

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 INTEGRATED CARE DELIVERY FEDERAL PAC

ADDRESS (number and street) 3700 WILSHIRE BLVD., STE. 1050-B Check if different than previously reported. (ACC) LOS ANGELES CA 90010-3090

2. FEC IDENTIFICATION NUMBER C C00472571 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 04 01 2012 through 06 30 2012

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

Type or Print Name of Treasurer DAVID GOULD

Signature of Treasurer DAVID GOULD [Electronically Filed] Date 07 10 2012

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

INTEGRATED CARE DELIVERY 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="2012"/>	<input type="text" value="17.95"/>	<input type="text" value="17.95"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="1117.95"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="4250.00"/>	<input type="text" value="5350.00"/>
(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="5367.95"/>	<input type="text" value="5367.95"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="3588.65"/>	<input type="text" value="3588.65"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="1779.30"/>	<input type="text" value="1779.30"/>
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="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

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	4250.00	5250.00
(ii) Unitemized	0.00	100.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	4250.00	5350.00
(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)	4250.00	5350.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total 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))..... ▶	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)

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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	1088.65	1088.65
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1088.65	1088.65
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2500.00	2500.00
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)) ..	3588.65	3588.65
32. 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

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	4250.00	5350.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4250.00	5350.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1088.65	1088.65
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. 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

FOR LINE NUMBER: PAGE 6 OF 11
(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)
INTEGRATED CARE DELIVERY FEDERAL PAC

Full Name (Last, First, Middle Initial)
A. Vanessa Alvarez

Mailing Address 501 N. Monterey St Unit K

City Alhambra State CA Zip Code 91801

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

Name of Employer COPE Health Solutions Occupation Health Care

Receipt For: 2012
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date ▼
250.00

Date of Receipt
05 / 25 / 2012
Transaction ID : 11AI-8

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Charlene Chen

Mailing Address 2804 Crosswood Cir.

City Birmingham State AL Zip Code 35216

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

Name of Employer COPE Health Solutions Occupation Director

Receipt For: 2012
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date ▼
500.00

Date of Receipt
05 / 25 / 2012
Transaction ID : 11AI-9

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. Peter Horboge

Mailing Address P.O. Box 73797

City Washington State DC Zip Code 20056

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

Name of Employer Horboge Consulting Occupation Consultant

Receipt For: 2012
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
05 / 21 / 2012
Transaction ID : 11AI-5

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 11
	<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)
INTEGRATED CARE DELIVERY FEDERAL PAC

A. Even King
Full Name (Last, First, Middle Initial)
Mailing Address 3091 Knoxville Ave
City Loughtech State CA Zip Code 90808
FEC ID number of contributing federal political committee. **C**
Name of Employer Cope Health Solutions Occupation VP
Receipt For: 2012
 Primary General
 Other (specify) Calendar Year
Aggregate Year-to-Date **500.00**

Date of Receipt
05 / 21 / 2012
Transaction ID : 11AI-4
Amount of Each Receipt this Period
500.00

B. Saul Mayo
Full Name (Last, First, Middle Initial)
Mailing Address 2206 Manning Ave.
City Los Angeles State CA Zip Code 90064
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation IT
Receipt For: 2012
 Primary General
 Other (specify) Calendar Year
Aggregate Year-to-Date **1000.00**

Date of Receipt
05 / 21 / 2012
Transaction ID : 11AI-7
Amount of Each Receipt this Period
1000.00

C. Allen Miller
Full Name (Last, First, Middle Initial)
Mailing Address 2549 Tilden Ave.
City Los Angeles State CA Zip Code 90064
FEC ID number of contributing federal political committee. **C**
Name of Employer COPE Health Solutions Occupation CEO
Receipt For: 2012
 Primary General
 Other (specify) Calendar Year
Aggregate Year-to-Date **1000.00**

Date of Receipt
05 / 21 / 2012
Transaction ID : 11AI-6
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).....	4250.00

**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)
INTEGRATED CARE DELIVERY FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. David L. Gould Company

Mailing Address 3700 Wilshire Blvd., Ste.1050-B

City Los Angeles State CA Zip Code 90010

Purpose of Disbursement
PAC Management/Political Reporting Services & Expenses

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

Transaction ID : 21B-14

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. David L. Gould Company

Mailing Address 3700 Wilshire Blvd., Ste.1050-B

City Los Angeles State CA Zip Code 90010

Purpose of Disbursement
Office Expenses

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

Transaction ID : 21B-16

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. David L. Gould Company

Mailing Address 3700 Wilshire Blvd., Ste.1050-B

City Los Angeles State CA Zip Code 90010

Purpose of Disbursement
PAC Management/Political Reporting Services

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

Transaction ID : 21B-17

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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)
INTEGRATED CARE DELIVERY FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. David L. Gould Company

Mailing Address 3700 Wilshire Blvd., Ste.1050-B

City Los Angeles State CA Zip Code 90010

Purpose of Disbursement
PAC Management/Political Reporting Services

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 21B-18

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
INTEGRATED CARE DELIVERY FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Becerra for Congress

Mailing Address 9869 Easton Dr.

City State Zip Code
Beverly Hills CA 90210

Purpose of Disbursement
Political Contribution

011

Candidate Name

Xavier Becerra

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 34

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	21	/	2012

Transaction ID : 23-19

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D 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

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D 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

2500.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 11 OF 11
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
INTEGRATED CARE DELIVERY FEDERAL PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor David L. Gould Company	Nature of Debt (Purpose): PAC Management/Political Reporting Services
Mailing Address 3700 Wilshire Blvd., Ste.1050-B	
City State Zip Code Los Angeles CA 90010	

Outstanding Balance Beginning This Period 1228.35	Transaction ID : D10-13-V	
Amount Incurred This Period 150.00	Payment This Period 928.35	Outstanding Balance at Close of This Period 450.00

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		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ▶	450.00
2) TOTALS This Period (last page this line number only)..... ▶	450.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	450.00