06 19 2015
Altadena	CA 91001	Transaction ID : SA11AI.5993
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Pioneer Medical Group	CEO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial)  C. Keith Lee MD		Date of Receipt
Mailing Address 250 E. Yale Loop		05 05 2015 _
City	State Zip Code	Transaction ID : SA11AI.5990
Irvine	CA 92604	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	-
Bristol Park Medical Group	Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	nggregate rear-tu-Date ▼	
Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)	<u> </u>	3500.00
TOTAL This Period (last page this line numb	per only)	

FOR LINE NUMBER: PAGE 15 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) CA ASSOCIATION OF PHYSICIAN GROUPS FEDERAL POLITICAL ACTION COMMITTEE (CAPG FEDERAL PAC) Full Name (Last, First, Middle Initial) Ms. Jackie Luxenberg Date of Receipt Mailing Address 5 Bower Lane 04 2015 City Zip Code State Transaction ID: SA11AI.5984 CA Ladera Ranch 92694 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation CFO MemorialCare Medical Foundatio Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Ada Marin MD Date of Receipt Mailing Address 4912 Mt. Elbrus Drive 06 19 2015 City State Zip Code Transaction ID: SA11AI.5983 CA San Diego 92117 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Metro Family Physicians Med Gr Family Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Christopher McGlone Date of Receipt Mailing Address 17244 Eagle Canyon Place 05 12 2015 City Zip Code State Transaction ID: SA11AI.5979 CA San Diego 92127 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation COO Sharp Community Medical Group Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

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	name and address of any political committee to	
NAME OF COMMITTEE (In Full) CA ASSOCIATION OF PHYSICIAN GR	OUPS FEDERAL POLITICAL ACTION CC	OMMITTEE (CAPG FEDERAL PAC)
Full Name (Last, First, Middle Initial) Leslie McMains		Date of Receipt
Mailing Address 460 62nd Street		06 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.5978
Newport Beach	CA 92663	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
Nautilus/Greater Newport Phys.	CFO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial)  Dr. Brian Meyerhoff MD		Date of Receipt
Mailing Address 12280 Corte Sabio #4205		05 12 2015
City	State Zip Code	Transaction ID : SA11AI.5977
San Diego	CA 92128	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	300.00
Name of Employer	Occupation	
Palomar Medical Group	Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  300.00	
Full Name (Last, First, Middle Initial)  C. Dr. Larry Pollack MD		Date of Receipt
Mailing Address 14150 Rancho Vista Bnd		05 12 _2015 _
City	State Zip Code	Transaction ID : SA11AI.5964
San Diego	CA 92130	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	
Self	Plastic Surgeon	
Receipt For:		
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		1550.00
TOTAL This Period (last page this line number of	only)	

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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 O	GROUPS FEDERAL POLITICAL ACTION C	OMMITTEE (CAPG FEDERAL PAC)
Full Name (Last, First, Middle Initial)  1. Dr. Kenneth J. Roth MD		Date of Receipt
Mailing Address 8765 Aero Drive #130		05 12 2015
City	State Zip Code	Transaction ID : SA11AI.5953
San Diego	CA 92123	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
San Diego Internal Medicine	President, SCMG, Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	riggregate real to bate ¥	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  Mark Schafer MD		Date of Receipt
Mailing Address 25531 Pacific Hills Drive		05 12 2015
City	State Zip Code	Transaction ID : SA11AI.5952
Mission Viejo	CA 92692	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
Bristol Park Medical Group	Physician/Medical Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	riggiogato roar to bate v	
Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial)  Dr. Martin Serota MD		Date of Receipt
Mailing Address 76059 Via Montelena		04 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.5947
Indian Wells	CA 92210	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
AltaMed Health Services Corp.	Chief Medical Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	Aggregate rear-to-Date ▼	
Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (optional).		2500.00
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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.

or for commercial purposes, other than using	the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CA ASSOCIATION OF PHYSICIAN	GROUPS FEDERAL POLITICAL ACTION C	COMMITTEE (CAPG FEDERAL PAC)
Full Name (Last, First, Middle Initial)  Scott Shiffman MD		Date of Receipt
Mailing Address 2742 Dow Avenue		04 22 2015
City	State Zip Code	Transaction ID : SA11AI.5946
Tustin	CA 92780	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	-
Bristol Park Medical Group	Associate Medical Director	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	. 199. 198. 198. 10 Pall 7	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  3. Dr. Adam Solomon MD		Date of Receipt
Mailing Address 3213 Glendon Avenue		05 19 2015
City	State Zip Code	Transaction ID : SA11AI.5944
Los Angeles	CA 90034	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	-
MemorialCare Medical Foundatio	Chief Medical Officer	
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General	Aggregate real to Date •	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  Ms. Jennifer Thompson		Date of Receipt
Mailing Address 15871 Villanova Circle		04 20 2015
City	State Zip Code	Transaction ID : SA11AI.5937
Westminster	CA 92683	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	1
Memorial Health Systems	VP, Medical Group Operations	
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General	Aggregate real to bate ¥	
Other (specify)	500.00	
SUBTOTAL of Receipts This Page (optional	)	1500.00

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

NAME OF COMMITTEE (In Full) CA ASSOCIATION OF PHYSICIAN	GROUPS FEDERAL POLITICAL ACTION (	COMMITTEE (CAPG FEDERAL PAC)
Full Name (Last, First, Middle Initial) Calvin Tint MD		Date of Receipt
Mailing Address 11420 Warner Ave		05 05 2015
City	State Zip Code	Transaction ID : SA11AI.5936
Fountain Valley	CA 92708	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	_
MemorialCare Medical Group	Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Daisy Tint MD		Date of Receipt
Mailing Address 250 E. Yale Loop		05 05 2015
City	State Zip Code	Transaction ID : SA11AI.5935
Irvine	CA 92604	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	-
MemorialCare Medical Group	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr. Kim Trinh MD	<b>'</b>	Date of Receipt
Mailing Address 24281 Rhonda Drive		04 22 2015
City	State Zip Code	Transaction ID : SA11AI.5927
Laguna Niguel	CA 92677	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	1
MemorialCare Medical Group	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	

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

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or for commercial purposes, other than using	the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CA ASSOCIATION OF PHYSICIAN	GROUPS FEDERAL POLITICAL ACTION C	OMMITTEE (CAPG FEDERAL PAC)
Full Name (Last, First, Middle Initial)  Mimi Trinh MD  Mailing Address 53 Waterspout		Date of Receipt
City	State Zip Code	04 22 2015 Transaction ID : SA11AI.5925
Irvine	CA 92620	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
MemorialCare Medical Group	Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial)  3. Dr. Kenneth Warm MD	•	Date of Receipt
Mailing Address 2205 Westland Ave	7-0-4	05 12 2015
City San Diego	State Zip Code CA 92104	Transaction ID : SA11AI.5924
	GA 92104	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Cosonado Medical Group	Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial)  C. Dr. Adam Wass MD		Date of Receipt
Mailing Address 722 Baker St.		05 14 2015
City Costa Mesa	State Zip Code CA 92626	Transaction ID : SA11AI.5922  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	1
MemorialCare Medical Group	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional	)	1250.00
TOTAL This Period (last page this line num	ber only)	

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for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) CA ASSOCIATION OF PHYSICIAN GROUPS FEDERAL POLITICAL ACTION COMMITTEE (CAPG FEDERAL PAC) Full Name (Last, First, Middle Initial) John Stephen Wikle MD Date of Receipt Mailing Address 11572 Marble Arch Dr. 2015 19 City State Zip Code Transaction ID: SA11AI.5921 CA Santa Ana 92705 Amount of Each Receipt this Period FEC ID number of contributing C 750.00 federal political committee. Name of Employer Occupation **Greater Newport Physicians** Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Anthony Wong MD Date of Receipt Mailing Address 514 Luminous 04 22 2015 City State Zip Code Transaction ID: SA11AI.5919 CA Irvine 92603 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation MemorialCare Medical Group Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Eric Wong MD Date of Receipt Mailing Address 7117 E. Breighton Circle 05 12 2015 City Zip Code State Transaction ID: SA11AI.5917 CA Orange 92869 Amount of Each Receipt this Period FEC ID number of contributing 400.00 С federal political committee. Name of Employer Occupation

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SUBTOTAL of Receipts This Page (optional)	L			7			7		165	0.00	
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TOTAL This Period (last page this line number only)	L	_	_	7	_	_	7	_		/E	

500.00

Physician

Aggregate Year-to-Date ▼

MemorialCare Medical Group

Other (specify)

General

Receipt For:

Primary

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

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		13		14		15		16		17

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or f	or 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 GRO	OUPS FEDERAL POLITICAL ACTION CO	DMMITTEE (CAPG FEDERAL PAC)
۱	Full Name (Last, First, Middle Initial) Kenneth Zuckerman MD Mailing Address 16300 Sand Canyon Ave #704		Date of Receipt
ō	City Irvine	State Zip Code CA 92618	06 07 2015 Transaction ID : SA11AI.5913
F	FEC ID number of contributing rederal political committee.	C	Amount of Each Receipt this Period 500.00
(	Name of Employer Greater Newport Physicians	Occupation Physician	
F	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  500.00	
3	Full Name (Last, First, Middle Initial)  Mailing Address		Date of Receipt
(	Dity	State Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing rederal political committee.	C	
	Name of Employer  Receipt For:  Primary  General  Other (specify) ▼	Occupation  Aggregate Year-to-Date ▼	
)	Full Name (Last, First, Middle Initial)		Date of Receipt
_	Mailing Address  City	State Zip Code	Amount of Fool Positive this Positive
	FEC ID number of contributing ederal political committee.	C	Amount of Each Receipt this Period
	Name of Employer	Occupation	
F	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	
SU	JBTOTAL of Receipts This Page (optional)	<b></b>	500.00
то	OTAL This Period (last page this line number of	nly)	30700.00

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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 23 OF 29					
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only						
	Detailed Summary Page	X 21b 27	22 23 28b	24 25 26 30b				
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Any information copied from such Reports and State or for commercial purposes, other than using the na								
NAME OF COMMITTEE (In Full) CA ASSOCIATION OF PHYSICIAN GROU	JPS FEDERAL POLITICA	L ACTION CO	OMMITTEE (CAPG	FEDERAL PAC)				
Full Name (Last, First, Middle Initial)								
A. Intuit Payment Solutions			Date of Disbursem	ent				
Mailing Address 21215 Burbank Blvd Suite 100			06 04 2015					
City	State Zip Code		Transaction ID :	SB21B 5881				
Woodland Hills Purpose of Disbursement	CA 91367							
Credit card transaction fee			Amount of Each Di	isbursement this Period				
Candidate Name		Category/ Type		85.25				
Senate President	ment For: Primary General Other (specify) ▼	,,,,,,		,				
State: District:								
Full Name (Last, First, Middle Initial)     Intuit Payment Solutions			Date of Disbursem	ent				
Mailing Address 21215 Burbank Blvd Suite 100			06 09	2015				
City Woodland Hills		Transaction ID :	SB21B.5882					
Purpose of Disbursement Credit card transaction fee			Amount of Each Disbursement this Period					
Candidate Name		Category/ Type		68.75				
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼							
Full Name (Last, First, Middle Initial)  C. Intuit Payment Solutions			Date of Disbursem	_				
Mailing Address 21215 Burbank Blvd Suite 100			06 22	2015				
City Woodland Hills	State Zip Code CA 91367		Transaction ID :	SB21B.5883				
Purpose of Disbursement Credit card transaction fee								
Candidate Name	Category/ Type	Amount of Each Di	isbursement this Period 77.50					
Office Sought:  House Senate President State: Disburse	ment For: Primary General Other (specify) ▼	.,,,,						
2.00.00								
SUBTOTAL of Disbursements This Page (optional).  TOTAL This Period (last page this line number only				231.50				

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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE				
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(orlean orli)				
	Detailed Summary Page	X 21b 27	22 23 28b	24 25 26 28c 29 30b		
Any information copied from such Reports and State	ments may not be sold or u					
or for commercial purposes, other than using the na						
NAME OF COMMITTEE (In Full)						
$ \; angle$ CA ASSOCIATION OF PHYSICIAN GROU	JPS FEDERAL POLITIC	AL ACTION C	OMMITTEE (CAPG	FEDERAL PAC)		
Full Name (Last, First, Middle Initial)						
A. PayPal USA			Date of Disbursem	ent		
1 ayı aı OSA			M M / D D	/ Y Y Y Y		
Mailing Address 2211 North First Street			04 23	2015		
City	State Zip Code					
City San Jose	CA 95131		Transaction ID : 3	SB21B.5890		
Purpose of Disbursement						
Online credit card transaction fee			Amount of Each Di	sbursement this Period		
Candidate Name		Category/		172.19		
Office Sought: House Disburse	ement For:	Туре		7		
Senate	Primary General					
President	Other (specify) ▼					
State: District:						
Full Name (Last, First, Middle Initial)						
B. PayPal USA			Date of Disbursem	_		
Mailing Address 2211 North First Street			05 04	2015		
ZZTT North Tild On Oct						
City	State Zip Code		Transaction ID :	SB21B.5888		
San Jose Purpose of Disbursement	CA 95131					
Gateway fee			Amount of Each Di	sbursement this Period		
Candidate Name		Category/				
		Туре		30.00		
	ement For:					
Senate President	Primary General Other (specify) ▼					
State: District:	Cirior (opcomy)					
Full Name (Last, First, Middle Initial)						
C. PayPal USA			Date of Disbursem	ent		
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Mailing Address 2211 North First Street			05 06	2015		
City	State Zip Code					
San Jose	CA 95131		Transaction ID :	SB21B.5891		
Purpose of Disbursement Online credit card transaction fee						
Candidate Name						
Cardidate Name		Category/ Type		68.60		
Office Sought: House Disburse	ement For:	.,,,,				
Senate	Primary General					
President	Other (specify) ▼					
State: District:						
SUBTOTAL of Disbursements This Page (optional).				270.79		
SOBIOTAL OF DISDUISEMENTS THIS Page (optional).		·····	7			
TOTAL This Period (last page this line number only	r)					

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SCHEDULE B (FEC Form 3X)	, , , , , , , , , , , , , , , , , , , ,	FOR LINE	NUMBER: PAGE 25 OF 29					
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only						
	Detailed Summary Page	X 21b 27	22 23 28b	24 25 26 28c 29 30b				
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or for commercial purposes, other than using the name								
NAME OF COMMITTEE (In Full)								
$ \; angle$ CA ASSOCIATION OF PHYSICIAN GROU	PS FEDERAL POLITICA	L ACTION C	OMMITTEE (CAPG	FEDERAL PAC)				
Full Name (Last, First, Middle Initial)								
A. PayPal USA			Date of Disburseme	nt				
			M M / D D	/				
Mailing Address 2211 North First Street			05 09 2015					
City	State Zip Code							
San Jose	CA 95131		Transaction ID : S	B21B.5892				
Purpose of Disbursement Online credit card transaction fee			American of Feels Die	hamana and Alain Davidad				
Candidate Name			Amount of Each Dis	sbursement this Period				
Canadate Name		Category/ Type		17.50				
Office Sought: House Disbursen	nent For:	71		,				
Senate	Primary General							
State: President State:	Other (specify) ▼							
Full Name (Last, First, Middle Initial)								
B. PayPal USA			Date of Disburseme	nt				
			M M / D D	/ Y = Y = Y = Y				
Mailing Address 2211 North First Street			05 11	2015				
	State Zip Code CA 95131		Transaction ID : S	B21B.5893				
San Jose Purpose of Disbursement	20.0.							
Online credit card transaction fee		Amount of Each Dis	sbursement this Period					
Candidate Name		Category/		3.50				
Office Sought: House Disbursen	ant For	Туре		0.00				
	Primary General							
	Other (specify) ▼							
State: District:								
Full Name (Last, First, Middle Initial)			D ( D: )					
C. PayPal USA			Date of Disburseme					
Mailing Address 2211 North First Street			05 20	2015				
,	State Zip Code CA 95131		Transaction ID : S	B21B.5894				
Purpose of Disbursement	33131							
Online credit card transaction fee		Amount of Each Dis	sbursement this Period					
Candidate Name		Category/		12.80				
Office Sought: House Disbursen	nent For:	Туре						
	Primary General							
President	Other (specify) ▼							
State: District:								
CURTOTAL of Dishara area to Till D. ( );				33.80				
SUBTOTAL of Disbursements This Page (optional)		·····		55.50				
TOTAL This Period (last page this line number only)								

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	for commercial purposes, other than using the name														
$\setminus$	NAME OF COMMITTEE (In Full)														
$ \rangle$	CA ASSOCIATION OF PHYSICIAN GROUP	PS FEDEI	RAL POLITICA	AL ACT	ΓΙΟΙ	N CC	TTIMMC	EE	(CAF	PG	FEDE	RAL F	PAC	;)	
<u></u>	Full Name (Last, First, Middle Initial)														_
A.	PayPal USA						Date of	of Di	sburse	eme	nt				
						_	M	1 /	D		/ Y	YYY	Y		
	Mailing Address 2211 North First Street						06 02 2015								
	City	State	Zip Code				Tran		ian ID		DO4D /				_
		CA	95131				Iran	Sact	טו ווטו	. 3	B21B.	0090			
	Purpose of Disbursement Online credit card transaction fee					7	Amour	nt of	Fach	Dis	hursen	nent this	s Pe	eriod	
	Candidate Name			Cate	gon	,,	, uniour		Luon	D.10	Du10011			)	i
				Ty		"			,		7		2.8	30	
	Office Sought: House Disbursen														
		Primary Other (spec	General												
	State: District:	Other (spec	Siry) \												
	Full Name (Last, First, Middle Initial)														_
В.	PayPal USA						Date of	of Di	sburse	eme	nt				
	Mailing Address 2011 to 5						M = N	/		D	/ Y	204F		7	
	Mailing Address 2211 North First Street						06	-	C	)3		2015	-	-	
	•	State	Zip Code				Tran	sact	ion ID	) : S	B21B.	5889			
	San Jose Purpose of Disbursement	CA	95131												
	Gateway fee					71	Amour	nt of	Each	Dis	bursen	nent this	s Pe	eriod	
	Candidate Name			Cate	aorv	//							00.6	20	ĺ
				Ту				-	7		7		30.0	)0	
	Office Sought: House Disbursen Senate		General												
		Primary Other (spec													
	State: District:	(-р	<b>√</b>												
	Full Name (Last, First, Middle Initial)														
C.	PayPal USA						Date of	of Di	sburse	eme	nt				
	Mailing Address 2211 North First Street					_	06	7	1	9	/ Y	2015	Υ		
	•	State	Zip Code				Tran	sact	ion ID	: S	B21B.	5896			
	San Jose Purpose of Disbursement	CA	95131												
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	Candidate Name			Cate		//		-	-		-		30.3	20	i
	Office Country   House			Ту	ре			_	7		7		30.3	50	
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Ţ	OTAL This Period (last page this line number and )					_						5	99.1	9	
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r for commercial purposes, other than using the nar NAME OF COMMITTEE (In Full)				on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	ne and add		cal committee to	
CA ASSOCIATION OF PHYSICIAN GROU	JPS FEDE			DMMITTEE (CAPG FEDERAL PAC)
Full Name (Last, First, Middle Initial)				Data of Dishamanan
BERA FOR CONGRESS  Mailing Address Post Office Box 582496				Date of Disbursement  M
0:	O			
City Elk Grove	State CA	Zip Code 95758		Transaction ID : SB23.5912
Purpose of Disbursement				Amount of Each Disbursement this Period
Candidate Name AMERISH BERA			Category/ Type	1000.00
Senate President	ment For: Primary Other (spe	General		
State: CA District: 03  Full Name (Last, First, Middle Initial)  BUCSHON FOR CONGRESS				Date of Disbursement
Mailing Address PO BOX 250				03 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City NEWBURGH	State IN	Zip Code 47629		Transaction ID : SB23.5900
Purpose of Disbursement				Amount of Each Disbursement this Period
Candidate Name  LARRY D BUCSHON			Category/ Type	1000.00
Senate President	ment For: Primary Other (spe	General	,,	
Full Name (Last, First, Middle Initial)  FRIENDS OF SUSAN BROOKS				Date of Disbursement
Mailing Address 9425 N MERIDIAN STREET				03 30 / 2015
# 237 City INDIANAPOLIS	State IN	Zip Code 46260		Transaction ID : SB23.5907
Purpose of Disbursement				Amount of Each Disbursement this Period
Candidate Name SUSAN MRS. BROOKS	Category/ Type	2000.00		
Office Sought: House Disburser Senate	ment For: Primary	General		
President State: IN District: 05	Other (sp	echy) 🔻		

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SCHEDULE B (FEC Form 3X)	Lien concrete cohedula(s)	FOR LINE						
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one) 22 X 23 24 25 26 28a 28b 28c 29 30b					
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NAME OF COMMITTEE (In Full) CA ASSOCIATION OF PHYSICIAN GROUP	PS FEDERAL POLITICAL	_ ACTION CO	OMMITTEE (CAPG FEDERAL PAC)					
Full Name (Last, First, Middle Initial)			B (B)					
A. GUTHRIE FOR CONGRESS			Date of Disbursement					
Mailing Address PO BOX 9639			03 30 2015					
,	State Zip Code		Transaction ID : SB23.5904					
BOWLING GREEN Purpose of Disbursement	KY 42102							
•			Amount of Each Disbursement this Period					
Candidate Name S. BRETT HON, GUTHRIE	1	Category/	2000.00					
	nent For: 2016	Туре						
Senate President	Primary General  Other (specify) ▼							
State: KY District: 02								
Full Name (Last, First, Middle Initial)  B. HATCH ELECTION COMMITTEE	INC		Date of Disbursement					
Mailing Address PO BOX 3986			02 24 2015					
WASHINGTON	State Zip Code DC 20027		Transaction ID : SB23.5897					
Purpose of Disbursement			Amount of Each Disbursement this Period					
Candidate Name ORRIN G HATCH		Category/ Type	5000.00					
	nent For: 2018	1,700						
State: UT District: 00	Primary General Other (specify) ▼							
Full Name (Last, First, Middle Initial)								
c. SCOTT PETERS FOR CONGRES	S		Date of Disbursement					
Mailing Address PO BOX 70980			03 18 2015					
,	State Zip Code DC 20024		Transaction ID : SB23.5903					
Purpose of Disbursement	20024							
Candidate Name	Category/	1000.00						
SCOTT PETERS		Туре	1000.00					
Office Sought:    House   Disbursen	nent For: 2016  Primary General  Other (specify)							
5,7 2,5,1,5,1								
SUBTOTAL of Disbursements This Page (optional)		·····•	8000.00					
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ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE I (check only 21b 27	•
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NAME OF COMMITTEE (In Full) CA ASSOCIATION OF PHYSICIAN GROUP	PS FEDERAL POLITICAL	L ACTION CO	DMMITTEE (CAPG FEDERAL PAC)
Full Name (Last, First, Middle Initial)  A. WYDEN FOR OREGON			Date of Disbursement
Mailing Address PO BOX 3271			05 14 2015
PORTLAND	tate Zip Code OR 97208		Transaction ID : SB23.5910
Purpose of Disbursement  Candidate Name		Category/	Amount of Each Disbursement this Period
Senate F	nent For: 2016 Primary General Other (specify)	Туре	2500.00
State: OR District: 00  Full Name (Last, First, Middle Initial)  B.		Date of Disbursement	
Mailing Address			M = M / D = D / Y = Y = Y
City S	tate Zip Code		
Purpose of Disbursement  Candidate Name		0.11	Amount of Each Disbursement this Period
	nent For: Primary General Other (specify)	Category/ Type	7 7 7
Full Name (Last, First, Middle Initial)			Date of Disbursement
Mailing Address			
,	tate Zip Code		
Purpose of Disbursement  Candidate Name		Category/ Type	Amount of Each Disbursement this Period
	nent For: Primary General Other (specify)	,,	
SUBTOTAL of Disbursements This Page (optional)			2500.00
TOTAL This Period (last page this line number only)			14500.00