Image# 14952983600			_	PAGE 1 / 11
	EPORT OF F ND DISBURS Other Than An Author	SEMENTS		
1. NAME OF TYP	PE OR PRINT ▼	Example: If typing type		Jse Only
1. NAME OF TYP COMMITTEE (in full)		Example: If typing, type over the lines.	12FE4M5	
	IAN GROUPS FEDERA		MMITTEE (CAPG FE	
ADDRESS (number and street)	15 WILSHIRE BLVD SUITE 1	620		
Check if different				
than previously reported. (ACC)			CA 9001	7
2. FEC IDENTIFICATION NUMB			STATE	ZIP CODE
C C00461756	3. IS REI	PORT X (N) OF	AMENDED (A))
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: 	(b) Monthly Report Due On: Mar 20			Year Only)
April 15	Apr 20) (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
Quarterly Report (Q1) July 15 Quarterly Report (Q2)	(c) 12-Day PRE-Election	Primary (12P)	General (12G)	Runoff (12R)
October 15 Quarterly Report (Q3)	Report for the:	Convention (12C)	Special (12S)	in the
January 31 Year-End Report (YE)	Election			State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST -Election Report for the:	K General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)	Election	on 11 04	2014	in the State of
5. Covering Period	01 / Y Y Y Y 01 2014	through 11		014
I certify that I have examined this R	eport and to the best of m	y knowledge and belief it is	true, correct and comple	ete.
-	Donald H. Crane			
Signature of Treasurer	Crane	[Electronically Filed]	Date 12 / 0	4 / Y Y Y Y Y 2014
NOTE: Submission of false, erroneous	, or incomplete information r	nay subject the person signing	this Report to the penal	ties of 2 U.S.C. §437g.
Office Use Only				C FORM 3X Rev. 12/2004

12/04/2014 19 : 40

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Pao	e	2

	FEC Form 3X (Rev. 02/2003)		Page 2
W	rite or Type Committee Name		
С	A ASSOCIATION OF PHYSICIAN GROU	PS FEDERAL POLITICAL ACTION COMMI	TTEE (CAPG FEDERAL PAC)
Re	eport Covering the Period: From:	0 / 01 / Y Y Y Y 0 01 Z014 To:	M M / D D / Y Y Y Y 11 24 2014
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2014		33648.98
	(b) Cash on Hand at Beginning of Reporting Period	46265.50	
	(c) Total Receipts (from Line 19)	12692.66	57721.50
	(d) Subtotal (add Lines 6(b) and6(c) for Column A and Lines6(a) and 6(c) for Column B)	58958.16	91370.48
7.	Total Disbursements (from Line 31)	6192.10	38604.42
	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	52766.06	52766.06
	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	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

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DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write	or	Туре	Committee	Name
-------	----	------	-----------	------

Report Covering the Period: From:	10 01 2014	To: 11 24 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	42050.00	56250.00
(i) Itemized (use Schedule A)	12050.00	56250.00
(ii) Unitemized	620.00	1446.52
(ii) Unitemized (iii) TOTAL (add	620.00	7 7 7
Lines 11(a)(i) and (ii)	12670.00	57696.52
	7 7 7 12010.00	, , , , , , , , , , , , , , , , , , , ,
(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)▶	12670.00	57696.52
12. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
	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.)	0.00	0.00
(Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made		0.00
to Federal Candidates and Other		
Political Committees	0.00	0.00
17. Other Federal Receipts	7 7 7	
(Dividends, Interest, etc.)	22.66	24.98
18. Transfers from Non-Federal and Levin Fund		
(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))▶	12692.66	57721.50
,,,,,, and(.),	7 7 7	
20. Total Federal Receipts		
(subtract Line 18(c) from Line 19)►	12692.66	57721.50

7

15

7

DETAILED SUMMARY PAGE

of Disbursements

FEC F	Form 3X (Rev. 02/2003)		Page 4
II.	Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Expenditures: ted Federal/Non-Federal y (from Schedule H4)		
-	ederal Share	0.00	0.00
()	on-Federal Share	0.00	0.00
	Federal Operating ditures	192.10	2004.42
. ,	Dperating Expenditures 1(a)(i), (a)(ii), and (b))▶	192.10	2004.42
Transfers to	o Affiliated/Other Party		0.00
Contributio	s ns to Indidates/Committees	0.00	
and Other	Political Committees	6000.00	36600.00
(use Scheo Coordinate	dule E) d Party Expenditures	0.00	0.00
(2 U.S.C. § (use Sched	441a(d)) Jule F)	0.00	0.00
Loan Repa	yments Made	0.00	0.00
Loans Mad	le	0.00	0.00
(a) Individ	Contributions To: uals/Persons Other Political Committees	0.00	0.00
	al Party Committees	0.00	0.00
(c) Other	Political Committees		0.00
(such	as PACs)	0.00	
()	Contribution Refunds .ines 28(a), (b), and (c))▶	0.00	0.00
Other Disb	ursements	0.00	0.00
(a) Allocat	ection Activity (2 U.S.C. §431(20)) ted Federal Election Activity Schedule H6)		
	leral Share	0.00	0.00
. ,	evin" Share	0.00	0.00
W	al Election Activity Paid Entirely /ith Federal Funds	0.00	0.00
. ,	Federal Election Activity (add 30(a)(i), 30(a)(ii) and 30(b))►	0.00	0.00
Total Disbu	rsements (add Lines 21(c), 22,		
23, 24, 25,	26, 27, 28(d), 29 and 30(c))	6192.10	38604.42
	ral Disbursements		
	ine 21(a)(ii) and Line 30(a)(ii) 31)▶	6192.10	38604.42

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DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date					
3. Total Contributions (other than loans) (from Line 11(d), page 3)	12670.00	57696.52					
 Total Contribution Refunds (from Line 28(d)) 	0.00	0.00					
 Net Contributions (other than loans) (subtract Line 34 from Line 33) 	12670.00	57696.52					
 Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) 	192.10	2004.42					
 Offsets to Operating Expenditures (from Line 15, page 3) 	0.00	0.00					
8. Net Operating Expenditures (subtract Line 37 from Line 36)	192.10	2004.42					

Image# 14952983605

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 6 OF

11

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
				erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) CA ASSOCIATION OF PHYSICIAN G	ROUPS FEI	DERAL POLITICAL ACTION	I COMMITTEE (CAPG FEDERAL PAC)
Α.	Full Name (Last, First, Middle Initial) Alan Beyer MD Mailing Address 10 Rodingham Dr City	State	Zip Code	Date of Receipt
	Newport Beach	CA	92660	Transaction ID : SA11AI.5800
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer	Occupation	1	
	Greater Newport Physicians	Physician		
	Receipt For:			
	Primary General	1		
	Other (specify)		1000.00	1
В.	Full Name (Last, First, Middle Initial) Dr. Jorge Contreras MD	Date of Receipt		
	Mailing Address 1170 Copper Peak Ln	10 09 _2014 _		
	City	State	Zip Code	Transaction ID : SA11AI.5798
	San Jose	CA	95120	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer	Occupation	1	_
	Self Employed	Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]
— c.	Full Name (Last, First, Middle Initial) Dr. Marc Hoffing MD			Date of Receipt
	Mailing Address 38 Killian Way	10 16 2014		
	City	State	Zip Code	Transaction ID : SA11AI.5805
	Rancho Mirage	CA	92270	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		2500.00
	Name of Employer	Occupation	1	_
	Desert Oasis Healthcare			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2500.00]
s	UBTOTAL of Receipts This Page (optional)			3750.00

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

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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

			Detailed Summary Page		X	11a		11b	11c	12					
						13		14	15	16	17				
	y information copied from such Reports and § for commercial purposes, other than using the														
	NAME OF COMMITTEE (In Full) CA ASSOCIATION OF PHYSICIAN GF	ROUPS FEE	PERAL POLITICAL ACTION	со	M	ИІТТІ	EE	(CAP	G FEDE	RAL PA	.C)				
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Patricia Kapur MD						Date of Receipt								
	Mailing Address 5350 Corbin Avenue						/	17		2014	Y				
	City	State	Zip Code		Ľ,	10 Trans	acti		: SA11AI.						
	Tarzana	CA	91356						Receipt th						
	FEC ID number of contributing federal political committee.	С			l			,		1500	.00				
	Name of Employer	Occupation													
	UCLA Medical Group	Physician													
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General	00 0		11											
	Other (specify)		1500.00	4											
	Full Name (Last, First, Middle Initial) Dr. Richard Merkin MD				D	ate of	Re	ceipt							
	Mailing Address 3644 Maplewood Ave						10 17 2014								
	City	State	Zip Code		Transaction ID : SA11AI.5809										
	Marina del Rey	CA	90292		A	mount	t of	Each	Receipt th	is Period					
	FEC ID number of contributing federal political committee.	С			l			,	7	5000	.00				
	Name of Employer	Occupation													
	Heritage Provider Network	President/C	EO												
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General	33 - 3		11											
	Other (specify)		5000.00	4											
с.	Full Name (Last, First, Middle Initial) Dr. Murray Taylor MD				D	ate of	Re	ceipt							
	Mailing Address 39300 Bob Hope Dr #1105						10 21 _2014 _								
	City	State	Zip Code			Trans	act	ion ID	: SA11AI.	5812					
	Rancho Mirage	CA	92270	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С			l			,		300	.00				
	Name of Employer														
	Rancho Mirage Family Medical G														
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General		000.00												
	Other (specify)		300.00												
s	UBTOTAL of Receipts This Page (optional)		••••••		[l	7		6800.	00				

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

Image# 14952983607

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 8 OF

11

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17					
Ar or	ny information copied from such Reports ar for commercial purposes, other than using	nd Statements main the name and a	ay not be sold or used by any p address of any political committe	erson for the purpose of soliciting contributions e to solicit contributions from such committee.					
	NAME OF COMMITTEE (In Full) CA ASSOCIATION OF PHYSICIAN	GROUPS FEI	DERAL POLITICAL ACTION	I COMMITTEE (CAPG FEDERAL PAC)					
Α.	Full Name (Last, First, Middle Initial) Ms. Lori Vatcher Mailing Address 871 Reid Avenue	State	Zip Code	Date of Receipt 10 09 2014 Transaction ID : SA11AI.5801					
	San Bruno	CA	94066	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С							
	Name of Employer	Occupation	1						
	Pacific Partners Management Se	CEO							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	1					
				1					
В.	Full Name (Last, First, Middle Initial) Dr. Randy Winter MD	Date of Receipt							
	Mailing Address 3208 Fleur de Lis Drive	10 09 2014							
	City	State	Zip Code	Transaction ID : SA11AI.5796					
	Modesto	CA	95356	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		1000.00					
	Name of Employer	Occupation	1	—					
	AllCare IPA	President							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00]					
<u>с</u> .	Full Name (Last, First, Middle Initial)			Date of Receipt					
	Mailing Address			M = M / D = D / Y = Y = Y					
	City	y State Zip Code							
	FEC ID number of contributing federal political committee.	С							
	Name of Employer	Occupatior	1						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼]					
s	UBTOTAL of Receipts This Page (optional)		1500.00					

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

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12050.00

1. ALC: NO.

S	CHEDULE B (FEC Form 3X)		FC	DR I	LINE N	NUMBER: PAGE 9 OF 11									
_	EMIZED DISBURSEMENTS	for each ca Detailed St	Use separate schedule(s) for each category of the Detailed Summary Page			21b 27	b 22 23 24 25 28a 28b 28c 29						26 30b		
	y information copied from such Reports and Stater for commercial purposes, other than using the nar														
	NAME OF COMMITTEE (In Full) CA ASSOCIATION OF PHYSICIAN GROU	PS FEDER	AL POLITICA	LAC	тю	N CC	MMITT	EE	(CAF	'G FED	ERA	L PA	C)		
Α.	Full Name (Last, First, Middle Initial) Intuit Payment Solutions					Date o		burse		YYY	Ŷ	Y			
	Mailing Address 21215 Burbank Blvd Suite 100						10		1	1	_20)14			
	Woodland Hills	State CA	Zip Code 91367				Trans	sactio	on ID	: SB21E	5820)			
	Purpose of Disbursement Credit card transaction fee						Amoun	t of I	Each	Disburse	ement	this I	Period		
	Candidate Name			Cate Ty	egor /pe	y/			,			17	.25		
	Office Sought: House Disburser Senate President	nent For: Primary Other (specif	General y) ▼												
	State: District:														
B.	Full Name (Last, First, Middle Initial) Intuit Payment Solutions						Date o				V	V	Y		
	Mailing Address 21215 Burbank Blvd Suite 100							10 / D D / Y Y Y Y Y 10 17 2014							
	Woodland Hills	State CA	Zip Code 91367				Trans	sacti	on ID	: SB21E	8.5821				
	Purpose of Disbursement Credit card transaction fee						Amoun	t of I	Each	Disburse	ement	this I	Period		
	Candidate Name			Cate Ty	egor /pe	y/	85.25								
	Office Sought: House Disburser Senate President District:	nent For: Primary Other (specif	General y) ▼												
с.	Full Name (Last, First, Middle Initial) PayPal USA						Date o	_							
	Mailing Address 2211 North First Street						10 ^M	/	0		20)14	Ŷ		
	CityStateZip CodeSan JoseCA95131						Trans	sacti	on ID	: SB21E	8.5822	2			
	Purpose of Disbursement Gateway fee Candidate Name		Category/			y/	Amount of Each Disbursement this Peri 30.30								
	Office Sought: House Disburser Senate President State: District:	nent For: Primary Other (specif	General ÿ) ▼		/pe				9	7					
							_	_	_	_	_	_	_		
⊢	UBTOTAL of Disbursements This Page (optional) OTAL This Period (last page this line number only)								7	7		132	.80		

S	CHEDULE B (FEC Form 3X)					NUMBER			PA	GF	10 (DF 11					
ITEMIZED DISBURSEMENTS		Use separate schedule(s)	(che	eck only	nly one)											
		for each category of the Detailed Summary Page		>	21b 27	22 28a		23 28b	24 28c		25 29	26 30t					
	y information copied from such Reports and State for commercial purposes, other than using the nar																
$\left[\right]$	NAME OF COMMITTEE (In Full)																
	CA ASSOCIATION OF PHYSICIAN GROU	IPS FEDERAL POLITIC	CAL A	СТІ			EE (C		PG FED	ERA	AL PA	(C)					
Α.	Full Name (Last, First, Middle Initial) PayPal USA							Date of Disbursement									
	Mailing Address 2211 North First Street	10 / D D / Y Y Y Y Y 10 10 2014															
	City San Jose	Transaction ID : SB21B.5824															
	Purpose of Disbursement									-							
	Credit card transaction fee					Amount of Each Disbursement this Period											
	Candidate Name		C	ateg Typ	ory/ e		29.30										
	Office Sought: House Disburse Senate	ment For: Primary General															
	State: District:	Other (specify) ▼															
_	Full Name (Last, First, Middle Initial)																
Β.	PayPal USA	Date of Disbursement															
	Mailing Address 2211 North First Street							11 03 2014									
	City San Jose		Transaction ID : SB21B.5823														
	Purpose of Disbursement Gateway fee					Amount of Each Disbursement this Period											
	Candidate Name		ory/	30													
	Office Sought: House Disburse	ment For: Primary General															
	State: District:	Other (specify) ▼															
	Full Name (Last, First, Middle Initial)																
C.							Date of Disbursement										
	Mailing Address																
	City State Zip Code																
	Purpose of Disbursement																
	Candidate Name	C	ateg Typ	ory/ e	Amoun	t of Ea	ach	Disburse	ment	t this	Period						
	Senate President	ment For: Primary General Other (specify) ▼															
_	State: District:																
s	UBTOTAL of Disbursements This Page (optional)				🕨		. ,				59	.30					
т	OTAL This Period (last page this line number only)			🕨						192	.10					

S	CHEDULE B (FEC Form 3X)			F	ו אכ		IUMBER:			PA	GE 11	OF 11			
ITEMIZED DISBURSEMENTS			parate schedule(s) h category of the			c only	y one)								
			d Summary Page		$\left - \right $	21b 27	22 28a	••	23 28b	24 28c	25	26 30b			
	y information copied from such Reports and Stater for commercial purposes, other than using the nar					perso	n for the	purpo	ose c	of solicitir	ng contrib	outions			
$\left[\right]$	NAME OF COMMITTEE (In Full)														
	CA ASSOCIATION OF PHYSICIAN GROU Full Name (Last, First, Middle Initial)	IPS FED	ERAL POLITICA	L AC	TIO		MMITT	EE ((CAP	PG FED	ERAL P	AC)			
Α.	BILL CASSIDY FOR US SENATE							Date of Disbursement							
	Mailing Address PO BOX 80505														
	City BATON ROUGE	State Zip Code LA 70898					Transaction ID : SB23.5795								
	Purpose of Disbursement	LA	70696			_	Amount of Each Disbursement this Period								
				Category/ Type			1000.00								
	WILLIAM CASSIDY Office Sought: House Disburse	ment For:	2014												
	Senate President	Primary Other (sp	General												
	State: LA District: 00		Runoff												
	Full Name (Last, First, Middle Initial)														
В.	WYDEN FOR SENATE			Date of	f Disb		ement								
	Mailing Address 232 NE 9TH AVENUE				10 / D / Y Y Y Y 29 2014										
	PORTLAND	State OR	Zip Code 97232				Transaction ID : SB23.5793								
	Purpose of Disbursement				1	Amount of Each Disbursement this Period									
	Candidate Name			Category/ Type											
	RONALD L WYDEN							. ,			40	00.00			
	Senate President	ment For: Primary Other (sp	General												
	State: OR District: 00 Full Name (Last, First, Middle Initial)			Date of	f Dish	JUISE	ment								
0.	WYDEN FOR SENATE						Date of Disbursement								
	Mailing Address 232 NE 9TH AVENUE														
	City PORTLAND	State OR	Zip Code 97232				Trans	actio	n ID	: SB23.5	5794				
	Purpose of Disbursement														
						y/	Amount of Each Disbursement this Period 1000.00								
	RONALD L WYDEN Office Sought: House Disburse	ment For:	2010	Туре							100				
	Senate President	Primary Other (sp	X General												
	State: OR District: 00							_			_				
s	UBTOTAL of Disbursements This Page (optional)					►		,		- 7	600	00.00			
Т	OTAL This Period (last page this line number only)				►					600	00.00			