Image# 12952293497 PAGE 1 / 11

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

	or Other Than An	Authorized Committ		Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typi over the lines.	ng, type 12FE4N	15
INTEGRATED CARE D	DELIVERY FEDE	RAL PAC		
ADDRESS (number and street)	3700 WILSHIRE BLVI	D., STE. 1050-B		
Check if different				
than previously reported. (ACC)	LOS ANGELES		CA	90010-3090
2. FEC IDENTIFICATION NU	MBER ▼	CITY A	STATE ▲	ZIP CODE ▲
C C00472571				AMENDED (A)
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:			ug 20 (M8) Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12)
(a) Quarterly Reports:				Dec 20 (M9) Lec 20 (M12) (Non-Election Year Only) Ct 20 (M10) Jan 31 (YE)
April 15 Quarterly Report (Q	(c) 12-Day	Primary (12)		al (12G) Runoff (12R)
X July 15 Quarterly Report (Q2	DDE Floatio	on		al (12S)
October 15 Quarterly Report (Q3	3)			
January 31 Year-End Report (YE	<u></u> E	Election on	D D / Y Y Y Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Elect Report for t	· ·	G) Runof	(30R) Special (30S)
Termination Report (TER)	·	Election on	D = D / Y = Y = Y	in the State of
5. Covering Period 04		012 through	M M / D D D D D D D D D D D D D D D D D	2012
I certify that I have examined this	-	est of my knowledge and	belief it is true, correct a	and complete.
Signature of Treasurer DAVII	O GOULD	[Electronical	y Filed] Date 07	M / D D / Y Y Y Y 1 1 1 2012
NOTE: Submission of false, errone	ous, or incomplete infor	mation may subject the per	rson signing this Report to	o 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

INTEGRATED CARE DELIVERY FEDERAL PAC

01 2012 06 30 2012 Report Covering the Period: 04 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 17.95 January 1, 2012 (b) Cash on Hand at 1117.95 Beginning of Reporting Period..... 5350.00 4250.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 5367.95 5367.95 6(a) and 6(c) for Column B)..... 3588.65 3588.65

Reporting Period (subtract Line 7 from Line 6(d)).....

Debts and Obligations Owed TO the Committee (Itemize all on

Cash on Hand at Close of

8.

Total Disbursements (from Line 31)......

Schedule C and/or Schedule D)

0.00

1779.30

1779.30

10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)

450.00

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)

Write or Type Committee Name

INTEGRATED CARE DELIVERY FEDERAL PAC

	eport Covering the Period: From: 04	COLUMN A	COLUMN B		
	I. Receipts	Total This Period	Calendar Year-to-Date		
11.	Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees				
	(i) Itemized (use Schedule A)	4250.00	5250.00		
	(ii) Unitemized(iii) TOTAL (add	0.00	100.00		
	Lines 11(a)(i) and (ii)▶	4250.00	5350.00		
	(b) Political Party Committees	0.00	0.00		
	(such as PACs)(d) Total Contributions (add Lines	0.00	0.00		
	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)▶	4250.00	5350.00		
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00		
13.	All Loans Received	0.00	0.00		
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00		
40	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00		
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00		
17.	Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00		
18.	Transfers from Non-Federal and Levin Funds (a) Non-Federal Account	0.00	0.00		
	(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		
	T. 18				
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	4250.00	5350.00		
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	4250.00	5350.00		

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		Total Tillo I Ollow	Valenda Teal-to-Date
	Activity (from Schedule H4) (i) Federal Share	0.00	0.00
	(I) Federal Share	7 7	
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating		
	Expenditures	1088.65	1088.65
	(c) Total Operating Expenditures	1000 65	1000 65
	(add 21(a)(i), (a)(ii), and (b))▶ Transfers to Affiliated/Other Party	1088.65	1088.65
	Committees	0.00	0.00
	Contributions to		
	Federal Candidates/Committees and Other Political Committees	2500.00	2500.00
	Independent Expenditures		
	(use Schedule E)	0.00	0.00
	Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	
	(use Schedule F)	0.00	0.00
	Lean Denovimento Mede	0.00	0.00
	Loan Repayments Made	3.00	0.00
	Loans Made	0.00	0.00
	Refunds of Contributions To:		
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	i		
	(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
	(0.00 = 0.00 = 0.00), (0), 0.00 (0),		
	Other Disbursements	0.00	0.00
	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	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
	Table Birth		
	Total Disbursements (add Lines 21(c), 22,	2500.05	
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	3588.65	3588.65
	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	3588.65	3588.65

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)	4250.00	5350.00	
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00	
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4250.00	5350.00	
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	1088.65	1088.65	
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00	
8. Net Operating Expenditures (subtract Line 37 from Line 36)	1088.65	1088.65	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

	_		_	MBER	:	PAGE			OF		11	
(0	(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.

01	Tor commercial purposes, other than using the	maric and address of any political committee to	3011011 CONTRIBUTIONS HOTH SUCH CONTINUECC.
\rangle	NAME OF COMMITTEE (In Full) INTEGRATED CARE DELIVER	Y FEDERAL PAC	
Α.	Full Name (Last, First, Middle Initial) Vanessa Alvarez Mailing Address 501 N. Monterey St Unit K		Date of Receipt
	City Alhambra	State Zip Code CA 91801	05 25 2012 Transaction ID : 11AI-8 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer COPE Health Solutions	Occupation Health Care	
	Receipt For: 2012 Primary General Other (specify) ▼ Calendar Year	Aggregate Year-to-Date ▼ 250.00	
В.	Full Name (Last, First, Middle Initial) Charlene Chen Mailing Address 2804 Crosswood Cir.		Date of Receipt
	City	State Zip Code AL 35216	05 25 2012 Transaction ID : 11Al-9
	Birmingham FEC ID number of contributing federal political committee.	AL 35216	Amount of Each Receipt this Period 500.00
	Name of Employer COPE Health Solutions	Occupation Director	
	Receipt For: 2012 Primary General Other (specify) ▼ Calendar Year	Aggregate Year-to-Date ▼ 500.00	
c.	Full Name (Last, First, Middle Initial) Peter Horboge		Date of Receipt
	Mailing Address P.O. Box 73797		05 21 2012
	City Washington	State Zip Code DC 20056	Transaction ID : 11AI-5 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Horbage Consulting Receipt For: 2012	Occupation Consultant	
	Primary General Other (specify) ▼ Calendar Year	Aggregate Year-to-Date ▼ 1000.00	
s	UBTOTAL of Receipts This Page (optional)	·····	1750.00
Т	OTAL This Period (last page this line number of	only)	

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

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

	_		_	MBER	:	PAGE			OF		11
(check only one)											
	X	11a		11b		11c		12	2		
		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	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) INTEGRATED CARE DELIVE	ERY FEDERAL PAC	
Full Name (Last, First, Middle Initial) Even King Mailing Address 2004 (Constitution)		Date of Receipt
Mailing Address 3091 Knoxville Ave		05 21 2012
City Loughtech	State Zip Code CA 90808	Transaction ID : 11AI-4
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00
Name of Employer Cope Health Solutions	Occupation VP	
Receipt For: 2012 Primary General Other (specify) Calendar Year	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Saul Mayo Mailing Address 2206 Manning Ave.		Date of Receipt M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City	State Zip Code	Transaction ID : 11AI-7
Los Angeles	CA 90064	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Self-Employed	Occupation IT	
Receipt For: 2012 Primary General Other (specify) ▼ Calendar Year	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) C. Allen Miller		Date of Receipt
Mailing Address 2549 Tilden Ave.		05 21 _2012 _
City Los Angeles	State Zip Code CA 90064	Transaction ID : 11AI-6 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
COPE Health Solutions Receipt For: 2012	CEO	
Primary General Other (specify) ▼ Calendar Year	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)		2500.00
TOTAL This Period (last page this line numb	<u>·</u> _	4250.00

S 17

S	CHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 8 OF 11					
	•	Use separate schedule(s	FOR LINE (check only	NOMBELL.	_			
П	EMIZED DISBURSEMENTS	for each category of the	(cricck only		26			
		Detailed Summary Page	27		30b			
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	ly information copied from such Reports and Statem for commercial purposes, other than using the nam							
H 01		ic and address of any poin	iicai committee to	Solicit Continuations from Such Continuates.				
	NAME OF COMMITTEE (In Full)							
/	INTEGRATED CARE DELIVERY F	EDERAL PAC						
\angle	Full Name (Last, First, Middle Initial)		1					
Α.				Date of Disbursement				
- 4.	David L. Gould Company							
	Mailing Address 3700 Wilshire Blvd., Ste.1050-B			04 13 2012				
	5 - 1 - 1 - 2 - 3 - 3 - 4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			2				
	City	State Zip Code		Towns all on ID 04D 44				
		CA 90010		Transaction ID: 21B-14				
	Purpose of Disbursement							
	PAC Management/Political Reporting Services & Ex	kpenses	001	Amount of Each Disbursement this Period				
	Candidate Name		Category/	500.05	1			
			Type	528.35				
	Office Sought: House Disburser							
		Primary General						
	President	Other (specify) ▼						
	State: District:							
	Full Name (Last, First, Middle Initial)							
В.	David L. Gould Company			Date of Disbursement				
			M = M / D = D / Y = Y = Y					
	Mailing Address 3700 Wilshire Blvd., Ste.1050-B		04 17 2012					
		State Zip Code		Transaction ID : 21B-16				
	Los Angeles Purpose of Disbursement	CA 90010						
	Office Expenses		001	Amount of Each Disbursement this Period				
	Candidate Name			Amount of Lacif Dispulsement this Pellou	-			
	Canadato Hamo		Category/	108.40				
	Office Sought: House Disbursem	nent For:	Туре					
		Primary General						
		Other (specify)						
	State: District:	outer (specify) ▼						
_	Full Name (Last, First, Middle Initial)				_			
_	•			Date of Disbursement				
٥.	David L. Gould Company							
	Mailing Address 2700 Wilhhim Blad Sta 4050 B			04 30 2012				
	Mailing Address 3700 Wilshire Blvd., Ste.1050-B			0 1 00 2012				
	City	State Zip Code						
	•	CA 90010		Transaction ID: 21B-17				
	Purpose of Disbursement							
	PAC Management/Political Reporting Services		001	Amount of Each Disbursement this Period				
	Candidate Name		Category/		7			
			Type	150.00				
	Office Sought: House Disbursem	nent For:						
	Senate	Primary General						
	President	Other (specify) ▼						
	State: District:	·						
Г	ı				T			
<u>ا</u> ا	UBTOTAL of Disbursements This Page (optional)			786.75				
Ľ					4			
۱,	OTAL This Period (last page this line number only)							

S 17

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 9 OF				
·	Use separate schedule(s)	FOR LINE (check only	NOMBETT.			
ITEMIZED DISBURSEMENTS	for each category of the	X 21b				
	Detailed Summary Page	27	28a 28b 28c 29 30			
Any information copied from such Departs and Cities	monte may not be sald as					
Any information copied from such Reports and State or for commercial purposes, other than using the nar						
NAME OF COMMITTEE (In Full)	, , , , , , , , , , , , , , , , , , ,					
INTEGRATED CARE DELIVERY	EDERAL DAC					
/ INTEGRATED CARE DELIVERT	LDLIVALIAC					
Full Name (Last, First, Middle Initial)						
A. David L. Gould Company			Date of Disbursement			
			M M / D D / Y Y Y Y			
Mailing Address 3700 Wilshire Blvd., Ste.1050-B			05 14 2012			
City	State Zip Code					
Los Angeles	State Zip Code CA 90010		Transaction ID : 21B-18			
Purpose of Disbursement	90010					
PAC Management/Political Reporting Services		001	Amount of Each Disbursement this Period			
Candidate Name		Category/				
		Type	250.00			
Office Sought: House Disburser	ment For:					
Senate	Primary General					
President	Other (specify) ▼					
State: District:						
Full Name (Last, First, Middle Initial)			5 . (5:1			
В.			Date of Disbursement			
Mailing Address		M M / D D / Y Y Y Y				
Mailing Address						
City	State Zip Code					
,	,					
Purpose of Disbursement			1			
		Amount of Each Disbursement this Period				
Candidate Name	Category/					
Office Sought: House Disburser	ment For:	Туре				
Senate Dispurse	Primary General					
President	Other (specify) ▼					
State: District:	• · · · · · (• • • · · · · · · · · · · · · · · · ·					
Full Name (Last, First, Middle Initial)						
C.			Date of Disbursement			
			M M / D D / Y Y Y Y			
Mailing Address						
City	State Zip Code					
Purpose of Disbursement						
·			Amount of Each Disbursement this Period			
Candidate Name	Candidate Name					
	Category/ Type					
Office Sought: House Disburser						
Senate	Primary General					
President	Other (specify) ▼					
State: District:						
			250.00			
SUBTOTAL of Disbursements This Page (optional)		······	230.00			
TOTAL This Period (last nage this line number only	1	_	1036.75			

SCH	EDULE B (FEC Form 3X)	Hoo consents refer that (FOR LINE NUMBER: PAGE 10 OF 11				
ITEN	MIZED DISBURSEMENTS	Use separate schedule(s for each category of the) (check only		24 25 26		
		Detailed Summary Page	27	28a 28b			
	nformation copied from such Reports and Statem						
or for	commercial purposes, other than using the name						
\	ME OF COMMITTEE (In Full)						
/ IN	ITEGRATED CARE DELIVERY F	EDEKAL PAC					
	Il Name (Last, First, Middle Initial)						
4. B	ecerra for Congress	Date of Disburs					
Ma	illing Address 9869 Easton Dr.				21 2012		
City	y S	State Zip Code		Tropposition !!	D : 22 40		
		CA 90210		Transaction I	ມ : 23-19		
Po	rpose of Disbursement olitical Contribution		011	Amount of Eacl	h Disbursement this Period		
	ndidate Name avier Becerra		Category/		2500.00		
		nent For: 2012	Туре	7			
		Primary General					
٥.		Other (specify) ▼					
	ate: CA District: 34						
Ful 3.	Il Name (Last, First, Middle Initial)			Date of Disburs	sement		
_					D / Y Y Y Y Y		
Ma	iling Address						
City	y S	State Zip Code					
Pui	rpose of Disbursement			Amount of Eacl	n Disbursement this Period		
Cai	ndidate Name		Category/		 		
			Type				
Off	ice Sought: House Disbursen Senate	nent For: Primary General					
		Other (specify)					
Sta	ate: District:	· · · · · · · · · · · · · · · · · · ·					
	Il Name (Last, First, Middle Initial)			Data of Dist			
C.				Date of Disburs			
Ma	iling Address			M M / D	D / Y Y Y Y		
City	y S	State Zip Code					
Pui	rpose of Disbursement						
				Amount of Eacl	h Disbursement this Period		
Ca	ndidate Name		Category/ Type				
Off	ice Sought: House Disbursen						
		Primary General					
Sta	President District:	Other (specify) ▼					
- 518	District.						
SUB.	TOTAL of Disbursements This Page (optional)				2500.00		
				,	2500.00		
TOTA	AL This Period (last page this line number only).				2500.00		

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 11
FOR LINE NUMBER: (check only one)

9 X 10

OF

NAME OF COMMITTEE (In Full) INTEGRATED CARE DELIVERY FEDERAL PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): PAC Management/Political Reporting Services David L. Gould Company Mailing Address 3700 Wilshire Blvd., Ste.1050-B State Zip Code Los Angeles 90010 Transaction ID: D10-13-V Outstanding Balance Beginning This Period 1228.35 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 928.35 450.00 150.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code Outstanding Balance Beginning This Period Payment This Period Amount Incurred This Period Outstanding Balance at Close of This Period 450.00 1) SUBTOTALS This Period This Page (optional)..... 450.00 2) TOTALS This Period (last page this line number only)..... 0.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

450.00