

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

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

ADDRESS (number and street) 915 WILSHIRE BLVD SUITE 1620

Check if different than previously reported. (ACC) LOS ANGELES CA 90017

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00461756

3. IS THIS REPORT NEW (N) OR AMENDED (A) AMENDED (A)

4. TYPE OF REPORT (Choose One)

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
 - Feb 20 (M2)
 - Mar 20 (M3)
 - Apr 20 (M4)
 - May 20 (M5)
 - Jun 20 (M6)
 - Jul 20 (M7)
 - Aug 20 (M8)
 - Sep 20 (M9)
 - Oct 20 (M10)
 - Nov 20 (M11) (Non-Election Year Only)
 - Dec 20 (M12) (Non-Election Year Only)
 - Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
- General (12G)
- Runoff (12R)
- Convention (12C)
- Special (12S)

 Election on [MM] / [DD] / [YYYY] in the State of []

(d) 30-Day POST-Election Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

 Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [01] / [01] / [2013] through [06] / [30] / [2013]

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 10 / 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.

**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)

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="2013"/>	<input type="text" value="16005.09"/>	<input type="text" value="16005.09"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="16005.09"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="50238.61"/>	<input type="text" value="50238.61"/>
(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="66243.70"/>	<input type="text" value="66243.70"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="19217.49"/>	<input type="text" value="19217.49"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="47026.21"/>	<input type="text" value="47026.21"/>
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: / / 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).....	49050.00	49050.00
(ii) Unitemized	1185.00	1185.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	50235.00	50235.00
(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)	50235.00	50235.00
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.).....	3.61	3.61
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))..... ▶	50238.61	50238.61
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	50238.61	50238.61

DETAILED SUMMARY PAGE
of Disbursements

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	717.49	717.49
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	717.49	717.49
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	18500.00	18500.00
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)) ..	19217.49	19217.49
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	19217.49	19217.49

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)	50235.00	50235.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	50235.00	50235.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	717.49	717.49
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	717.49	717.49

**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 33
(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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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial)
A. William Allen MD

Mailing Address 450 E. Huntington Drive

City Arcadia	State CA	Zip Code 91006
-----------------	-------------	-------------------

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

Name of Employer DaVita HealthCare Partners	Occupation Physician
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	14	/	2013

Transaction ID : SA11AI.5355

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
B. Stan Arnold MD

Mailing Address 11301 Dannen Drive

City Santa Ana	State CA	Zip Code 92705
-------------------	-------------	-------------------

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

Name of Employer Edinger 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
05	/	10	/	2013

Transaction ID : SA11AI.5356

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. Bart Asner MD

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 ▼
1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	03	/	2013

Transaction ID : SA11AI.5357

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: (check only one)	PAGE 7 OF 33
<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. 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
 04 / 17 / 2013
Transaction ID : SA11AI.5359
 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
 04 / 24 / 2013
Transaction ID : SA11AI.5362
 Amount of Each Receipt this Period
 500.00

C. Robert Blackman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1025 W. Olympic Blvd
 City State Zip Code
 Los Angeles CA 90015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Davita HealthCare Partners 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
 05 / 24 / 2013
Transaction ID : SA11AI.5363
 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 33
(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. Matthew Boone MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 468 Abbie Way
 City State Zip Code
 Costa Mesa CA 92627
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Edinger 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 / 10 / 2013
Transaction ID : SA11AI.5364
 Amount of Each Receipt this Period
 500.00

B. Valery Brouwer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 28361 Silverton Dr.
 City State Zip Code
 Laguna Niguel CA 92677
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Edinger 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 / 10 / 2013
Transaction ID : SA11AI.5365
 Amount of Each Receipt this Period
 500.00

C. Dr. Paul Brower MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 South Vista De Catalina
 City State Zip Code
 Laguna Beach CA 92651
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Orange County Urology Assoc. 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 / 17 / 2013
Transaction ID : SA11AI.5460
 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: (check only one)	PAGE 9 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. Shelley Chacon MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5952 Littlefield Dr
 City Huntington Beach State CA Zip Code 92648
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Edinger 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 / 17 / 2013
Transaction ID : SA11AI.5366
 Amount of Each Receipt this Period
 500.00

B. Dr. Kalaokalani Chandler MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2990 Jordan Road
 City Oakland State CA Zip Code 94602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bay Valley Medical Group Occupation Physician - OB/GYN
 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 / 16 / 2013
Transaction ID : SA11AI.5367
 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 Huntington Beach State CA Zip Code 92648
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Greater Newport Physicians Occupation 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
 04 / 24 / 2013
Transaction ID : SA11AI.5369
 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: (check only one)	PAGE 10 OF 33
<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. Raymond Chicoine
Full Name (Last, First, Middle Initial)
Mailing Address 13 Amato
City Mission Viejo State CA Zip Code 92692
FEC ID number of contributing federal political committee. C
Name of Employer Monarch Healthcare Occupation Chief Operating Officer
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 05 / 10 / 2013
Transaction ID : SA11AI.5370
Amount of Each Receipt this Period 1000.00

B. Ming Chong MD
Full Name (Last, First, Middle Initial)
Mailing Address 1323 Vandyke Rd.
City San Marino State CA Zip Code 91108
FEC ID number of contributing federal political committee. C
Name of Employer HealthCare Partners Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 06 / 14 / 2013
Transaction ID : SA11AI.5386
Amount of Each Receipt this Period 1000.00

C. Karen Don MD
Full Name (Last, First, Middle Initial)
Mailing Address 9900 Talbert Ave #302
City Fountain Valley State CA Zip Code 92708
FEC ID number of contributing federal political committee. C
Name of Employer Edinger Medical Group Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 05 / 10 / 2013
Transaction ID : SA11AI.5387
Amount of Each Receipt this Period 500.00

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 11 OF 33
(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. Steven Dorfman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6 Calais Circle
 City Rancho Mirage State CA Zip Code 92270
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Empire Physicians Medical Grp. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 24 / 2013
Transaction ID : SA11AI.5388
 Amount of Each Receipt this Period
 1000.00

B. Thomas Duralde MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 452 27th St.
 City Manhattan Beach State CA Zip Code 90266
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HealthCare Partners Medical Group Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 24 / 2013
Transaction ID : SA11AI.5389
 Amount of Each Receipt this Period
 1000.00

C. Tamara Fogarty MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 24782 Red Lodge Pl
 City Laguna Hills State CA Zip Code 92653
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Edinger 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 / 10 / 2013
Transaction ID : SA11AI.5391
 Amount of Each Receipt this Period
 500.00

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 12 OF 33
(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. Donna Frisch

Mailing Address 10932 Ivy Lane

City State Zip Code
 Orange CA 92869

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

Name of Employer Occupation
 Marathon 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 / 10 / 2013

Transaction ID : SA11AI.5392

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
B. Catou Greenberg MD

Mailing Address 462 Westminster Ave

City State Zip Code
 Newport Beach CA 92663

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
 04 / 24 / 2013

Transaction ID : SA11AI.5393

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
C. Elaine Grodin MD

Mailing Address 3611 Bellflower Blvd

City State Zip Code
 Long Beach CA 90808

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

Name of Employer Occupation
 Edinger 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 / 10 / 2013

Transaction ID : SA11AI.5395

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 13 OF 33
(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. Setareh Hafezi MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 27212 Calaroga Avenue
 City State Zip Code
 Hayward CA 94545
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Bay Valley Medical Group OB/GYN
 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 / 16 / 2013
Transaction ID : SA11AI.5396
 Amount of Each Receipt this Period
 500.00

B. Richard Hart MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 15275 Friends St.
 City State Zip Code
 Pacific Palisades CA 90272
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 HealthCare Partners Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 14 / 2013
Transaction ID : SA11AI.5397
 Amount of Each Receipt this Period
 2000.00

c. Dr. David Hartenbower MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 11848 Kiowa #202
 City State Zip Code
 Los Angeles CA 90049
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UCLA Health Systems Medical Director, 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
 06 / 14 / 2013
Transaction ID : SA11AI.5398
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3000.00
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 33
	<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. Dr. Cambria Hembree-Bojorquez MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9900 Talbert Avenue
 City Fountain Valley State CA Zip Code 92708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Edinger 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 / 17 / 2013
Transaction ID : SA11AI.5399
 Amount of Each Receipt this Period
 500.00

B. Dr. Surendra Jain MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1825 Paseo Del Sol
 City Palos Verdes Estates State CA Zip Code 90274
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AppleCare Occupation Chief Medical Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 24 / 2013
Transaction ID : SA11AI.5401
 Amount of Each Receipt this Period
 1000.00

C. Vinod Jivrajka MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6131 Orangethorpe Ave, Sute 280
 City Buena Park State CA Zip Code 90260
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AppleCare Medical Management Occupation President/CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 22 / 2013
Transaction ID : SA11AI.5402
 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: (check only one)	PAGE 15 OF 33
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	<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)

Full Name (Last, First, Middle Initial)
A. Patrick Kapsner

Mailing Address 17 Wickland

City Irvine State CA Zip Code 92620

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

Name of Employer MemorialCare Medical Found. Occupation Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **05 / 03 / 2013**

Transaction ID : SA11AI.5403

Amount of Each Receipt this Period **1000.00**

Full Name (Last, First, Middle Initial)
B. Joel Katz MD

Mailing Address 14 Brittlestar Lane

City Ladera Ranch State CA Zip Code 92694

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

Name of Employer Pacific Hospitalist Associates Occupation Hospitalist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **04 / 24 / 2013**

Transaction ID : SA11AI.5404

Amount of Each Receipt this Period **1000.00**

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

Mailing Address 25681 Pacific Crest Drive

City Mission Viego State CA Zip Code 92692

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 **05 / 10 / 2013**

Transaction ID : SA11AI.5405

Amount of Each Receipt this Period **500.00**

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 16 OF 33
(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)

Full Name (Last, First, Middle Initial)
A. John Kirk

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 ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 14 / 2013

Transaction ID : SA11AI.5406

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
B. Dr. Jennifer Knox MD

Mailing Address 1412 Arch Ln

City Huntington Beach	State CA	Zip Code 92640
--------------------------	-------------	-------------------

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 M / D D D / Y Y Y Y Y Y
 05 / 03 / 2013

Transaction ID : SA11AI.5407

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. Dr. Eric S. Kohleriter MD

Mailing Address 3 Buckeye Lane

City Danville	State CA	Zip Code 94526
------------------	-------------	-------------------

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

Name of Employer Bay Valley Medical Group	Occupation President & 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 / 16 / 2013

Transaction ID : SA11AI.5408

Amount of Each Receipt this Period
500.00

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: PAGE 17 OF 33
(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. Donna Kwong MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 310 Stanforth Ct
 City San Ramon State CA Zip Code 94582
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bay Valley 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
 06 / 16 / 2013
Transaction ID : SA11AI.5409
 Amount of Each Receipt this Period
 500.00

B. Diane Laird
 Full Name (Last, First, Middle Initial)
 Mailing Address 330 Placentia Ave Ste 270
 City Newport Beach State CA Zip Code 92663
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Nautilus/ Greater Newport Physicians Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 17 / 2013
Transaction ID : SA11AI.5410
 Amount of Each Receipt this Period
 1000.00

C. Dr. Christopher Lee MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1789 Port Carlow Circle
 City Newport Beach State CA Zip Code 92660
 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
 05 / 10 / 2013
Transaction ID : SA11AI.5412
 Amount of Each Receipt this Period
 500.00

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 18 OF 33
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
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	<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)

Full Name (Last, First, Middle Initial)
A. Glenn Libby MD

Mailing Address 116 14th St.

City Seal Beach State CA Zip Code 90740

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

Name of Employer HealthCare Partners Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 24 / 2013

Transaction ID : SA11AI.5413

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
B. Matthew Mazdyasni

Mailing Address 3923 Encino Hills Place

City Encino State CA Zip Code 91436

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

Name of Employer HealthCare Partners Occupation Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 26 / 2013

Transaction ID : SA11AI.5414

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
C. Douglas McConnaughey

Mailing Address 9 Cape Danbury

City Newport Beach State CA Zip Code 92660

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

Name of Employer Edinger 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
05 / 10 / 2013

Transaction ID : SA11AI.5415

Amount of Each Receipt this Period
500.00

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 19 OF 33
(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. Janet McCormick MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2840 Long Beach Blvd. #315
 City Long Beach State CA Zip Code 90806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Columbia Pediatrics Medical Gp Occupation Pediatrician
 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
 06 / 14 / 2013
Transaction ID : SA11AI.5416
 Amount of Each Receipt this Period
 250.00

B. Denise McCourt
 Full Name (Last, First, Middle Initial)
 Mailing Address 7842 Connie Dr
 City Huntington Beach State CA Zip Code 92648
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Edinger Medical Group Occupation Administrator
 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 / 10 / 2013
Transaction ID : SA11AI.5417
 Amount of Each Receipt this Period
 500.00

C. Leslie McMains
 Full Name (Last, First, Middle Initial)
 Mailing Address 460 62nd Street
 City Newport Beach State CA Zip Code 92663
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Nautilus/Greater Newport Phys. Occupation 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
 05 / 10 / 2013
Transaction ID : SA11AI.5418
 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: PAGE 20 OF 33
(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. Edward Merchant MD

Mailing Address 5164 Earl Dr

City State Zip Code
 La Canada Flintridge CA 91011-1621

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

Name of Employer Occupation
 HealthCare Partners 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 / 14 / 2013
Transaction ID : SA11AI.5420

Amount of Each Receipt this Period
 1000.00

Full Name (Last, First, Middle Initial)
B. Jack Middlebrooks MD

Mailing Address 18710 Spruce Circle

City State Zip Code
 Fountain Valley CA 92708

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

Name of Employer Occupation
 Edinger 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 / 10 / 2013
Transaction ID : SA11AI.5421

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
c. Dr. Lam-Quynh Nguyen MD

Mailing Address 3506 Bravata Drive

City State Zip Code
 Huntington Beach CA 92649

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

Name of Employer Occupation
 Edinger 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 / 10 / 2013
Transaction ID : SA11AI.5422

Amount of Each Receipt this Period
 500.00

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: PAGE 22 OF 33
(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. Harry Pellman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 16691 Greenview LN
 City State Zip Code
 Huntington Beach CA 92649
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Edinger 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 / 10 / 2013
Transaction ID : SA11AI.5426
 Amount of Each Receipt this Period
 500.00

B. Alan Puzarne
 Full Name (Last, First, Middle Initial)
 Mailing Address 4401 Elder Avenue
 City State Zip Code
 Seal Beach CA 90740
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Nautilus Healthcare Mgt. Group 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 / 17 / 2013
Transaction ID : SA11AI.5427
 Amount of Each Receipt this Period
 1000.00

c. Dr. Melinda Ragins MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1582 Mountain Blvd
 City State Zip Code
 Oakland CA 94611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Bay Valley 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
 06 / 16 / 2013
Transaction ID : SA11AI.5428
 Amount of Each Receipt this Period
 500.00

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 23 OF 33
	<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. Dr. Razia Rangwala MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3882 Mandy Way
 City San Ramon State CA Zip Code 94582
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bay Valley 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
 06 / 16 / 2013
Transaction ID : SA11AI.5429
 Amount of Each Receipt this Period
 500.00

B. Dr. Donald Rebhun MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 36 Ranchero Rd
 City Bell Canyon State CA Zip Code 91307
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HealthCare Partners Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 14 / 2013
Transaction ID : SA11AI.5430
 Amount of Each Receipt this Period
 1000.00

C. Dr. Steven M. Rudy MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1420 Singletree Road
 City Edwards State CO Zip Code 81632
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Retired Occupation Retired 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 / 24 / 2013
Transaction ID : SA11AI.5431
 Amount of Each Receipt this Period
 500.00

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 24 OF 33
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NAME OF COMMITTEE (In Full)
CA ASSOCIATION OF PHYSICIAN GROUPS FEDERAL POLITICAL ACTION COMMITTEE (CAPG FEDERAL PAC)

A. Dr. Lauri Seymour MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2036 Galaxy Drive
 City Newport Beach State CA Zip Code 92660
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Edinger Medical Group Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **05 / 10 / 2013**
Transaction ID : SA11AI.5432
 Amount of Each Receipt this Period **500.00**

B. Dr. Samuel A. Skootsky MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2151 Balsam Avenue
 City Los Angeles State CA Zip Code 90025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UCLA Medical Group Occupation Medical Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 14 / 2013**
Transaction ID : SA11AI.5433
 Amount of Each Receipt this Period **250.00**

C. James Slaggert
 Full Name (Last, First, Middle Initial)
 Mailing Address 9550 E. Orchard Drive
 City Greenwood Village State CO Zip Code 80111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Catholic Health Initiatives Occupation Healthcare Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **06 / 14 / 2013**
Transaction ID : SA11AI.5434
 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 25 OF 33
	<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. Yvonne Sonnenberg
 Full Name (Last, First, Middle Initial)
 Mailing Address 36605 Palmdale Rd.
 City Rancho Mirage State CA Zip Code 92270
 FEC ID number of contributing federal political committee. **C**
 Name of Employer EMPC, LLC Occupation Healthcare Administrator
 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 / 14 / 2013
Transaction ID : SA11AI.5435
 Amount of Each Receipt this Period
 500.00

B. Malcolm Sperling MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4661 Los Patos Avenue
 City Huntington Beach State CA Zip Code 92649
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Edinger 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 / 10 / 2013
Transaction ID : SA11AI.5436
 Amount of Each Receipt this Period
 500.00

C. Mary Straub
 Full Name (Last, First, Middle Initial)
 Mailing Address 5661 Littler Drive
 City Huntington Beach State CA Zip Code 92649
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Edinger Medical Group Occupation Office Manager
 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 / 10 / 2013
Transaction ID : SA11AI.5437
 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 26 OF 33
(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. Sheri Task MD
Full Name (Last, First, Middle Initial)
Mailing Address 35215 Wycombe Pl
City Newark State CA Zip Code 94560
FEC ID number of contributing federal political committee. C
Name of Employer Bay Valley Medical Group Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 06 / 16 / 2013
Transaction ID : SA11AI.5439
Amount of Each Receipt this Period 500.00

B. Daniel Temianka MD
Full Name (Last, First, Middle Initial)
Mailing Address 710 Pinehurst Dr.
City Pasadena State CA Zip Code 91106
FEC ID number of contributing federal political committee. C
Name of Employer Retired Occupation Physician (Retired)
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 06 / 14 / 2013
Transaction ID : SA11AI.5442
Amount of Each Receipt this Period 1000.00

C. Calvin Tint MD
Full Name (Last, First, Middle Initial)
Mailing Address 11420 Warner Ave
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 05 / 17 / 2013
Transaction ID : SA11AI.5443
Amount of Each Receipt this Period 500.00

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 27 OF 33
	<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)

Full Name (Last, First, Middle Initial) A. Daisy Tint MD		Date of Receipt
Mailing Address 250 E. Yale Loop		M M M / D D D / Y Y Y Y Y Y 05 / 17 / 2013
City	State	Zip Code
Irvine	CA	92604
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.5444
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
		500.00
Name of Employer	Occupation	
MemorialCare Medical Group	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	500.00	

Full Name (Last, First, Middle Initial) B. Mai-Khanh Tran MD		Date of Receipt
Mailing Address 9337 Lily Ave		M M M / D D D / Y Y Y Y Y Y 05 / 10 / 2013
City	State	Zip Code
Fountain Valley	CA	92708
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.5446
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
		500.00
Name of Employer	Occupation	
Edinger Medical Group	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	500.00	

Full Name (Last, First, Middle Initial) C. John Stephen Wikle MD		Date of Receipt
Mailing Address 11572 Marble Arch Dr.		M M M / D D D / Y Y Y Y Y Y 05 / 17 / 2013
City	State	Zip Code
Santa Ana	CA	92705
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.5449
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
		1000.00
Name of Employer	Occupation	
Greater Newport Physicians	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	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: PAGE 28 OF 33
(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. Burton Willis MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 16074 Bonaire Cr
 City State Zip Code
 Huntington Beach CA 92649
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Edinger 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 / 10 / 2013
Transaction ID : SA11AI.5450
 Amount of Each Receipt this Period
 500.00

B. Dr. Juliana Wong MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 319 Diablo Rd #105
 City State Zip Code
 Danville CA 94526
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Bay Valley 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
 06 / 16 / 2013
Transaction ID : SA11AI.5453
 Amount of Each Receipt this Period
 500.00

C. Dr. Roland Wong MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 27212 Calaroga Avenue
 City State Zip Code
 Hayward CA 94545
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Bay Valley Medical Group Urologist
 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 / 16 / 2013
Transaction ID : SA11AI.5454
 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 29 OF 33
(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. Betty Yu MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 16525 Oak Circle
 City State Zip Code
 Fountain Valley CA 92708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Edinger 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 / 10 / 2013
Transaction ID : SA11AI.5455
 Amount of Each Receipt this Period
 500.00

B. Dr. Michael Yu MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 16852 Harvest Lane
 City State Zip Code
 Huntington Beach CA 92649
 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
 04 / 17 / 2013
Transaction ID : SA11AI.5456
 Amount of Each Receipt this Period
 1000.00

C. Kenneth Zuckerman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 16300 Sand Canyon Ave #704
 City State Zip Code
 Irvine CA 92618
 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
 04 / 24 / 2013
Transaction ID : SA11AI.5457
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	49050.00

**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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2013

Transaction ID : SB21B.5473

Amount of Each Disbursement this Period

90.41

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2013

Transaction ID : SB21B.5474

Amount of Each Disbursement this Period

85.85

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2013

Transaction ID : SB21B.5475

Amount of Each Disbursement this Period

223.04

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

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

399.30

399.30
