

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 <br> Use <br> Only |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |

## Write or Type Committee Name

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

6. (a) Cash on Hand

January 1

(b) Cash on Hand at

Begining of Reporting Period

(c) Total Receipts (from Line 19) $\qquad$

(d) Subtotal (add lines 6(b) and 6(c) for Column $A$ and Lines 6(a) and 6(c) for Column B) $\qquad$

7. Total Disbursements (from Line 31)

8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))

9. Debts and Obligations owed TO
the committee (Itemize all on
Schedule C and/or Schedule D) $\qquad$
0.00
10. Debts and Obligations owed BY
the committee (Itemize all on Schedule C and/or Schedule D) $\qquad$
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

## Write or Type Committee Name

CA ASSOCIATION OF PHYSICIAN GROUPS FEDERAL POLITICAL ACTION COMMITTEE (CAPG FEDE-
RAL_PAC)

18. Transfers from Non-Federal and Levin Funds
(a) Non-Federal Account
(from Schedule H 3 ) .......................
(b) Levin Funds (from Schedule H5) .......
(c) Total Transfer (add 18(a) and 18(b)).
$\xrightarrow[\square]{\square, 0.00}$
19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))

$\square$

## FE6ANO26

| II. DISBURSEMENTS | COLUMN A |
| :---: | :---: |
| 21. Operating Expenditures: <br> (a) Shared Federal/Non-Federal Activity (from Schedule H4) |  |
|  |  |
|  | 0.00 |
| (i) Federal Share............................ |  |
| (ii) Non-Federal Share.................... | 0.00 |
| (b) Other Federal Operating |  |
| Expenditures................................. | 0.00 |
| (c) Total Operating Expenditures (add 21(a)(i). (a)(ii) and (b)) $\qquad$ | 0.00 |
| 22. Transfers to Affiliated/Other Party |  |
| Committees...................... | 0.00 |
| 23. Contributions to Federal Candidates/Committees...... and Other Political Committees. | 0.00 |
| 24. Independent Expenditure |  |
| (use Schedule E) | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) <br> (use Schedule F) $\qquad$ | 0.00 |
| 26. Loan Repayments Made......................... | 0.00 |
| 27. Loans Made | 0.00 |
| 28. Refunds of Contributions To: |  |
| (a) Individuals/Persons Other Than Political Committees | 0.00 |
| (b) Political Party Committees | 0.00 |
| (c) Other Political Committees <br> (such as PACs) $\qquad$ | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a). (b), and (c)) | 0.00 |
| 29. Other Disbursements............................ | 0.00 |

Calendar Year-to-Date
30. Federal Election Activity (2 U.S.C 431(20))
(a) Shared Federal Election Activity (from Schedule H6)
(i) Federal Share

31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..

32. Total Federal Disbursements
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).


DETAILED SUMMARY PAGE
of Disbursements


## SCHEDULE A (FECForm 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6/7 (check only one)


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. Jay Cohen, MD

Mailing Address 11 Technology Ave

| City | State | Zip Code |
| :--- | :--- | :--- |
| Invine | CA | 92618 |

Date of Receipt

Transaction ID: SA11AI. 4104
Amount of Each Receipt this Period


Date of Receipt
$\left[\begin{array}{c}\mathrm{MrM} \\ 06\end{array}\right]^{\prime}\left[\begin{array}{c}\mathrm{D} \\ 08\end{array}\right]^{\prime}\left[\begin{array}{c}\mathrm{YrYrYr} \\ 2009\end{array}\right]$

Transaction ID: SA11AI. 4105
Amount of Each Receipt this Period


Date of Receipt


Transaction ID: SA11AI. 4106
Amount of Each Receipt this Period



## SCHEDULE A (FECForm 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7/7 (check only one)


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)

| A. | Full Name (Last, First, Middle Initial) Robert Severs | Date of Receipt <br> Transaction ID: SA11Al. 4108 |
| :---: | :---: | :---: |
|  | Mailing Address 4550 California Ave |  |
|  | City State <br> Bakersfield CA |  |
|  |  | Amount of Each Receipt this Period |
|  | FEC ID number of contributing federal political committee. | $\underbrace{2}$ |
|  | Name of Employer Occupation <br> Managed Care Systems, LP CEO/GP |  |
|  |  |  |
| B. | Full Name (Last, First, Middle Initial) Bart Wald, MD | Date of Receipt |
|  | Mailing Address 199 S. Los Robles Avenue \#300 | $\left[\begin{array}{l} \mathrm{M}^{\prime} \mathrm{M} \\ 06 \end{array}\right]^{\prime}\left[\begin{array}{r} \mathrm{D} \\ 08 \end{array}\right]^{\prime}\left[\begin{array}{r} \mathrm{Y} \\ 2009 \end{array}\right]$ |
|  | City State Zip Code <br> Pasadena CA 91101 | Transaction ID: SA11AI. 4109 |
|  |  | Amount of Each Receipt this Period |
|  | FEC ID number of contributing federal political committee. | 1000.00 |
|  | Name of Employer <br> HealthCare Partners Occupation <br> Regional Medical Directo |  |
|  | Receipt For: $\square$ $\square$ Primary $\quad \square$ General | . |


| SUBTOTAL of Receipts This Page (optional) ......................................................... |  | 3500.00 |
| :---: | :---: | :---: |
| TOTAL This Period (last page this line number only) |  | 11000.00 |


| Federal Election Commission |
| :---: | :---: |
| ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS |
| The FEC added this page to the end of this filing to indicate how it was received. |

