

**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)

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="58469.18"/>	<input type="text" value="58469.18"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="58469.18"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="35030.96"/>	<input type="text" value="35030.96"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="93500.14"/>	<input type="text" value="93500.14"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="15336.56"/>	<input type="text" value="15336.56"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="78163.58"/>	<input type="text" value="78163.58"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

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

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2015 To: M M / D D / Y Y Y Y 06 / 30 / 2015

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).....	30700.00	30700.00
(ii) Unitemized	4325.00	4325.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	35025.00	35025.00
(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)	35025.00	35025.00
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.).....	5.96	5.96
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	35030.96	35030.96
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	35030.96	35030.96

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	836.56	836.56
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	836.56	836.56
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	14500.00	14500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	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) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	15336.56	15336.56
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15336.56	15336.56

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	35025.00	35025.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	35025.00	35025.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	836.56	836.56
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	836.56	836.56

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

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

FOR LINE NUMBER: PAGE 6 OF 29
(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. Bart Asner MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 Offshore
 City Newport Beach State CA Zip Code 92657
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Monarch Healthcare Occupation CEO/Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 02 / 2015
Transaction ID : SA11AI.6051
 Amount of Each Receipt this Period
 2500.00

B. Marnie Baker MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 Fairdawn
 City Irvine State CA Zip Code 92614
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MemorialCare Medical Group Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 22 / 2015
Transaction ID : SA11AI.6050
 Amount of Each Receipt this Period
 500.00

c. Dr. Ian Bare MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 26991 Crown Valley Pkwy
 City Mission Viejo State CA Zip Code 92691
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MemorialCare Medical Group Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 12 / 2015
Transaction ID : SA11AI.6048
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3500.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Barry Behrstock MD
 Full Name (Last, First, Middle Initial)
 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 Occupation
 Greater Newport Physicians Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 19 / 2015
Transaction ID : SA11AI.6047
 Amount of Each Receipt this Period
 1000.00

B. Alan Beyer MD
 Full Name (Last, First, Middle Initial)
 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 Occupation
 Greater Newport Physicians Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 19 / 2015
Transaction ID : SA11AI.6043
 Amount of Each Receipt this Period
 500.00

c. Dr. Alan Bier MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 300 Fir Street
 City State Zip Code
 San Diego CA 92101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Sharp Rees-Stealy Medical Grp President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 20 / 2015
Transaction ID : SA11AI.6041
 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 8 OF 29
(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. David Bodkin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 120 Alder Street
 City State Zip Code
 Coronado CA 92117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Cancer Center Oncology Group Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 12 / 2015
Transaction ID : SA11AI.6039
 Amount of Each Receipt this Period
 250.00

B. Dr. Barry Ceverha MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2865 Atlantic Avenue
 City State Zip Code
 Long Beach CA 90806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MemorialCare Medical Foundatio Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 22 / 2015
Transaction ID : SA11AI.6037
 Amount of Each Receipt this Period
 500.00

c. Dr. Ratul Chatterjee MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7416 Paloma Drive #360
 City State Zip Code
 Huntington Beach CA 92648
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Greater Newport Physicians Physician, Internal Medicine
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 19 / 2015
Transaction ID : SA11AI.6036
 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 9 OF 29
(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. Dr. Timothy Chen MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 45 Cambria Drive
 City Corona del Mar State CA Zip Code 92625
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MemorialCare Medical Group Occupation Associate Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 19 / 2015
Transaction ID : SA11AI.6034
 Amount of Each Receipt this Period
 500.00

B. Dr. Mark Cianciola MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 Kempton Lane
 City Ladera Ranch State CA Zip Code 92694
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MemorialCare Medical Group Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 02 / 2015
Transaction ID : SA11AI.6032
 Amount of Each Receipt this Period
 500.00

C. Jay Cohen MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 Technology Ave
 City Irvine State CA Zip Code 92618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Monarch HealthCare Occupation President/Chairman
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 07 / 2015
Transaction ID : SA11AI.6031
 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: (check only one)	PAGE 10 OF 29
	<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. Dr. Matthew Coulson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 17 Merrill Hill

City Ladera Ranch	State CA	Zip Code 92694
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FEC ID number of contributing federal political committee. **C**

Name of Employer MemorialCare Medical Group	Occupation Physician
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 19 / 2015

Transaction ID : SA11AI.6028

Amount of Each Receipt this Period
 500.00

B. Ms. Mariella Cummings
 Full Name (Last, First, Middle Initial)
 Mailing Address 319 Seventh Avenue SE Suite 201

City Olympia	State WA	Zip Code 98501
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FEC ID number of contributing federal political committee. **C**

Name of Employer Physicians of Southwest WA	Occupation CEO
--	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 20 / 2015

Transaction ID : SA11AI.6026

Amount of Each Receipt this Period
 500.00

C. Dr. Zidd Deeb MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 17360 Brookhurst St

City Fountain Valley	State CA	Zip Code 92708
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FEC ID number of contributing federal political committee. **C**

Name of Employer MemorialCare Medical Foundatio	Occupation Physician, Radiologist
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 12 / 2015

Transaction ID : SA11AI.6024

Amount of Each Receipt this Period
 500.00

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 11 OF 29
(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. Dr. David Dunckel MD
Full Name (Last, First, Middle Initial)
Mailing Address 11103 Sudith Avenue
City Fountain Valley State CA Zip Code 92708
FEC ID number of contributing federal political committee. C
Name of Employer MemorialCare Medical Group Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 04 / 22 / 2015
Transaction ID : SA11AI.6022
Amount of Each Receipt this Period 500.00

B. Paul Durr
Full Name (Last, First, Middle Initial)
Mailing Address 2128 Hills Lake Drive
City El Cajon State CA Zip Code 92020
FEC ID number of contributing federal political committee. C
Name of Employer Sharp Healthcare Occupation CFO
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 05 / 12 / 2015
Transaction ID : SA11AI.6021
Amount of Each Receipt this Period 500.00

C. Dr. Azadeh Farin MD
Full Name (Last, First, Middle Initial)
Mailing Address 7 Quail Ridge Road South
City Rolling Hills State CA Zip Code 90274
FEC ID number of contributing federal political committee. C
Name of Employer MemorialCare Medical Group Occupation Neurosurgeon
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 04 / 22 / 2015
Transaction ID : SA11AI.6017
Amount of Each Receipt this Period 500.00

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 12 OF 29
(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. Dr. Sergio Flores MD
Full Name (Last, First, Middle Initial)
Mailing Address 740 Country Club Lane
City Coronado State CA Zip Code 92118
FEC ID number of contributing federal political committee. C
Name of Employer San Diego Digestive Disease Co Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 05 / 12 / 2015
Transaction ID : SA11AI.6012
Amount of Each Receipt this Period 250.00

B. Dr. Lorellen Green MD
Full Name (Last, First, Middle Initial)
Mailing Address 34 Pelicon Point Drive
City Newport Coast State CA Zip Code 92657
FEC ID number of contributing federal political committee. C
Name of Employer MemorialCare Medical Group Occupation Medical Director
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 05 / 08 / 2015
Transaction ID : SA11AI.6008
Amount of Each Receipt this Period 500.00

C. Catou Greenberg MD
Full Name (Last, First, Middle Initial)
Mailing Address 462 Westminster Ave
City Newport Beach State CA Zip Code 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 06 / 07 / 2015
Transaction ID : SA11AI.6007
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 13 OF 29
(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. Dr. Stephen Harms MD
Full Name (Last, First, Middle Initial)
Mailing Address 47 Shively
City Ladera Ranch State CA Zip Code 92694
FEC ID number of contributing federal political committee. C
Name of Employer MemorialCare Medical Group Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 12 / 2015
Transaction ID : SA11AI.6003
Amount of Each Receipt this Period
500.00

B. Dr. Alan Israel MD
Full Name (Last, First, Middle Initial)
Mailing Address 250 E. Yale Loop
City Irvine State CA Zip Code 92604
FEC ID number of contributing federal political committee. C
Name of Employer MemorialCare Medical Group Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 02 / 2015
Transaction ID : SA11AI.6000
Amount of Each Receipt this Period
500.00

C. Mrs. Jennifer Jackman
Full Name (Last, First, Middle Initial)
Mailing Address 892 Kent Drive
City Claremont State CA Zip Code 91711
FEC ID number of contributing federal political committee. C
Name of Employer MemorialCare Medical Group Occupation COO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 20 / 2015
Transaction ID : SA11AI.5999
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: (check only one)	PAGE 14 OF 29
	<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. Dr. John E. Jenrette MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 850 Beech St
 #1205
 City San Diego State CA Zip Code 92101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sharp HealthCare Occupation CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 12 / 2015
Transaction ID : SA11AI.5998
 Amount of Each Receipt this Period
 2500.00

B. John Kirk
 Full Name (Last, First, Middle Initial)
 Mailing Address 2062 New York Drive
 City Altadena State CA Zip Code 91001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pioneer Medical Group Occupation CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 19 / 2015
Transaction ID : SA11AI.5993
 Amount of Each Receipt this Period
 500.00

C. Keith Lee MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 250 E. Yale Loop
 City Irvine State CA Zip Code 92604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bristol Park Medical Group Occupation Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 05 / 2015
Transaction ID : SA11AI.5990
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3500.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Ms. Jackie Luxenberg
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 Bower Lane
 City Ladera Ranch State CA Zip Code 92694
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MemorialCare Medical Foundatio Occupation CFO
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 22 / 2015
Transaction ID : SA11AI.5984
 Amount of Each Receipt this Period
500.00

B. Dr. Ada Marin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4912 Mt. Elbrus Drive
 City San Diego State CA Zip Code 92117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Metro Family Physicians Med Gr Occupation Family Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 19 / 2015
Transaction ID : SA11AI.5983
 Amount of Each Receipt this Period
500.00

C. Christopher McGlone
 Full Name (Last, First, Middle Initial)
 Mailing Address 17244 Eagle Canyon Place
 City San Diego State CA Zip Code 92127
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sharp Community Medical Group Occupation COO
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 12 / 2015
Transaction ID : SA11AI.5979
 Amount of Each Receipt this Period
500.00

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 16 OF 29
(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)

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

Mailing Address 460 62nd Street

City State Zip Code
 Newport Beach CA 92663

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

Name of Employer Occupation
 Nautilus/Greater Newport Phys. CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 19 / 2015

Transaction ID : SA11AI.5978

Amount of Each Receipt this Period
 1000.00

Full Name (Last, First, Middle Initial)
B. Dr. Brian Meyerhoff MD

Mailing Address 12280 Corte Sabio #4205

City State Zip Code
 San Diego CA 92128

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

Name of Employer Occupation
 Palomar Medical Group Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 12 / 2015

Transaction ID : SA11AI.5977

Amount of Each Receipt this Period
 300.00

Full Name (Last, First, Middle Initial)
C. Dr. Larry Pollack MD

Mailing Address 14150 Rancho Vista Bnd

City State Zip Code
 San Diego CA 92130

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

Name of Employer Occupation
 Self Plastic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 12 / 2015

Transaction ID : SA11AI.5964

Amount of Each Receipt this Period
 250.00

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 17 OF 29
(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. Dr. Kenneth J. Roth MD
Full Name (Last, First, Middle Initial)
Mailing Address 8765 Aero Drive #130
City San Diego State CA Zip Code 92123
FEC ID number of contributing federal political committee. C
Name of Employer San Diego Internal Medicine Occupation President, SCMG, Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 05 / 12 / 2015
Transaction ID : SA11AI.5953
Amount of Each Receipt this Period 500.00

B. Mark Schafer MD
Full Name (Last, First, Middle Initial)
Mailing Address 25531 Pacific Hills Drive
City Mission Viejo State CA Zip Code 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 05 / 12 / 2015
Transaction ID : SA11AI.5952
Amount of Each Receipt this Period 1000.00

C. Dr. Martin Serota MD
Full Name (Last, First, Middle Initial)
Mailing Address 76059 Via Montelena
City Indian Wells State CA Zip Code 92210
FEC ID number of contributing federal political committee. C
Name of Employer AltaMed Health Services Corp. Occupation Chief Medical Officer
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 04 / 20 / 2015
Transaction ID : SA11AI.5947
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 18 OF 29
(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. Scott Shiffman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2742 Dow Avenue
 City Tustin State CA Zip Code 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 ▼ 500.00

Date of Receipt 04 / 22 / 2015
Transaction ID : SA11AI.5946
 Amount of Each Receipt this Period 500.00

B. Dr. Adam Solomon MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3213 Glendon Avenue
 City Los Angeles State CA Zip Code 90034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MemorialCare Medical Foundatio Occupation Chief Medical Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 19 / 2015
Transaction ID : SA11AI.5944
 Amount of Each Receipt this Period 500.00

C. Ms. Jennifer Thompson
 Full Name (Last, First, Middle Initial)
 Mailing Address 15871 Villanova Circle
 City Westminster State CA Zip Code 92683
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Memorial Health Systems Occupation VP, Medical Group Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 20 / 2015
Transaction ID : SA11AI.5937
 Amount of Each Receipt this Period 500.00

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 19 OF 29
(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. Calvin Tint MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 11420 Warner Ave
 City State Zip Code
 Fountain Valley CA 92708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MemorialCare Medical Group Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 05 / 2015
Transaction ID : SA11AI.5936
 Amount of Each Receipt this Period
 500.00

B. Daisy Tint MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 250 E. Yale Loop
 City State Zip Code
 Irvine CA 92604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MemorialCare Medical Group Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 05 / 2015
Transaction ID : SA11AI.5935
 Amount of Each Receipt this Period
 500.00

C. Dr. Kim Trinh MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 24281 Rhonda Drive
 City State Zip Code
 Laguna Niguel CA 92677
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MemorialCare Medical Group Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 22 / 2015
Transaction ID : SA11AI.5927
 Amount of Each Receipt this Period
 250.00

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 20 OF 29
(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. Mimi Trinh MD
Full Name (Last, First, Middle Initial)
Mailing Address 53 Waterspout
City Irvine State CA Zip Code 92620
FEC ID number of contributing federal political committee. C
Name of Employer MemorialCare Medical Group Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 04 / 22 / 2015
Transaction ID : SA11AI.5925
Amount of Each Receipt this Period 500.00

B. Dr. Kenneth Warm MD
Full Name (Last, First, Middle Initial)
Mailing Address 2205 Westland Ave
City San Diego State CA Zip Code 92104
FEC ID number of contributing federal political committee. C
Name of Employer Cosonado Medical Group Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 05 / 12 / 2015
Transaction ID : SA11AI.5924
Amount of Each Receipt this Period 250.00

C. Dr. Adam Wass MD
Full Name (Last, First, Middle Initial)
Mailing Address 722 Baker St.
City Costa Mesa State CA Zip Code 92626
FEC ID number of contributing federal political committee. C
Name of Employer MemorialCare Medical Group Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 05 / 14 / 2015
Transaction ID : SA11AI.5922
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: (check only one)	PAGE 21 OF 29
	<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. John Stephen Wikle MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 11572 Marble Arch Dr.
 City Santa Ana State CA Zip Code 92705
 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
 M M M / D D D / Y Y Y Y Y Y
 06 / 19 / 2015
Transaction ID : SA11AI.5921
 Amount of Each Receipt this Period
 750.00

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 22 / 2015
Transaction ID : SA11AI.5919
 Amount of Each Receipt this Period
 500.00

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 12 / 2015
Transaction ID : SA11AI.5917
 Amount of Each Receipt this Period
 400.00

SUBTOTAL of Receipts This Page (optional).....▶	1650.00
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 OF 29
(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. Kenneth Zuckerman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 16300 Sand Canyon Ave #704
 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
 M M / D D / Y Y Y Y Y Y
 06 / 07 / 2015
Transaction ID : SA11AI.5913
 Amount of Each Receipt this Period
 500.00

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

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

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

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

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	30700.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Intuit Payment Solutions

Mailing Address 21215 Burbank Blvd
Suite 100

City Woodland Hills State CA Zip Code 91367

Purpose of Disbursement
Credit card transaction fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 04 / 2015

Transaction ID : SB21B.5881

Amount of Each Disbursement this Period

85.25

Full Name (Last, First, Middle Initial)

B. Intuit Payment Solutions

Mailing Address 21215 Burbank Blvd
Suite 100

City Woodland Hills State CA Zip Code 91367

Purpose of Disbursement
Credit card transaction fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 09 / 2015

Transaction ID : SB21B.5882

Amount of Each Disbursement this Period

68.75

Full Name (Last, First, Middle Initial)

C. Intuit Payment Solutions

Mailing Address 21215 Burbank Blvd
Suite 100

City Woodland Hills State CA Zip Code 91367

Purpose of Disbursement
Credit card transaction fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 22 / 2015

Transaction ID : SB21B.5883

Amount of Each Disbursement this Period

77.50

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

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

231.50

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. PayPal USA

Mailing Address 2211 North First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement
Online credit card transaction fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 23 / 2015

Transaction ID : SB21B.5890

Amount of Each Disbursement this Period

172.19

Full Name (Last, First, Middle Initial)

B. PayPal USA

Mailing Address 2211 North First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement
Gateway fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 04 / 2015

Transaction ID : SB21B.5888

Amount of Each Disbursement this Period

30.00

Full Name (Last, First, Middle Initial)

C. PayPal USA

Mailing Address 2211 North First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement
Online credit card transaction fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 06 / 2015

Transaction ID : SB21B.5891

Amount of Each Disbursement this Period

68.60

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

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

270.79

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. PayPal USA

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		09		2015

Mailing Address 2211 North First Street

Transaction ID : SB21B.5892

City San Jose State CA Zip Code 95131

Amount of Each Disbursement this Period

17.50

Purpose of Disbursement
Online credit card transaction fee

Category/Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. PayPal USA

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		11		2015

Mailing Address 2211 North First Street

Transaction ID : SB21B.5893

City San Jose State CA Zip Code 95131

Amount of Each Disbursement this Period

3.50

Purpose of Disbursement
Online credit card transaction fee

Category/Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. PayPal USA

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		20		2015

Mailing Address 2211 North First Street

Transaction ID : SB21B.5894

City San Jose State CA Zip Code 95131

Amount of Each Disbursement this Period

12.80

Purpose of Disbursement
Online credit card transaction fee

Category/Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

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

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

33.80

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. PayPal USA

Mailing Address 2211 North First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement
Online credit card transaction fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2015

Transaction ID : SB21B.5895

Amount of Each Disbursement this Period

2.80

Full Name (Last, First, Middle Initial)

B. PayPal USA

Mailing Address 2211 North First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement
Gateway fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2015

Transaction ID : SB21B.5889

Amount of Each Disbursement this Period

30.00

Full Name (Last, First, Middle Initial)

C. PayPal USA

Mailing Address 2211 North First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement
Online credit card transaction fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	19	/	2015

Transaction ID : SB21B.5896

Amount of Each Disbursement this Period

30.30

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

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

63.10

599.19

**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)

Full Name (Last, First, Middle Initial)

A. BERA FOR CONGRESS

Mailing Address Post Office Box 582496

City Elk Grove State CA Zip Code 95758

Purpose of Disbursement

Candidate Name
AMERISH BERA

Office Sought: House
 Senate
 President
State: CA District: 03

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	02	/	2015

Transaction ID : SB23.5912

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. BUCSHON FOR CONGRESS

Mailing Address PO BOX 250

City NEWBURGH State IN Zip Code 47629

Purpose of Disbursement

Candidate Name
LARRY D BUCSHON

Office Sought: House
 Senate
 President
State: IN District: 08

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	02	/	2015

Transaction ID : SB23.5900

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF SUSAN BROOKS

Mailing Address 9425 N MERIDIAN STREET
237

City INDIANAPOLIS State IN Zip Code 46260

Purpose of Disbursement

Candidate Name
SUSAN MRS. BROOKS

Office Sought: House
 Senate
 President
State: IN District: 05

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	30	/	2015

Transaction ID : SB23.5907

Amount of Each Disbursement this Period

2000.00

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

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

4000.00

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**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)

Full Name (Last, First, Middle Initial)

A. GUTHRIE FOR CONGRESS

Mailing Address PO BOX 9639

City BOWLING GREEN State KY Zip Code 42102

Purpose of Disbursement

Candidate Name

S. BRETT HON. GUTHRIE

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: KY District: 02

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 30 / 2015

Transaction ID : SB23.5904

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. HATCH ELECTION COMMITTEE INC

Mailing Address PO BOX 3986

City WASHINGTON State DC Zip Code 20027

Purpose of Disbursement

Candidate Name

ORRIN G HATCH

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: UT District: 00

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2015

Transaction ID : SB23.5897

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. SCOTT PETERS FOR CONGRESS

Mailing Address PO BOX 70980

City WASHINGTON State DC Zip Code 20024

Purpose of Disbursement

Candidate Name

SCOTT PETERS

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: CA District: 52

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 18 / 2015

Transaction ID : SB23.5903

Amount of Each Disbursement this Period

1000.00

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

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

8000.00

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

Use separate schedule(s)
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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)

Full Name (Last, First, Middle Initial)

A. WYDEN FOR OREGON

Mailing Address PO BOX 3271

City PORTLAND State OR Zip Code 97208

Purpose of Disbursement

Candidate Name
RONALD L WYDEN

Office Sought: House
 Senate
 President
State: OR District: 00

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 14 / 2015

Transaction ID : SB23.5910

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

2500.00

14500.00