

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 11
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 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. Patricia Kapur MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5350 Corbin Avenue
 City Tarzana State CA Zip Code 91356
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UCLA Medical Group Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2014
Transaction ID : SA11AI.5807
 Amount of Each Receipt this Period
 1500.00

B. Dr. Richard Merkin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3644 Maplewood Ave
 City Marina del Rey State CA Zip Code 90292
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Heritage Provider Network President/CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2014
Transaction ID : SA11AI.5809
 Amount of Each Receipt this Period
 5000.00

C. Dr. Murray Taylor MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 39300 Bob Hope Dr #1105
 City Rancho Mirage State CA Zip Code 92270
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Rancho Mirage Family Medical G Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2014
Transaction ID : SA11AI.5812
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional).....▶	6800.00
TOTAL This Period (last page this line number only).....▶	