



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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="2011"/>		20543.29
(b) Cash on Hand at Beginning of Reporting Period.....	24298.00	
(c) Total Receipts (from Line 19) .....	42450.94	65405.65
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	66748.94	85948.94
7. Total Disbursements (from Line 31).....	25800.00	45000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	40948.94	40948.94
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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

## 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: M M / D D / Y Y Y Y 07 / 01 / 2011 To: M M / D D / Y Y Y Y 12 / 31 / 2011

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).....	39375.00	61075.00
(ii) Unitemized .....	3075.00	4325.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	42450.00	65400.00
(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) .....	42450.00	65400.00
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.).....	0.94	5.65
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))..... ▶	42450.94	65405.65
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	42450.94	65405.65

**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 .....	300.00	300.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	300.00	300.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	25500.00	44700.00
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)) ..	25800.00	45000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	25800.00	45000.00

**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) .....	42450.00	65400.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	42450.00	65400.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	300.00	300.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	300.00	300.00

**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 23  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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. Robert Blackman MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1025 W. Olympic Blvd  
 City Los Angeles State CA Zip Code 90015  
 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 ▼ 2000.00

Date of Receipt 10 / 05 / 2011  
**Transaction ID : SA11AI.5090**  
 Amount of Each Receipt this Period 2000.00  
 Check

**B. Matthew Boone MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9900 Talbert Suite 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 07 / 13 / 2011  
**Transaction ID : SA11AI.5091**  
 Amount of Each Receipt this Period 500.00  
 Check

**C. 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 07 / 13 / 2011  
**Transaction ID : SA11AI.5094**  
 Amount of Each Receipt this Period 500.00  
 Check

**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 7 OF 23
<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. Weston Chandler MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 510 Superior Ave, Suite 290  
 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 ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 13 / 2011  
**Transaction ID : SA11AI.5095**  
 Amount of Each Receipt this Period  
 1000.00  
 Check

**B. Ratul Chatterjee**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19582 Beach Blvd, Suite 102  
 City State Zip Code  
 Huntington Beach CA 92648  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Greater Newport Physicians 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  
 08 / 09 / 2011  
**Transaction ID : SA11AI.5096**  
 Amount of Each Receipt this Period  
 500.00  
 Check

**C. William Chin MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19191 S. Vermont Avenue; s-200  
 City State Zip Code  
 Torrance CA 90502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HealthCare Partners Medical Group Executive Medical Director  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 18 / 2011  
**Transaction ID : SA11AI.5097**  
 Amount of Each Receipt this Period  
 2000.00  
 Check

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3500.00
<b>TOTAL</b> 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 23  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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. Karen Don MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9900 Talbert Ave #302  
 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  
 07 / 13 / 2011  
**Transaction ID : SA11AI.5102**  
 Amount of Each Receipt this Period  
 500.00  
 Check

**B. Tamara Fogarty MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 24782 Red Lodge Pl  
 City State Zip Code  
 Laguna Hills CA 92653  
 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  
 08 / 03 / 2011  
**Transaction ID : SA11AI.5104**  
 Amount of Each Receipt this Period  
 500.00  
 Check

**C. Cambria Hembree MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 210 1/2 Glendora Ave  
 City State Zip Code  
 Long Beach CA 90803  
 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  
 07 / 13 / 2011  
**Transaction ID : SA11AI.5173**  
 Amount of Each Receipt this Period  
 500.00  
 Check

**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 9 OF 23
	<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	

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. John Hirshleifer MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2000 Powell St., Suite 200  
 City Emeryville State CA Zip Code 94608  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Alta Bates Medical Group Occupation 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  
 08 / 03 / 2011  
**Transaction ID : SA11AI.5172**  
 Amount of Each Receipt this Period  
 250.00  
 Check

**B. Ken Holt MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6201 Picardie Rd.  
 City Rancho Palos Verdes State CA Zip Code 90275  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HealthCare Partners (Unified IPA) Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1900.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 05 / 2011  
**Transaction ID : SA11AI.5171**  
 Amount of Each Receipt this Period  
 1900.00  
 Check

**C. Yenjean Hwang MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Country Club Plaza  
 City Orinda State CA Zip Code 94563  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Bay Infectious Disease Med Grp 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  
 08 / 09 / 2011  
**Transaction ID : SA11AI.5170**  
 Amount of Each Receipt this Period  
 500.00  
 Check

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2650.00
<b>TOTAL</b> 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 23
<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. John Johnson MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 502 Torrance Blvd.  
 City Redondo Beach State CA Zip Code 90277  
 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 **1875.00**

Date of Receipt **10 / 05 / 2011**  
**Transaction ID : SA11AI.5169**  
 Amount of Each Receipt this Period **1875.00**  
 Check

**B. David Kaufman DO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18 Endeavor Suite 204  
 City Irvine State CA Zip Code 92618  
 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 **08 / 03 / 2011**  
**Transaction ID : SA11AI.5166**  
 Amount of Each Receipt this Period **500.00**  
 Check

**C. Jason Kim MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6454 Parklynn Dr.  
 City Rancho Palos Verde State CA Zip Code 90275  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HealthCare Partners Medical Group Occupation Associate Medical Director  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2000.00**

Date of Receipt **10 / 05 / 2011**  
**Transaction ID : SA11AI.5165**  
 Amount of Each Receipt this Period **2000.00**  
 Check

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>4375.00</b>
<b>TOTAL</b> 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 23
<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. Jeffrey Litow MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 25650 Mullholland Hwy  
 City Calabasas State CA Zip Code 91302  
 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 **2000.00**

Date of Receipt **10 / 05 / 2011**  
**Transaction ID : SA11AI.5159**  
 Amount of Each Receipt this Period **2000.00**  
 Check

**B. Dr. Corey H Marco MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 280 Avocado Avenue  
 City El Cajon State CA Zip Code 92020  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Sharp Community Medical Group Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **12 / 06 / 2011**  
**Transaction ID : SA11AI.5156**  
 Amount of Each Receipt this Period **500.00**  
 Check

**C. Robert Margolis MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19191 S. Vermont #200  
 City Torrance State CA Zip Code 90502  
 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 **2000.00**

Date of Receipt **10 / 05 / 2011**  
**Transaction ID : SA11AI.5155**  
 Amount of Each Receipt this Period **2000.00**  
 Check

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>4500.00</b>
<b>TOTAL</b> 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 23
	<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

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. Matthew Mazdyasni**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19191 S. Vermont Ave, Suite 200  
 City Torrance State CA Zip Code 90502  
 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 ▼ 2000.00

Date of Receipt 10 / 05 / 2011  
**Transaction ID : SA11AI.5150**  
 Amount of Each Receipt this Period 2000.00  
 Check

**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 07 / 13 / 2011  
**Transaction ID : SA11AI.5149**  
 Amount of Each Receipt this Period 500.00  
 Check

**C. Edward Merchant MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5164 Earl Dr  
 City La Canada Flintridge State CA Zip Code 91011-1621  
 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 ▼ 2000.00

Date of Receipt 10 / 05 / 2011  
**Transaction ID : SA11AI.5148**  
 Amount of Each Receipt this Period 2000.00  
 Check

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4500.00
<b>TOTAL</b> 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 23
<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. 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  
 07 / 13 / 2011  
**Transaction ID : SA11AI.5145**

Amount of Each Receipt this Period  
 500.00

Check

**B. Lam-Quynh Nguyen MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3506 Bravata Dr.

City Huntington Beach	State CA	Zip Code 92649
--------------------------	-------------	-------------------

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  
 07 / 13 / 2011  
**Transaction ID : SA11AI.5144**

Amount of Each Receipt this Period  
 500.00

Check

**C. Dr. Brent C. Norman MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 361 Hospital Rd  
 Ste. 126

City Newport Beach	State CA	Zip Code 92663
-----------------------	-------------	-------------------

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

Name of Employer Brent C. Norman, MD	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 07 / 13 / 2011  
**Transaction ID : SA11AI.5142**

Amount of Each Receipt this Period  
 300.00

Check

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1300.00
<b>TOTAL</b> 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 23
	<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

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. Dr. Carey L. O'Bryan IV MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2320 Cliff Drive  
 City Newport Beach State CA Zip Code 92663  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Carey L O'Bryan IV MD Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **07 / 13 / 2011**  
**Transaction ID : SA11AI.5140**  
 Amount of Each Receipt this Period **500.00**  
 Check

**B. Dr. Pratibha A. Patel MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4206 E. La Palma Avenue  
 City Anaheim State CA Zip Code 92807  
 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 **2000.00**

Date of Receipt **10 / 05 / 2011**  
**Transaction ID : SA11AI.5133**  
 Amount of Each Receipt this Period **2000.00**  
 Check

**C. Thomas Paulsen MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19191 South Vermont Ave Suite 200  
 City Torrance State CA Zip Code 90502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HealthCare Partners Medical Group Occupation Executive Medical Director CA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1875.00**

Date of Receipt **10 / 05 / 2011**  
**Transaction ID : SA11AI.5132**  
 Amount of Each Receipt this Period **1875.00**  
 Check

**SUBTOTAL** of Receipts This Page (optional)..... **4375.00**  
**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 23
	<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

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. 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 / D D / Y Y Y Y Y Y  
 07 / 13 / 2011  
**Transaction ID : SA11AI.5131**  
 Amount of Each Receipt this Period  
 500.00  
 Check

**B. Donald Rebhun MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11600 Indian Hills Rd  
 City State Zip Code  
 Mission Hills CA 91345  
 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 / D D / Y Y Y Y Y Y  
 10 / 18 / 2011  
**Transaction ID : SA11AI.5127**  
 Amount of Each Receipt this Period  
 2000.00  
 Check

**C. Dr. David W Rhodes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2124 Modlothian Drive  
 City State Zip Code  
 Altadena CA 91001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Foothill Urology Associates Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1875.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 28 / 2011  
**Transaction ID : SA11AI.5125**  
 Amount of Each Receipt this Period  
 1875.00  
 Check

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4375.00
<b>TOTAL</b> 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 17 OF 23
	<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	

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. Dr. Neil T. Tarzy MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 366 W. El Norte Pkwy  
 City Escondido State CA Zip Code 92026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer El Norte Medical Group Occupation 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  
 12 / 12 / 2011  
**Transaction ID : SA11AI.5110**  
 Amount of Each Receipt this Period  
 300.00  
 Check

**B. Bart Wald MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 199 S. Los Robles Avenue #300  
 City Pasadena State CA Zip Code 91101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HealthCare Partners Occupation Regional Medical Director  
 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  
 10 / 05 / 2011  
**Transaction ID : SA11AI.5107**  
 Amount of Each Receipt this Period  
 2000.00  
 Check

**C. Keith Wilson MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18402 Coltman Ave  
 City Carson State CA Zip Code 90746  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Talbert Medical Occupation President & 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  
 08 / 09 / 2011  
**Transaction ID : SA11AI.5106**  
 Amount of Each Receipt this Period  
 1000.00  
 Check

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3300.00
<b>TOTAL</b> 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 18 OF 23  
(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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. Keith Wilson MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 18402 Coltman Ave  
City Carson State CA Zip Code 90746  
FEC ID number of contributing federal political committee. C  
Name of Employer Talbert Medical Occupation President & CEO  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 2000.00

Date of Receipt 10 / 20 / 2011  
Transaction ID : SA11AI.5105  
Amount of Each Receipt this Period 1000.00  
Check

**B.**  
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  
Amount of Each Receipt this Period

**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  
Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1000.00
<b>TOTAL</b> This Period (last page this line number only).....	39375.00

**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

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. Merrill Lynch**

Mailing Address 2442 Avenida De la Carlota  
Suite 400

City Laguna Hills State CA Zip Code 92653

Purpose of Disbursement  
bank fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2011

**Transaction ID : SB21B.5070**

Amount of Each Disbursement this Period

300.00
--------

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D 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  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

--

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

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

300.00
--------

300.00
--------

**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

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. BERA FOR CONGRESS**

Mailing Address Post Office Box 582496

City Elk Grove State CA Zip Code 95758

Purpose of Disbursement

Candidate Name  
**AMERISH BERA**

Office Sought:  House  
 Senate  
 President  
State: CA District: 03

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2011

Transaction ID : SB23.5074

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. CARPER FOR SENATE**

Mailing Address 19 EAST COMMONS BLVD SECOND FLOOR

City NEW CASTLE State DE Zip Code 19720

Purpose of Disbursement

Candidate Name  
**THOMAS R CARPER**

Office Sought:  House  
 Senate  
 President  
State: DE District: 00

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 27 / 2011

Transaction ID : SB23.5087

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. DAVE CAMP FOR CONGRESS**

Mailing Address 5915 EASTMAN AVENUE  
SUITE 100

City MIDLAND State MI Zip Code 48640

Purpose of Disbursement

Candidate Name  
**DAVID LEE CAMP**

Office Sought:  House  
 Senate  
 President  
State: MI District: 04

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 13 / 2011

Transaction ID : SB23.5075

Amount of Each Disbursement this Period

2000.00

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

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

9500.00

**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

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. FRIENDS OF LOIS CAPPS**

Mailing Address PO Box 23940

City Santa Barbara State CA Zip Code 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
09		27		2011

Transaction ID : **SB23.5082**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. LUCILLE ROYBAL-ALLARD FOR CONGRESS**

Mailing Address 6 E Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name  
**LUCILLE ROYBAL-ALLARD**

Office Sought:  House  
 Senate  
 President  
State: CA District: 34

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		07		2011

Transaction ID : **SB23.5083**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. MATSUI FOR CONGRESS**

Mailing Address PO BOX 1738

City SACRAMENTO State CA Zip Code 95812

Purpose of Disbursement

Candidate Name  
**DORIS MATSUI**

Office Sought:  House  
 Senate  
 President  
State: CA District: 05

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		13		2011

Transaction ID : **SB23.5078**

Amount of Each Disbursement this Period

1000.00
---------

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

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

3000.00
---------

--

**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

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. PETE STARK RE-ELECTION COMMITTEE**

Mailing Address P.O. Box 8331

City State Zip Code  
Fremont CA 94537

Purpose of Disbursement

Candidate Name  
**FORTNEY P. STARK**

Office Sought:  House  
 Senate  
 President  
State: CA District: 13

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 19 / 2011

**Transaction ID : SB23.5084**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. VARGAS FOR CONGRESS 2012**

Mailing Address 5429 MADISON AVE

City State Zip Code  
SACRAMENTO CA 95841

Purpose of Disbursement

Candidate Name  
**JUAN C. VARGAS**

Office Sought:  House  
 Senate  
 President  
State: CA District: 51

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 13 / 2011

**Transaction ID : SB23.5079**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. WELCH FOR CONGRESS**

Mailing Address PO BOX 1682

City State Zip Code  
BURLINGTON VT 05402

Purpose of Disbursement

Candidate Name  
**PETER WELCH**

Office Sought:  House  
 Senate  
 President  
State: VT District: 00

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 09 / 2011

**Transaction ID : SB23.5085**

Amount of Each Disbursement this Period

4000.00

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

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

11500.00

# 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

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. WELCH FOR CONGRESS

Mailing Address PO BOX 1682

City BURLINGTON State VT Zip Code 05402

Purpose of Disbursement

Candidate Name  
PETER WELCH

Office Sought:  House  
 Senate  
 President  
State: VT District: 00

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2011

Transaction ID : SB23.5086

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

--

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

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

1500.00
---------

25500.00
----------