

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. 1 2 F E 4 M 5

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

C00461756

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

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- 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:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

(c) 12-Day PRE-Election Primary (12P) General (12G) Runoff (12R)
Report for the: Convention (12C) Special (12S)

Election on / / in the State of

(d) 30-Day POST-Election General (30G) Runoff (30R) Special (30S)
Report for the:

Election on / / in the State of

5. Covering Period / / 2012 through / / 2012

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 / / 2012

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="2012"/>	<input type="text" value="40948.94"/>	<input type="text" value="40948.94"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="23799.60"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="14300.00"/>	<input type="text" value="14300.00"/>
(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="38099.60"/>	<input type="text" value="55248.94"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="10000.00"/>	<input type="text" value="27149.34"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="28099.60"/>	<input type="text" value="28099.60"/>
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

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).....	13550.00	13550.00
(ii) Unitemized	750.00	750.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	14300.00	14300.00
(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)	14300.00	14300.00
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.).....	0.00	0.00
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))..... ▶	14300.00	14300.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	14300.00	14300.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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	0.00	149.34
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	149.34
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10000.00	27000.00
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)) ..	10000.00	27149.34
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10000.00	27149.34

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)	14300.00	14300.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14300.00	14300.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	0.00	149.34
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	0.00	149.34

**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 6 OF 17
<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

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. Nazli Ahmed MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 275 Victoria, # 2M
 City State Zip Code
 Costa Mesa CA 92627
 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 ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 14 / 2012
Transaction ID : SA11AI.5197
 Amount of Each Receipt this Period
 300.00

B. Stan Arnold MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 11301 Dannen Drive
 City State Zip Code
 Santa Ana CA 92705
 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
 06 / 22 / 2012
Transaction ID : SA11AI.5198
 Amount of Each Receipt this Period
 500.00

c. 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
 06 / 22 / 2012
Transaction ID : SA11AI.5200
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1300.00
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 17
	<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)

Full Name (Last, First, Middle Initial)
A. Matthew Boone MD

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
 06 / 22 / 2012

Transaction ID : SA11AI.5201

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
B. Catherine Campion-Ritz MD

Mailing Address 29 Sweet Bay

City State Zip Code
 Irvine CA 92603

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
 06 / 29 / 2012

Transaction ID : SA11AI.5214

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
C. Weston Chandler MD

Mailing Address 12 Kane Lane

City State Zip Code
 Ladera Ranch CA 92694

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
 06 / 11 / 2012

Transaction ID : SA11AI.5196

Amount of Each Receipt this Period
 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: (check only one)	PAGE 8 OF 17
	<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. Ratul Chatterjee
 Full Name (Last, First, Middle Initial)
 Mailing Address 320 Superior Avenue #360
 City Newport 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 / D D / Y Y Y Y Y Y
 06 / 29 / 2012
Transaction ID : SA11AI.5215
 Amount of Each Receipt this Period
 500.00

B. Elaine Cummings-Grobin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3611 Bellflower Blvd
 City Long Beach State CA Zip Code 90808
 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
 06 / 22 / 2012
Transaction ID : SA11AI.5203
 Amount of Each Receipt this Period
 500.00

C. Stephen Deutsch MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 12651 Hortense Street
 City Studio City State CA Zip Code 91604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cedars-Sinai Medical Group Occupation Chief Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 20 / 2012
Transaction ID : SA11AI.5192
 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 17
<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. 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
 M M M / D D D / Y Y Y Y Y Y
 06 / 22 / 2012
Transaction ID : SA11AI.5202
 Amount of Each Receipt this Period
 500.00

B. 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 M / D D D / Y Y Y Y Y Y
 06 / 29 / 2012
Transaction ID : SA11AI.5216
 Amount of Each Receipt this Period
 500.00

C. Catou Greenberg MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 462 Westminster Ave
 City Newport Beach State CA Zip Code 92663
 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
 06 / 29 / 2012
Transaction ID : SA11AI.5217
 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 17
<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. Cambria Hembree MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 223 Prospect Avenue
 City Long Beach State CA Zip Code 90803
 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 06 / 29 / 2012
Transaction ID : SA11AI.5218
 Amount of Each Receipt this Period 500.00

B. Joel Katz MD
 Full Name (Last, First, Middle Initial)
 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 06 / 07 / 2012
Transaction ID : SA11AI.5194
 Amount of Each Receipt this Period 1000.00

C. Ronald Katz
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 Tiburon Bay Dr
 City Corona Del Mar State CA Zip Code 92625
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Nautilus / Greater Newport Physicians Occupation Board Secretary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 29 / 2012
Transaction ID : SA11AI.5222
 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 11 OF 17
<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. Peter Lee Kim
 Full Name (Last, First, Middle Initial)
 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 06 / 29 / 2012
Transaction ID : SA11AI.5223
 Amount of Each Receipt this Period 500.00

B. Douglas McConnaughey
 Full Name (Last, First, Middle Initial)
 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 06 / 22 / 2012
Transaction ID : SA11AI.5205
 Amount of Each Receipt this Period 500.00

C. Jack Middlebrooks MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 18710 Spruce Circle
 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 06 / 22 / 2012
Transaction ID : SA11AI.5206
 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 12 OF 17
	<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. Lam-Quynh Nguyen MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9900 Talbert Avenue #201
 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
 06 / 22 / 2012
Transaction ID : SA11AI.5207
 Amount of Each Receipt this Period
 500.00

B. Harry Pellman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 16691 Greenview LN
 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 / D D / Y Y Y Y Y Y
 06 / 22 / 2012
Transaction ID : SA11AI.5208
 Amount of Each Receipt this Period
 500.00

C. 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 / D D / Y Y Y Y Y Y
 06 / 22 / 2012
Transaction ID : SA11AI.5209
 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 13 OF 17
<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. 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
 06 / 22 / 2012
Transaction ID : SA11AI.5210
 Amount of Each Receipt this Period
 500.00

B. Mai-Khanh Tran MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9337 Lily Ave
 City Fountain Valley State CA Zip Code 92708
 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
 06 / 29 / 2012
Transaction ID : SA11AI.5225
 Amount of Each Receipt this Period
 500.00

C. John Wikle MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 11572 Marble Arch Dr.
 City Santa Ana State CA Zip Code 92705
 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
 06 / 29 / 2012
Transaction ID : SA11AI.5226
 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 14 OF 17
<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. 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
 06 / 22 / 2012
Transaction ID : SA11AI.5212
 Amount of Each Receipt this Period
 500.00

B. 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
 06 / 22 / 2012
Transaction ID : SA11AI.5213
 Amount of Each Receipt this Period
 500.00

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	13550.00

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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. ALLYSON SCHWARTZ FOR CONGRESS

Mailing Address P.O. BOX 2232

City State Zip Code
JENKINTOWN PA 19046

Purpose of Disbursement

Candidate Name

ALLYSON Y. SCHWARTZ

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: PA District: 13

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	1		2	0	1	2

Transaction ID : SB23.5231

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. DEVIN NUNES CAMPAIGN COMMITTEE

Mailing Address PO BOX 6545

City State Zip Code
VISALIA CA 93290

Purpose of Disbursement

Candidate Name

DEVIN GERALD NUNES

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 22

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	4		2	0	1	2

Transaction ID : SB23.5238

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. FRIENDS OF DICK DURBIN COMMITTEE

Mailing Address PO BOX 1949

City State Zip Code
SPRINGFIELD IL 62705

Purpose of Disbursement

Candidate Name

RICHARD J DURBIN

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	0		2	0	1	2

Transaction ID : SB23.5228

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

3	0	0	0	0	0	0	0	0	0
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1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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. FRIENDS OF LOIS CAPPS

Mailing Address PO Box 23940

City State Zip Code
Santa Barbara CA 93121

Purpose of Disbursement

Candidate Name
LOIS G CAPPS

Office Sought: House
 Senate
 President
State: CA District: 23

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 22 / 2012

Transaction ID : **SB23.5237**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. JIM COSTA FOR CONGRESS

Mailing Address 2037 W Bullard Avenue
355

City State Zip Code
Fresno CA 93711

Purpose of Disbursement

Candidate Name
JIM MR. COSTA

Office Sought: House
 Senate
 President
State: CA District: 20

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 11 / 2012

Transaction ID : **SB23.5234**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. MN RI VA VICTORY 2012

Mailing Address 709A 8TH ST SE

City State Zip Code
WASHINGTON DC 20003

Purpose of Disbursement

Candidate Name
MN RI VA VICTORY 2012

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼
Other

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 10 / 2012

Transaction ID : **SB23.5229**

Amount of Each Disbursement this Period

1000.00

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

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

4500.00

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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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. NEW PAC

Mailing Address P.O. BOX 7480

City VISALIA State CA Zip Code 93290

Purpose of Disbursement

Candidate Name
NEW PAC

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) Other

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5		1	1		2	0	1	2		

Transaction ID : SB23.5235

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) Other

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

Amount of Each Disbursement this Period

--	--	--	--	--	--	--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) Other

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

Amount of Each Disbursement this Period

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

2	5	0	0	.	0	0
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TOTAL This Period (last page this line number only)..... ▶

1	0	0	0	.	0	0
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