Image# 14961629527 PAGE 1 / 9

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

1. NAME OF TYPE OR PRINT ▼ Example: If typing, type	
COMMITTEE (in full) Learning. It spring, type over the lines.	12FE4M5
CA ASSOCIATION OF PHYSICIAN GROUPS FEDERAL POLITICAL ACTION CO	MMITTEE (CAPG FEDERAL PAC)
ADDRESS (number and street) 915 WILSHIRE BLVD SUITE 1620	
Check if different	
than previously reported. (ACC)	CA 90017 -
2. FEC IDENTIFICATION NUMBER ▼ CITY ▲	STATE ▲ ZIP CODE ▲
C C00461756 3. IS THIS REPORT X (N) OR	AMENDED (A)
4. TYPE OF REPORT (b) Monthly Feb 20 (M2) May 20 (M8 Report	5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports: Due On: Mar 20 (M3) Jun 20 (M6	Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
Apr 20 (M4) Jul 20 (M7)	Oct 20 (M10) Jan 31 (YE)
Quarterly Report (Q1) X July 15 PRE-Election Primary (12P)	General (12G) Runoff (12R)
Quarterly Report (Q2) Report for the: Convention (12C)	Special (12S)
Quarterly Report (Q3) January 31	Y Y Y Y Y in the
Year-End Report (YE)	State of
July 31 Mid-Year Report (Non-election Year Only) (MY) Output (d) 30-Day POST-Election Report for the:	Runoff (30R) Special (30S)
Termination Report (TER) Election on	in the State of
5. Covering Period 04 01 2014 through 06	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
I certify that I have examined this Report and to the best of my knowledge and belief it is	true, correct and complete.
Type or Print Name of Treasurer Donald H. Crane	
Signature of Treasurer Donald H. Crane [Electronically Filed]	Date 07 15 2014
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing	this Report to the penalties of 2 U.S.C. §437g.
Office Use Only	FEC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

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

01 06 30 2014 Report Covering the Period: 04 2014 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 33648.98 January 1, 2014 (b) Cash on Hand at 7831.09 Beginning of Reporting Period..... 4902.32 4900.41 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 12731.50 38551.30 6(a) and 6(c) for Column B)..... 5154.50 30974.30 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 7577.00 7577.00 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)

×

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

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

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

Report Covering the Period: From: 04	01 Y Y Y Y Y Y TO	96 30 2014			
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)	4700.00	4700.00			
(ii) Unitemized(iii) TOTAL (add	200.00	200.00			
Lines 11(a)(i) and (ii)	4900.00	4900.00			
(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) 12. Transfers From Affiliated/Other	4900.00	4900.00			
Party Committees	0.00	0.00			
13. All Loans Received	0.00	0.00			
14. Loan Repayments Received15. Offsets To Operating Expenditures	0.00	0.00			
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00			
to Federal Candidates and Other Political Committees	0.00	0.00			
 17. Other Federal Receipts (Dividends, Interest, etc.)	0.41	2.32			
(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))▶	4900.41	4902.32			
20. Total Federal Receipts (subtract Line 18(c) from Line 19)▶	4900.41	4902.32			

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements		Total This Period				
1.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calendar Year-to-Date			
	(i) Federal Share	0.00	0.00			
	(ii) Non Fodoval Chara	0.00	0.00			
	(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00			
	Expenditures	154.50	374.30			
	(c) Total Operating Expenditures	154.50	374.30			
	(add 21(a)(i), (a)(ii), and (b))▶ Transfers to Affiliated/Other Party	154.50	374.30			
•	Committees	0.00	0.00			
	Contributions to Federal Candidates/Committees and Other Political Committees	5000.00	30600.00			
	Independent Expenditures	7				
	(use Schedule E)	0.00	0.00			
	(2 U.S.C. §441a(d)) (use Schedule F)	0.00	, , , 0.00			
	Loan Repayments Made	0.00	0.00			
	Loans MadeRefunds of Contributions To:	0.00	0.00			
	(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			
	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			
	(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			
	Total Disbursements (add Lines 21(c), 22,					
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	5154.50	30974.30			
	Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)					
	from Line 31)	5154.50	30974.30			

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Ex- penditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	4900.00	4900.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4900.00	4900.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	154.50	374.30
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	154.50	374.30

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOF	R LINE	NU	MBER	:	PAGE	6	OF	9
(che	ck only	or	ne)					
X	11a		11b		11c	12		
	13		14		15	16	;	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

or for commercial purposes, other than using t	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CA ASSOCIATION OF PHYSICIAN C	GROUPS FEDERAL POLITICAL ACTION CO	OMMITTEE (CAPG FEDERAL PAC)
Full Name (Last, First, Middle Initial) A. Bart Asner MD Mailing Address 25 Offshore		Date of Receipt
		06 23 2014
City	State Zip Code CA 92657	Transaction ID : SA11AI.5662
Newport Beach		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
Monarch Healthcare	CEO/Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
	1000.00	
Full Name (Last, First, Middle Initial) Nancy Boerner		Date of Receipt
Mailing Address 7 Technology Drive		06 23 2014
City	State Zip Code CA 92618	Transaction ID : SA11AI.5672
Irvine	CA 92618	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Monarch Healthcare	Senior Medical Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) C. Darryl Cardoza		Date of Receipt
Mailing Address 2191 Zinfandel Ct		06 23 _ 2014 _
City	State Zip Code	Transaction ID : SA11AI.5664
Livermore	CA 94550	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Hill Physicians Medical Group	Chief Executive Officer	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional).		1750.00
TOTAL This Period (last page this line number	er only)	

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

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

	LINE			:	PAGE	=	7	OF	9
(che	ck only	or	ne)						
X	11a		11b		11c		12	2	
	13		14		15		16	6	17

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or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CA ASSOCIATION OF PHYSICIAN C	GROUPS FEDERAL POLITICAL ACTION CO	OMMITTEE (CAPG FEDERAL PAC)
Full Name (Last, First, Middle Initial) Kimberly Carey		Date of Receipt
Mailing Address 4934 Brewster Drive		06 23 2014
City Tarzana	State Zip Code CA 91356	Transaction ID : SA11AI.5674
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
MedPoint Management	President	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) 3. Dr. Jerry Floro MD		Date of Receipt
Mailing Address 4132 Shorebreak Drive		06 23 2014
City	State Zip Code	Transaction ID : SA11AI.5663
Huntington	CA 92649	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	700.00
Name of Employer	Occupation	
Pioneer Medical Group	Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	
Full Name (Last, First, Middle Initial) C. Dr. David Hartenbower MD		Date of Receipt
Mailing Address 11848 Kiowa #202		06 02 2014
City	State Zip Code	Transaction ID : SA11AI.5661
Los Angeles	CA 90049	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer	Occupation	
UCLA Health Systems	Medical Director, COO	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional).		2200.00
TOTAL This Period (last page this line number	er only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

	LINE			:	PAGE	8	OF	9
(che	ck only	or	ne)					
X	11a		11b		11c	12	2	
	13		14		15	16	6	17

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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CA ASSOCIATION OF PHYSICIAN G	ROUPS FEDERAL POLITICAL ACTION CO	OMMITTEE (CAPG FEDERAL PAC)
Full Name (Last, First, Middle Initial) David Joyner Mailing Address 3 Seafirth Ln		Date of Receipt
City	State Zip Code	06 23 2014 Transaction ID : SA11AI.5666
Tiburon	CA 94920	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Hill Physicians Medical Group Receipt For:	Chief Operating Officer	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) 3. James Mason		Date of Receipt
Mailing Address 2336 Sylvan Lane		06 23 2014
City	State Zip Code	Transaction ID : SA11AI.5673
Glendale	CA 91208	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
SynerMed	President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M = M / D = D / Y = Y = Y
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)	•	750.00
TOTAL This Period (last page this line number	r only)	4700.00

TEMIZED DISBURSEMENTS	114		FOR LINE 1	NUMBER: PAGE 9 OF 9
TEMPED BIODOTICEMENTO	for each c	rate schedule(s) category of the Summary Page	(check only 21b 27	one) 22 X 23 24 25 26 28a 28b 28c 29 30
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full) CA ASSOCIATION OF PHYSICIAN GROUP				
Full Name (Last, First, Middle Initial) A. BILL CASSIDY FOR US SENATE				Date of Disbursement
Mailing Address PO BOX 80505				04 23 2014
BATON ROUGE	State LA	Zip Code 70898		Transaction ID : SB23.5676
Purpose of Disbursement Candidate Name				Amount of Each Disbursement this Period
WILLIAM CASSIDY	nent For: 20	014	Category/ Type	3000.00
President	Primary Other (spec	General ify) ▼		
State: LA District: 00 Full Name (Last, First, Middle Initial) 3. BILL CASSIDY FOR US SENATE Mailing Address DO DOY 20005				Date of Disbursement
Mailing Address PO BOX 80505 City S	State	Zip Code		04 23 2014 Transaction ID : SB23.5677
BATON ROUGE Purpose of Disbursement	LA	70898		Amount of Each Disbursement this Period
Candidate Name WILLIAM CASSIDY			Category/ Type	2000.00
X Senate	nent For: 2 Primary Other (speci	X General	,,	
State: LA District: 00 Full Name (Last, First, Middle Initial)				Date of Disbursement
State: LA District: 00 Full Name (Last, First, Middle Initial)				Date of Disbursement
State: LA District: 00 Full Name (Last, First, Middle Initial) Mailing Address	State	Zip Code		
State: LA District: 00 Full Name (Last, First, Middle Initial) Mailing Address City S Purpose of Disbursement		Zip Code		
State: LA District: 00 Full Name (Last, First, Middle Initial) Mailing Address City S Purpose of Disbursement Candidate Name	State	Zip Code	Category/ Type	M M / D D / Y Y Y Y
State: LA District: 00 Full Name (Last, First, Middle Initial) Mailing Address City S Purpose of Disbursement Candidate Name Office Sought: House Senate	State	General		Amount of Each Disbursement this Period
State: LA District: 00 Full Name (Last, First, Middle Initial) Mailing Address City S Purpose of Disbursement Candidate Name Office Sought: House Senate President	State nent For: Primary Other (speci	General (ify) ▼	Type	Amount of Each Disbursement this Period