Image# 12970314748 PAGE 1 / 23

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

					Office Use Only
1. NAME OF TY COMMITTEE (in full)	PE OR PRINT ▼	Example: I over the lir	typing, type es.	12FE4M5	
CA ASSOCIATION OF PHYSI	CIAN GROUPS FED	DERAL POLITICA	ACTION COM	IMITTEE (CA	PG FEDERAL PAC)
ADDRESS (number and street)	915 WILSHIRE BLVD SI	UITE 1620			
Check if different					
than previously reported. (ACC)	LOS ANGELES			CA _	90017
2. FEC IDENTIFICATION NUM	BER ▼	CITY 🛦		STATE 🛦	ZIP CODE ▲
C C00461756	3.	. IS THIS REPORT X	NEW (N) OR	AM (A)	ENDED
4. TYPE OF REPORT (Choose One)	Report	Feb 20 (M2)	May 20 (M5)	Aug	20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:		Mar 20 (M3)	Jun 20 (M6)		20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15		Apr 20 (M4)	Jul 20 (M7)	Oct 2	20 (M10) Jan 31 (YE)
Quarterly Report (Q1) July 15 Quarterly Report (Q2)	(c) 12-Day PRE-Election	Primary		General (
October 15 Quarterly Report (Q3)	Report for the	e: Conver	tion (12C)	Special (125)
X January 31 Year-End Report (YE)	Ele	ection on	/ D D /	Y Y Y Y Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the		I (30G)	Runoff (3	0R) Special (30S)
Termination Report (TER)		ection on	/ D D /	Y = Y = Y = Y	in the State of
5. Covering Period 07	01 201	thro	ugh 12	31	2011
I certify that I have examined this	Report and to the best	t of my knowledge	and belief it is tru	ue, correct and	complete.
Type or Print Name of Treasurer	Donald H. Crane			,	<u> </u>
Signature of Treasurer Donald	H. Crane	[Electro	nically Filed]	Date 01	31 / 2012
NOTE: Submission of false, erroneou	us, or incomplete informa	ation may subject th	e person signing tl	his Report to th	e penalties of 2 U.S.C. §437g.
Office Use Only					FEC FORM 3X Rev. 12/2004

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)

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 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
3.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	40948.94	40948.94
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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)

Write or Type Committee Name

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

Report Covering the Period: From: 07	01 2011 To:			
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
. Contributions (other than loans) From:				
(a) Individuals/Persons Other				
Than Political Committees (i) Itemized (use Schedule A)	39375.00	61075.00		
(i) iternized (use Scriedule A)				
(ii) Unitemized	3075.00	4325.00		
(iii) TOTAL (add				
Lines 11(a)(i) and (ii)▶	42450.00	65400.00		
	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 Contributions (add Lines	7			
11(a)(iii), (b), and (c)) (Carry				
Totals to Line 33, page 5)	42450.00	65400.00		
. Transfers From Affiliated/Other				
Party Committees	0.00	0.00		
	0.00			
. All Loans Received	0.00	0.00		
	100			
. Loan Repayments Received	0.00	0.00		
Offsets To Operating Expenditures				
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00		
Refunds of Contributions Made	7	0.00		
to Federal Candidates and Other				
Political Committees	0.00	0.00		
. Other Federal Receipts				
(Dividends, Interest, etc.)	0.94	5.65		
. Transfers from Non-Federal and Levin Funds				
(a) Non-Federal Account				
(from Schedule H3)	0.00	0.00		
	0.00			
(b) Levin Funds (from Schedule H5)	0.00	0.00		
(a) Total Transfers (add 19/s) and 19/h))	0.00	200		
(6) Total Hallstels (aud 10(a) allu 10(b))	0.00	0.00		
(b) Levin Funds (from Schedule H5)		0.00 0.00 42450.94		
otal Federal Receipts				
(subtract Line 18(c) from Line 19)▶	42450.94	65405		

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		
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		
Transfers to Affiliated/Other Party				
CommitteesContributions to	0.00	0.00		
Federal Candidates/Committees and Other Political Committees	25500.00	44700.00		
Independent Expenditures (use Schedule E)	0.00	0.00		
Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00		
Loan Repayments Made	0.00	0.00		
Loans Made Refunds of Contributions To:	0.00	0.00		
(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		
Other Disbursements	0.00	0.00		
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		
Total Disbursements (add Lines 21(c), 22,				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	25800.00	45000.00		
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

1 20 1 01111 0X (1101: 02:2000)		1 ago o		
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)	42450.00	65400.00		
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00		
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	42450.00	65400.00		
i. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	300.00	300.00		
. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00		
3. Net Operating Expenditures (subtract Line 37 from Line 36)	300.00	300.00		

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

FOR L	PAGE	6	OF	23
(check				
X 1	11c	12		
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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	ne name and address of any political committee to	solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) CA ASSOCIATION OF PHYSICIAN G	ROUPS FEDERAL POLITICAL ACTION C	OMMITTEE (CAPG FEDERAL PAC)				
Full Name (Last, First, Middle Initial) A. Robert Blackman MD Mailing Address 1025 W. Olympic Blvd		Date of Receipt				
City Los Angeles	State Zip Code CA 90015	10 05 2011 Transaction ID : SA11AI.5090 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	2000.00				
Name of Employer HealthCare Partners Receipt For:	Occupation Physician Aggregate Year-to-Date ▼	Check				
Primary General Other (specify) ▼	2000.00					
Full Name (Last, First, Middle Initial) Matthew Boone MD Mailing Address 9900 Talbert Suite 302	·	Date of Receipt 07 13 2011				
City Fountain Valley	State Zip Code CA 92708	Transaction ID : SA11AI.5091 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee. Name of Employer	Occupation	500.00 Check				
Edinger Medical Group Receipt For:	Physician Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	500.00					
Full Name (Last, First, Middle Initial) Shelley Chacon MD		Date of Receipt				
Mailing Address 5952 Littlefield Dr City	State Zip Code	07 13 2011 Transaction ID : SA11Al.5094				
Huntington Beach	CA 92648	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	500.00 Check				
Name of Employer Edinger Medical Group Receipt For:	Occupation Physician	CHOOK				
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00					
SUBTOTAL of Receipts This Page (optional)	>	3000.00				
TOTAL This Period (last page this line number	r only)	7				

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

FOR LINE NO (check only or X) 11a

FOR LINE NUMBER:					PAGE		7	OF		23	
(check only one)											
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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.

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) Weston Chandler MD Date of Receipt Mailing Address 510 Superior Ave, Suite 290 2011 07 13 City Zip Code State Transaction ID: SA11AI.5095 CA **Newport Beach** 92663 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Check Name of Employer Occupation **Greater Newport Physicians** Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ratul Chatterjee Date of Receipt Mailing Address 19582 Beach Blvd, Suite 102 08 09 2011 City State Zip Code Transaction ID: SA11AI.5096 CA **Huntington Beach** 92648 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Check Name of Employer Occupation **Greater Newport Physicians** Physician, Internal Medicine Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. William Chin MD Date of Receipt Mailing Address 19191 S. Vermont Avenue; s-200 M = M 10 18 2011 City State Zip Code Transaction ID: SA11AI.5097 CA Torrance 90502 Amount of Each Receipt this Period FEC ID number of contributing 2000.00 С federal political committee. Check Name of Employer Occupation **Executive Medical Director** HealthCare Partners Medical Group Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) 3500.00 SUBTOTAL of Receipts This Page (optional).....

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

FOF	PAGE	8	OF	23				
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X	11a		11b		11c	12	2	
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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CA ASSOCIATION OF PHYSICIAN G	ROUPS FEDERAL POLITICAL ACTION C	OMMITTEE (CAPG FEDERAL PAC)
Full Name (Last, First, Middle Initial) Karen Don MD Mailing Address 9900 Talbert Ave #302		Date of Receipt
	0	07 13 2011
City Fountain Valley	State Zip Code CA 92708	Transaction ID : SA11AI.5102 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer Edinger Medical Group	Occupation Physician	Check
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Tamara Fogarty MD Mailing Address 24782 Red Lodge PI	•	Date of Receipt 08 03 2011
City Laguna Hills	State Zip Code CA 92653	Transaction ID : SA11AI.5104 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Edinger Medical Group	Occupation Physician	Check
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) C. Cambria Hembree MD		Date of Receipt
Mailing Address 210 1/2 Glendora Ave		07 13 2011 _
City Long Beach	State Zip Code CA 90803	Transaction ID : SA11AI.5173 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Edinger Medical Group Receipt For:	Occupation Physician	Check
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		1500.00
TOTAL This Period (last page this line number	er only)	

Name of Employer

Primary

Receipt For:

В.

C.

Alta Bates Medical Group

Other (specify)

General

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

250.00

FOR LINE NUMBER:					PAGE	:	9	OF	23	
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CA ASSOCIATION OF PHYSICIAN GROUPS FEDERAL POLITICAL ACTION COMMITTEE (CAPG FEDERAL PAC)

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

Occupation

Medical Director

Aggregate Year-to-Date ▼

Full Name (Last, First, Middle Initial) Ken Holt MD		Date of Receipt
Mailing Address 6201 Picardie Rd.		10 05 / Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.5171
Rancho Palos Verdes	CA 90275	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer HealthCare Partners (Unified IRA)	Occupation	1900.00 - Check
HealthCare Partners (Unified IPA)	Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1900.00	
Full Name (Last, First, Middle Initial) Yenjean Hwang MD		Date of Receipt
Mailing Address 1 Country Club Plaza		08 09 2011
City	State Zip Code	Transaction ID : SA11AI.5170
Orinda	CA 94563	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	Check
Bay Infectious Disease Med Grp	Physician	

	г	_					-	265	50.00)
SUBTOTAL of Receipts This Page (optional)	_	-	7	-	-	7	-		-	
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TOTAL THIS T CHOO (last page this line number only)			7	-	-	- 1	-		-	

500.00

Aggregate Year-to-Date ▼

Receipt For:

Primary

Other (specify)

General

FOR LINE NUMBER: PAGE Use separate schedule(s) (check only one) X 11a 11b 11c

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for each category of the 12 Detailed Summary Page 14 13 15 16

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) John Johnson MD Date of Receipt Mailing Address 502 Torrance Blvd. 05 2011 10 City State Zip Code Transaction ID: SA11AI.5169 CA Redondo Beach 90277 Amount of Each Receipt this Period FEC ID number of contributing C 1875.00 federal political committee. Check Name of Employer Occupation HealthCare Partners Medical Group Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1875.00 Other (specify) Full Name (Last, First, Middle Initial) B. David Kaufman DO Date of Receipt Mailing Address 18 Endeavor Suite 204 08 03 2011 City State Zip Code Transaction ID: SA11AI.5166 CA Irvine 92618 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Check Name of Employer Occupation **Greater Newport Physicians** Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Jason Kim MD Date of Receipt Mailing Address 6454 Parklynn Dr. M = M 10 05 2011 State Zip Code Transaction ID: SA11AI.5165 CA Rancho Palos Verde 90275 Amount of Each Receipt this Period FEC ID number of contributing 2000.00 С federal political committee. Check Name of Employer Occupation HealthCare Partners Medical Group Associate Medical Director Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) 4375.00 SUBTOTAL of Receipts This Page (optional).....

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FOR LINE NUMBER: PAGE 11 Use separate schedule(s) (check only one) X 11a 11b 11c

OF

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for each category of the 12 Detailed Summary Page 14 13 15 16 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) Jeffrey Litow MD Date of Receipt Mailing Address 25650 Mullholland Hwy 05 2011 10 City State Zip Code Transaction ID: SA11AI.5159 CA Calabasas 91302 Amount of Each Receipt this Period FEC ID number of contributing C 2000.00 federal political committee. Check Name of Employer Occupation HealthCare Partners Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Corey H Marco MD Date of Receipt Mailing Address 280 Avocado Avenue 12 06 2011 City State Zip Code Transaction ID: SA11AI.5156 CA El Cajon 92020 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Check Name of Employer Occupation Sharp Community Medical Group Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Robert Margolis MD Date of Receipt Mailing Address 19191 S. Vermont #200 M = M 05 10 2011 City State Zip Code Transaction ID: SA11AI.5155 CA Torrance 90502 Amount of Each Receipt this Period FEC ID number of contributing 2000.00 С federal political committee. Check Name of Employer Occupation HealthCare Partners Physician Receipt For: Aggregate Year-to-Date ▼

4500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

2000.00

Primary

Other (specify)

General

FOR LINE NUMBER: PAGE 12 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 13 14 15 16 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) Matthew Mazdyasni Date of Receipt Mailing Address 19191 S. Vermonth Ave, Suite 200 05 2011 10 City Zip Code State Transaction ID: SA11AI.5150 CA Torrance 90502 Amount of Each Receipt this Period FEC ID number of contributing C 2000.00 federal political committee. Check Name of Employer Occupation HealthCare Partners **Executive Vice President** Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Douglas McConnaughey Date of Receipt Mailing Address 9 Cape Danbury 07 13 2011 City State Zip Code Transaction ID: SA11AI.5149 CA Newport Beach 92660 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Check Name of Employer Occupation **Edinger Medical Group** Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Edward Merchant MD Date of Receipt Mailing Address 5164 Earl Dr 10 05 2011 City State Zip Code Transaction ID: SA11AI.5148 CA La Canada Flintridge 91011-1621 Amount of Each Receipt this Period FEC ID number of contributing 2000.00 С federal political committee. Check Name of Employer Occupation HealthCare Partners Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) 4500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

FOR LINE NUMBER: PAGE 13 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

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Detailed Summary Page 13 14 15 16 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) Jack Middlebrooks MD Date of Receipt Mailing Address 18710 Spruce Circle 2011 07 13 City State Zip Code Transaction ID: SA11AI.5145 CA Fountain Valley 92708 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Check Name of Employer Occupation **Edinger Medical Group** Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Lam-Quynh Nguyen MD Date of Receipt Mailing Address 3506 Bravata Dr. 2011 07 13 City State Zip Code Transaction ID: SA11AI.5144 CA **Huntington Beach** 92649 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Check Name of Employer Occupation **Greater Newport Physicians** Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Brent C. Norman MD Date of Receipt Mailing Address 361 Hospital Rd 07 13 2011 Ste. 126 City State Zip Code Transaction ID: SA11AI.5142 CA Newport Beach 92663 Amount of Each Receipt this Period FEC ID number of contributing 300.00 С federal political committee. Check Name of Employer Occupation Brent C. Norman, MD Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 1300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 9

	F	OR	LINE	NU	MBER	:	PAGE	14	OF	23
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Detailed Summary Page		X	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) Full Name (Last, First, Middle Initial) Dr. Carey L. O'Bryan IV MD Date of Receipt Mailing Address 2320 Cliff Drive 13 2011 07 City Zip Code State Transaction ID: SA11AI.5140 CA **Newport Beach** 92663 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Check Name of Employer Occupation Carey L O'Bryan IV MD Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Pratibha A. Patel MD Date of Receipt Mailing Address 4206 E. La Palma Avenue 10 05 2011 City State Zip Code Transaction ID: SA11AI.5133 CA Anaheim 92807 Amount of Each Receipt this Period FEC ID number of contributing 2000.00 federal political committee. Check Name of Employer Occupation Healthcare Partners Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Thomas Paulsen MD Date of Receipt Mailing Address 19191 South Vermont Ave Suite 200 M = M 05 10 2011 City State Zip Code Transaction ID: SA11AI.5132 CA Torrance 90502 Amount of Each Receipt this Period FEC ID number of contributing 1875.00 С federal political committee. Check Name of Employer Occupation **Executive Medical Director CA** HealthCare Partners Medical Group Receipt For: Aggregate Year-to-Date ▼ Primary General 1875.00 Other (specify) 4375.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	FOR LINE NUMBER:	PAGE 1	15 OF 23
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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) Harry Pellman MD Date of Receipt Mailing Address 16691 Greenview LN 07 13 2011 City State Zip Code Transaction ID: SA11AI.5131 CA **Huntington Beach** 92649 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Check Name of Employer Occupation Physician **Edinger Medical Group** Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Donald Rebhun MD Date of Receipt Mailing Address 11600 Indian Hills Rd 10 18 2011 City State Zip Code Transaction ID: SA11AI.5127 Mission Hills CA 91345 Amount of Each Receipt this Period FEC ID number of contributing 2000.00 federal political committee. Check Name of Employer Occupation HealthCare Partners Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. David W Rhodes Date of Receipt Mailing Address 2124 Modlothian Drive M = M 28 10 2011 City State Zip Code Transaction ID: SA11AI.5125 CA Altadena 91001 Amount of Each Receipt this Period FEC ID number of contributing C 1875.00 federal political committee. Check Name of Employer Occupation Physician Foothill Urology Associates Receipt For: Aggregate Year-to-Date ▼ Primary General 1875.00 Other (specify) 4375.00 SUBTOTAL of Receipts This Page (optional).....

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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) Dr. Kenneth J. Roth MD Date of Receipt Mailing Address 8765 Aero Drive #130 07 2011 12 City State Zip Code Transaction ID: SA11AI.5123 CA San Diego 92123 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Check Name of Employer Occupation San Diego Internal Medicine President, SCMG, Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Barry M Scher MD Date of Receipt Mailing Address 681 Third Avenue 12 80 2011 City State Zip Code Transaction ID: SA11AI.5121 Chula Vista CA 91910 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Check Name of Employer Occupation Eye Physicians Med./Surg. Cen. Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Samuel A. Skootsky MD Date of Receipt Mailing Address 2151 Balsam Avenue 80 19 2011 Zip Code City State Transaction ID: SA11AI.5113 CA Los Angeles 90025 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Check Name of Employer Occupation **Medical Director UCLA Medical Group** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional).....

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or for commercial purposes, other than using	the name and address of any political committee t	to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CA ASSOCIATION OF PHYSICIAN	GROUPS FEDERAL POLITICAL ACTION C	COMMITTEE (CAPG FEDERAL PAC)
Full Name (Last, First, Middle Initial) Dr. Neil T. Tarzy MD Mailing Address 366 W. El Norte Pkwy		Date of Receipt
City	State Zip Code	12 12 2011 Transaction ID : \$4414 F449
Escondido	CA 92026	Transaction ID : SA11AI.5110 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	- Check
El Norte Medical Group Receipt For:	Physician	-
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) 3. Bart Wald MD		Date of Receipt
Mailing Address 199 S. Los Robles Avenue		10 05 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Pasadena	State Zip Code CA 91101	Transaction ID : SA11AI.5107 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2000.00
Name of Employer	Occupation	Check
HealthCare Partners	Regional Medical Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) C. Keith Wilson MD		Date of Receipt
Mailing Address 18402 Coltman Ave		08 09 2011
City Carson	State Zip Code CA 90746	Transaction ID : SA11AI.5106 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	Check
Talbert Medical Receipt For:	President & CEO	4
Heceipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)	•	3300.00
TOTAL This Period (last page this line numb	er only)	

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

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	X	11a		11b		11c		12			
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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.

or for commercial purposes, other than using	the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CA ASSOCIATION OF PHYSICIAN (GROUPS FEDERAL POLITICAL ACTION C	OMMITTEE (CAPG FEDERAL PAC)
Full Name (Last, First, Middle Initial) Keith Wilson MD Mailing Address 48403 Caltures Ave		Date of Receipt
Mailing Address 18402 Coltman Ave		10 20 2011
City Carson	State Zip Code CA 90746	Transaction ID : SA11AI.5105 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Talbert Medical	Occupation President & CEO	Check
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) Address		Date of Receipt
Mailing Address City	State Zip Code	
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M = M / D = D / Y = Y = Y
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional).		1000.00
TOTAL This Period (last page this line number	er only)	39375.00

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S	CHEDULE B (FEC Form 3X))P	I INI⊏	NII	JMBER:				PAGE	19	OF	23
	EMIZED DISBURSEMENTS	Use separate schedule(s)				only one)								
		for each category of the Detailed Summary Page		X	21b		22		23		24	25		26
					27		28a		28b		28c	29		30b
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or	for commercial purposes, other than using the nam	e and address of any politica	ı com	ımı	iee io	SC	DIICIT CO	ntric	utions	iro	m sucn	commi	itee.	
$ \rangle$	NAME OF COMMITTEE (In Full) CA ASSOCIATION OF PHYSICIAN GROUI	PS FEDERAL POLITICAL	AC:	TIC	NI C	\bigcirc N	лилт	FF	(CAF	PG.	FEDER	ΔΙΡ	۸C)	
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	Full Name (Last, First, Middle Initial)													
A.	Merrill Lynch						Date of	Dis	sburse	eme	nt			
	M. W. A.I.						M M	/	D			Y Y	Y	
	Mailing Address 2442 Avenida De la Carlota Suite 400						07	ı,	0	6		2011	_	
		state Zip Code					_			_				
	Laguna Hills	CA 92653					Trans	acti	ion ID	: S	B21B.50	70		
	Purpose of Disbursement bank fee		-	-										
	Candidate Name						Amoun	of	Each	Dis	burseme	nt this	Peri	od
	Candidate Marie		Cate	egoi ype	γ/							30	0.00	
	Office Sought: House Disbursen	nent For:	' '	урс				_	,		,			
	Senate	Primary General												
		Other (specify) ▼												
	State: District:													
В.	Full Name (Last, First, Middle Initial)						Date of	: רו	huroc	mo	nt			
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	Mailing Address						IVI - IVI			D	/ 1 =	-	_ 1	
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	City	state Zip Code												
	Purpose of Disbursement													
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	Candidate Name		Cate	eaoi	v/				-					
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	Office Sought: House Disbursem													
		Primary General Other (specify) ▼												
	State: District:	outlot (opcolity)												
_	Full Name (Last, First, Middle Initial)													
C.							Date of	Dis	sburse	eme	nt			
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	Mailing Address							ı.	_				_	
	City	itate Zip Code												
	Purpose of Disbursement													
	•						Amoun	t of	Each	Dis	burseme	nt this	Peri	od
	Candidate Name		Cate	egoi	v/									
				/pe	,				7		-		-	
	Office Sought: House Disbursen													
		Primary General Other (specify) ▼												
	State: District:	Other (specify)												
Г	I						-	-				_		_
s	UBTOTAL of Disbursements This Page (optional)				•				,		-	30	0.00	
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T	OTAL This Period (last page this line number only).				•				,		,	30	0.00	

SCHEDULE B (FEC Form 3X)	11	(a) FOR LINE	NUMBER: PAGE 20 OF 23
ITEMIZED DISBURSEMENTS	Use separate schedule for each category of th Detailed Summary Pag	e Concor only	7 one) 22 X 23 24 25 26 28a 28b 28c 29 30
Any information copied from such Reports and State			
or for commercial purposes, other than using the national NAME OF COMMITTEE (In Full) CA ASSOCIATION OF PHYSICIAN GROUP CARROLEM	•		
Full Name (Last, First, Middle Initial)			Data of Dielawa was
A. BERA FOR CONGRESS			Date of Disbursement
Mailing Address Post Office Box 582496			12 29 2011
,	State Zip Code		Transaction ID : SB23.5074
Elk Grove Purpose of Disbursement	CA 95758		Transaction 15 : 0520.0074
Fulpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name		Category/	5000.00
AMERISH BERA		Type	5000.00
Office Sought: House Disburse	ment For: 2012 Primary	I	
Full Name (Last, First, Middle Initial)			
B. CARPER FOR SENATE			Date of Disbursement
Mailing Address 19 EAST COMMONS BLVD SEC	OND FLOOR		10 27 2011
City NEW CASTLE	State Zip Code DE 19720		Transaction ID : SB23.5087
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name		Catagony	Attribute of Each Proparation and Ferror
THOMAS R CARPER		Category/ Type	2500.00
	ment For: 2012 Primary Genera Other (specify)	I	
Full Name (Last, First, Middle Initial) C. DAVE CAMP FOR CONGRESS			Date of Disbursement
- BAVE CAMIL I GIV CONGREGO			M M / D D / Y Y Y Y
Mailing Address 5915 EASTMAN AVENUE SUITE 100			09 13 2011
•	State Zip Code		Transaction ID : SB23.5075
MIDLAND Purpose of Disbursement	MI 48640		
i arpose or Dispulsement			Amount of Each Disbursement this Period
Candidate Name		Category/	Amount of Each Dispursement this Period
DAVID LEE CAMP		Type	2000.00
Office Sought: House Disburse	ment For: 2012 Primary Genera Other (specify) ▼	ı	
			0500.00
SUBTOTAL of Disbursements This Page (optional)		<u> </u>	9500.00
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 21 OF 23	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	hedule(s) (check only one)		
	Detailed Summary Page	21b	22 🗙 23 24 25 26	
	<u> </u>	27	28a 28b 28c 29 30b	
Any information copied from such Reports and State or for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full) CA ASSOCIATION OF PHYSICIAN GRO	JPS FEDERAL POLITICA	L ACTION CO	OMMITTEE (CAPG FEDERAL PAC)	
Full Name (Last, First, Middle Initial)				
A. FRIENDS OF LOIS CAPPS			Date of Disbursement	
Mailing Address PO Box 23940			09 27 2011	
City	State Zip Code		Transaction ID ODGG 5000	
Santa Barbara	CA 93121		Transaction ID: SB23.5082	
Purpose of Disbursement		· · ·	Amount of Each Disbursement this Period	
Candidate Name		Category/		
LOIS G CAPPS		Type	1000.00	
Senate President	ement For: 2012 Primary General Other (specify) ▼			
State: CA District: 23				
Full Name (Last, First, Middle Initial) B. LUCILLE ROYBAL-ALLARD FOR	CONGRESS		Date of Disbursement	
	CONONLOG		M = M / D = D / Y = Y = Y	
Mailing Address 6 E Street, SE			11 07 2011	
City Washington	State Zip Code DC 20003		Transaction ID : SB23.5083	
Purpose of Disbursement			Amount of Each Disbursement this Period	
Candidate Name		Category/		
LUCILLE ROYBAL-ALLARD		Type	1000.00	
	ement For: 2012 Primary General Other (specify)			
Full Name (Last, First, Middle Initial) C- MATSUI FOR CONGRESS			Date of Disbursement	
			M M / D D / Y Y Y Y	
Mailing Address PO BOX 1738			09 13 2011	
City	State Zip Code CA 95812		Transaction ID: SB23.5078	
SACRAMENTO Purpose of Disbursement	CA 95812			
			Amount of Each Disbursement this Period	
Candidate Name		Category/	Amount of Each Biodusement this Feriod	
DORIS MATSUI		Type	1000.00	
Senate President	ement For: 2012 Primary General Other (specify) ▼			
State: CA District: 05				
SUBTOTAL of Disbursements This Page (optional)		······	3000.00	
TOTAL This Period (last page this line number onl	y)			

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r for commercial purposes, other than using the nare NAME OF COMMITTEE (In Full) CA ASSOCIATION OF PHYSICIAN GROUF Full Name (Last, First, Middle Initial) PETE STARK RE-ELECTION COIMailing Address P.O. Box 8331 City Fremont	ne and add	ERAL POLITICA	cal committee to	OMMITTEE (CAPG FEDERAL PAC)		
NAME OF COMMITTEE (In Full) CA ASSOCIATION OF PHYSICIAN GROUFull Name (Last, First, Middle Initial) PETE STARK RE-ELECTION COIMailing Address P.O. Box 8331 City Fremont	IPS FEDE	ERAL POLITICA		OMMITTEE (CAPG FEDERAL PAC)		
PETE STARK RE-ELECTION COI Mailing Address P.O. Box 8331 City Fremont	MMITTE	ΕE		Date of Dishursement		
Mailing Address P.O. Box 8331 City Fremont	viivii i l			Date of Dispuiscilicit		
Fremont						
	State	Zip Code		Transaction ID : SB23.5084		
Purpose of Disbursement	CA	94537				
Candidate Name FORTNEY P. STARK			Category/ Type	Amount of Each Disbursement this Period 2500.00		
Senate President	ment For: Primary Other (spe	General				
State: CA District: 13 Full Name (Last, First, Middle Initial) VARGAS FOR CONGRESS 2012				Date of Disbursement		
Mailing Address 5429 MADISON AVE				12 13 7 2011		
City SACRAMENTO	State CA	Zip Code 95841		Transaction ID : SB23.5079		
Purpose of Disbursement				Amount of Each Disbursement this Period		
Candidate Name JUAN C. VARGAS			Category/ Type	5000.00		
Office Sought: House Disburse	ment For: Primary Other (spe	General	. 1940			
Full Name (Last, First, Middle Initial) WELCH FOR CONGRESS				Date of Disbursement		
Mailing Address PO BOX 1682				09 / 09 / 2011		
City BURLINGTON Purpose of Disbursement	State VT	Zip Code 05402		Transaction ID : SB23.5085		
Candidate Name PETER WELCH			Category/	Amount of Each Disbursement this Period 4000.00		
	ment For:	2012	Туре			
Office Sought: House Disburse	Primary Other (spe	General				

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 23 OF 23	
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27		
Any information copied from such Reports and Statem or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full) CA ASSOCIATION OF PHYSICIAN GROUI	PS FEDERAL POLITICAL	ACTION CO	OMMITTEE (CAPG FEDERAL PAC)	
Full Name (Last, First, Middle Initial)			D. (D.)	
A. WELCH FOR CONGRESS	Date of Disbursement			
Mailing Address PO BOX 1682			09 27 2011	
City S BURLINGTON	State Zip Code VT 05402		Transaction ID : SB23.5086	
Purpose of Disbursement	30102			
Candidate Name		0.11	Amount of Each Disbursement this Period	
PETER WELCH		Category/ Type	1500.00	
Senate	nent For: 2012 Primary			
State: VT District: 00				
Full Name (Last, First, Middle Initial) B.	Date of Disbursement			
Mailing Address				
City	State Zip Code			
Purpose of Disbursement	Amount of Each Disbursement this Period			
Candidate Name	Category/ Type			
President	nent For: Primary General Other (specify)	71.		
State: District: Full Name (Last, First, Middle Initial)				
C.	Date of Disbursement			
Mailing Address				
City	State Zip Code			
Purpose of Disbursement				
Candidate Name	Amount of Each Disbursement this Period			
	nent For: Primary General Other (specify) ▼	Type		
Otato. District.				
SUBTOTAL of Disbursements This Page (optional)		······•	1500.00	
TOTAL This Period (last page this line number only)			25500.00	