

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. 12FE4M5

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 ▲

C C00461756

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

4. TYPE OF REPORT (Choose One)

- 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:
 - Feb 20 (M2)
 - Mar 20 (M3)
 - Apr 20 (M4)
 - May 20 (M5)
 - Jun 20 (M6)
 - Jul 20 (M7)
 - Aug 20 (M8)
 - Sep 20 (M9)
 - Oct 20 (M10)
 - Nov 20 (M11) (Non-Election Year Only)
 - Dec 20 (M12) (Non-Election Year Only)
 - Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
- General (12G)
- Runoff (12R)
- Convention (12C)
- Special (12S)

 Election on [MM] / [DD] / [YYYY] in the State of []

(d) 30-Day POST-Election Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

 Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [07] / [01] / [2013] through [12] / [31] / [2013]

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 [01] / [28] / [2014]

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)

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="2013"/>	<input type="text" value="16005.09"/>	<input type="text" value="16005.09"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="47026.21"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="24057.29"/>	<input type="text" value="74295.90"/>
(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="71083.50"/>	<input type="text" value="90300.99"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="37434.52"/>	<input type="text" value="56652.01"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="33648.98"/>	<input type="text" value="33648.98"/>
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).....	22800.00	71850.00
(ii) Unitemized	1250.00	2435.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶	24050.00	74285.00
(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)	24050.00	74285.00
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.).....	7.29	10.90
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))..... ▶	24057.29	74295.90
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	24057.29	74295.90

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	1334.52	2052.01
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1334.52	2052.01
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	36100.00	54600.00
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)) ..	37434.52	56652.01
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	37434.52	56652.01

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)	24050.00	74285.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	24050.00	74285.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	1334.52	2052.01
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	1334.52	2052.01

**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 30
	<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. Hasmukh Amin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9508 Stockdale Hwy
 Suite 150
 City Bakersfield State CA Zip Code 93311
 Name of Employer Riverwalk Pediatric Clinic Inc Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 13 / 2013
Transaction ID : SA11AI.5571
 Amount of Each Receipt this Period 1000.00

B. Karla Ascencio
 Full Name (Last, First, Middle Initial)
 Mailing Address 5652 Laramie Way
 City San Diego State CA Zip Code 92120
 Name of Employer Sharp Community Medical Group Occupation VP, Health Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 12 / 2013
Transaction ID : SA11AI.5519
 Amount of Each Receipt this Period 250.00

C. Dr. Javier Bustamante MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2400 Nantes Way
 City Bakersfield State CA Zip Code 93311
 Name of Employer Self Occupation Pediatrician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 20 / 2013
Transaction ID : SA11AI.5578
 Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2250.00
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 30
	<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)

A. Dr. Carlos Castro MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2340 E. 8th Street
 Ste. A
 City State Zip Code
 National City CA 91950
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 PCP South Bay/SCMG Affiliated 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
 08 / 07 / 2013
Transaction ID : SA11AI.5512
 Amount of Each Receipt this Period
 300.00

B. 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 ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 12 / 2013
Transaction ID : SA11AI.5504
 Amount of Each Receipt this Period
 1000.00

C. Dr. Alan Conrad MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 15721 Pomerado Road
 City State Zip Code
 Poway CA 92064
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 North County Internists Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 26 / 2013
Transaction ID : SA11AI.5508
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1550.00
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 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. Charles Deckert		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>12</td> <td></td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	08		12		2013
M M M	/	D D D	/	Y Y Y Y Y Y								
08		12		2013								
Mailing Address 10758 Carillon Ct		Transaction ID : SA11AI.5521										
City San Diego	State CA	Zip Code 92131										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00										
Name of Employer Sharp Community Medical Group	Occupation Healthcare Information Svcs											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00											

Full Name (Last, First, Middle Initial) B. Dr. Renu Deshpande MD		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>06</td> <td></td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09		06		2013
M M M	/	D D D	/	Y Y Y Y Y Y								
09		06		2013								
Mailing Address 319 Diablo Rd Suite 105		Transaction ID : SA11AI.5553										
City Danville	State CA	Zip Code 94526										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00										
Name of Employer Bay Valley Medical Group	Occupation Physician											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00											

Full Name (Last, First, Middle Initial) C. Dr. David Dougherty MD		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>06</td> <td></td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09		06		2013
M M M	/	D D D	/	Y Y Y Y Y Y								
09		06		2013								
Mailing Address 1200 Camino Del Oeste		Transaction ID : SA11AI.5555										
City Bakersfield	State CA	Zip Code 93309										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00										
Name of Employer Bakersfield Internal Medicine	Occupation Physician											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00											

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
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: PAGE 9 OF 30
(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
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NAME OF COMMITTEE (In Full)
CA ASSOCIATION OF PHYSICIAN GROUPS FEDERAL POLITICAL ACTION COMMITTEE (CAPG FEDERAL PAC)

A. Paul Durr
Full Name (Last, First, Middle Initial)
Mailing Address 2128 Hills Lake Drive
City El Cajon State CA Zip Code 92020
FEC ID number of contributing federal political committee. C
Name of Employer Sharp Healthcare Occupation CFO
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 500.00

Date of Receipt 08 / 12 / 2013
Transaction ID : SA11AI.5525
Amount of Each Receipt this Period 500.00

B. Dr. Sergio Flores MD
Full Name (Last, First, Middle Initial)
Mailing Address 740 Country Club Lane
City Coronado State CA Zip Code 92118
FEC ID number of contributing federal political committee. C
Name of Employer San Diego Digestive Disease Co Occupation Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 250.00

Date of Receipt 08 / 12 / 2013
Transaction ID : SA11AI.5527
Amount of Each Receipt this Period 250.00

C. Dr. Richard Ho MD
Full Name (Last, First, Middle Initial)
Mailing Address 57 Hardie Drive
City Moraga State CA Zip Code 94556
FEC ID number of contributing federal political committee. C
Name of Employer Bay Valley Medical Group Occupation Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 500.00

Date of Receipt 09 / 06 / 2013
Transaction ID : SA11AI.5557
Amount of Each Receipt this Period 500.00

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 10 OF 30
	<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)

A. Dr. Carolyn Hudson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3305 Loreto Drive
 City San Ramon State CA Zip Code 94583
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bay Valley Medical Group Occupation Pediatrician
 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
 09 / 06 / 2013
Transaction ID : SA11AI.5559
 Amount of Each Receipt this Period
 500.00

B. Dr. Ronald Hull DPM
 Full Name (Last, First, Middle Initial)
 Mailing Address 27212 Calaroga Avenue
 City Hayward State CA Zip Code 94545
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bay Valley Medical Group Occupation Podiatrist
 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
 09 / 06 / 2013
Transaction ID : SA11AI.5561
 Amount of Each Receipt this Period
 500.00

C. Dr. John E. Jenrette MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 850 Beech St #1205
 City San Diego State CA Zip Code 92101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sharp HealthCare Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 12 / 2013
Transaction ID : SA11AI.5528
 Amount of Each Receipt this Period
 2500.00

SUBTOTAL of Receipts This Page (optional).....▶	3500.00
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 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Dr. Kaarel Kalijot MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6983 Broadway Terrace

City Oakland	State CA	Zip Code 94611
-----------------	-------------	-------------------

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

Name of Employer Bay Valley 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
 10 / 11 / 2013

Transaction ID : SA11AI.5581

Amount of Each Receipt this Period
 500.00

B. Dr. David Levinsohn MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 13711 Merlado Drive

City Del Mar	State CA	Zip Code 92014
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FEC ID number of contributing federal political committee. **C**

Name of Employer Synergy Surgical Medical Group	Occupation 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
 08 / 07 / 2013

Transaction ID : SA11AI.5513

Amount of Each Receipt this Period
 1000.00

C. Dr. Corey H Marco MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 280 Avocado Avenue

City El Cajon	State CA	Zip Code 92020
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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 ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 12 / 2013

Transaction ID : SA11AI.5531

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
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 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Dr. Ada Marin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4912 Mt. Elbrus Drive
 City San Diego State CA Zip Code 92117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Metro Family Physicians Med Gr Occupation Family Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **08 / 12 / 2013**
Transaction ID : SA11AI.5532
 Amount of Each Receipt this Period **500.00**

B. Dr. Franklin M. Martin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8548 Donaker Street
 City San Diego State CA Zip Code 92129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Franklin M. Martin MD Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **08 / 07 / 2013**
Transaction ID : SA11AI.5515
 Amount of Each Receipt this Period **250.00**

c. Christopher McGlone
 Full Name (Last, First, Middle Initial)
 Mailing Address 17244 Eagle Canyon Place
 City San Diego State CA Zip Code 92127
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sharp Community Medical Group Occupation COO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **08 / 13 / 2013**
Transaction ID : SA11AI.5548
 Amount of Each Receipt this Period **500.00**

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 13 OF 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
CA ASSOCIATION OF PHYSICIAN GROUPS FEDERAL POLITICAL ACTION COMMITTEE (CAPG FEDERAL PAC)

A. Dr. Lynne Milgram MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 11265 Corte Playa Corona
 City San Diego State CA Zip Code 92124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer San Diego Health Alliance Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 12 / 2013
Transaction ID : SA11AI.5533
 Amount of Each Receipt this Period
 250.00

B. Dr. Lilia Ocegueda MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 27212 Calaroga Avenue
 City Hayward State CA Zip Code 94545
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bay Valley 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
 09 / 06 / 2013
Transaction ID : SA11AI.5563
 Amount of Each Receipt this Period
 500.00

C. Richard Oken MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2999 Regent St. #325
 City Berkeley State CA Zip Code 94705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self / East Bay Pediatrics Occupation Physician/President ABMG
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2013
Transaction ID : SA11AI.5573
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
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 30
	<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. Dr Nghia Pham MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 12739 Biola Avenue
 City La Mirada State CA Zip Code 90638
 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 **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 12 / 2013
Transaction ID : SA11AI.5505
 Amount of Each Receipt this Period
1000.00

B. Dr. Vincent Phillips MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3838 San Dimas St B-231
 City Bakersfield State CA Zip Code 93301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer C. Vincent Phillips MD Inc. Occupation Surgeon
 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
09 / 13 / 2013
Transaction ID : SA11AI.5574
 Amount of Each Receipt this Period
1000.00

C. Dr. Larry Pollack MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 14150 Rancho Vista Bnd
 City San Diego State CA Zip Code 92130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Plastic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 12 / 2013
Transaction ID : SA11AI.5536
 Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	2250.00
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 30		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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

A. Dr. Misha Roitshteyn MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7704 Cottonwood Ln
 City Pleasnton State CA Zip Code 94588
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bay Valley 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
 09 / 13 / 2013
Transaction ID : SA11AI.5576
 Amount of Each Receipt this Period
 500.00

B. Dr. Kenneth J. Roth MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8765 Aero Drive #130
 City San Diego State CA Zip Code 92123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer San Diego Internal Medicine Occupation President, SCMG, 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
 08 / 12 / 2013
Transaction ID : SA11AI.5538
 Amount of Each Receipt this Period
 1000.00

C. Dr. Fred Saleh MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3075 Health Center
 City San Diego State CA Zip Code 92123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 12 / 2013
Transaction ID : SA11AI.5539
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
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 16 OF 30
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Dr. Samuel A. Skootsky MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2151 Balsam Avenue

City Los Angeles	State CA	Zip Code 90025
---------------------	-------------	-------------------

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

Name of Employer UCLA Medical Group	Occupation Medical Director
--	--------------------------------

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 / 26 / 2013
Transaction ID : SA11AI.5511

Amount of Each Receipt this Period
 250.00

B. Dr. Samuel A. Skootsky MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2151 Balsam Avenue

City Los Angeles	State CA	Zip Code 90025
---------------------	-------------	-------------------

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

Name of Employer UCLA Medical Group	Occupation Medical Director
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 19 / 2013
Transaction ID : SA11AI.5549

Amount of Each Receipt this Period
 250.00

C. Dr. Samuel A. Skootsky MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2151 Balsam Avenue

City Los Angeles	State CA	Zip Code 90025
---------------------	-------------	-------------------

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

Name of Employer UCLA Medical Group	Occupation Medical Director
--	--------------------------------

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
 09 / 20 / 2013
Transaction ID : SA11AI.5580

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	750.00
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 17 OF 30
	<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)

A. Gary Sutter MD
Full Name (Last, First, Middle Initial)

Mailing Address 219 Howland Canal

City Venice State CA Zip Code 90291

FEC ID number of contributing federal political committee.

Name of Employer HealthCare Partners Medical Group Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt / /
Transaction ID : SA11AI.5507

Amount of Each Receipt this Period

B. Dr. Salvatore Tarantino MD
Full Name (Last, First, Middle Initial)

Mailing Address 8881 Fletcher Parkway Suite #370

City La Mesa State CA Zip Code 91942

FEC ID number of contributing federal political committee.

Name of Employer Caring Physicians Medical Grp Occupation Physician, Internal Medicine

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt / /
Transaction ID : SA11AI.5565

Amount of Each Receipt this Period

c. Dr. Suman Veeragandham MD
Full Name (Last, First, Middle Initial)

Mailing Address 5806 Newfields Ln

City Dublin State CA Zip Code 94568

FEC ID number of contributing federal political committee.

Name of Employer Bay Valley Medical Group Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt / /
Transaction ID : SA11AI.5567

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

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 18 OF 30
	<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. Dr. Kenneth Warm MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2205 Westland Ave
 City San Diego State CA Zip Code 92104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cosonado Medical Group Occupation Physician
 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 / 12 / 2013
Transaction ID : SA11AI.5544
 Amount of Each Receipt this Period
 250.00

B. John Young
 Full Name (Last, First, Middle Initial)
 Mailing Address 10600 Redbridge Way
 City Bakersfield State CA Zip Code 93311
 FEC ID number of contributing federal political committee. **C**
 Name of Employer San Joaquin Family Medicine Occupation 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
 09 / 06 / 2013
Transaction ID : SA11AI.5569
 Amount of Each Receipt this Period
 1000.00

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

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
TOTAL This Period (last page this line number only).....▶	22800.00

**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

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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. Ahlstrom & Baker CPAs

Mailing Address 10621 Calle Lee
Suite 153

City Los Alamitos State CA Zip Code 90720

Purpose of Disbursement
Tax preparation service

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 03 / 2013

Transaction ID : SB21B.5523

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Intuit Payment Solutions

Mailing Address 21215 Burbank Blvd
Suite 100

City Woodland Hills State CA Zip Code 91367

Purpose of Disbursement
Credit card transaction fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 16 / 2013

Transaction ID : SB21B.5497

Amount of Each Disbursement this Period

16.40

Full Name (Last, First, Middle Initial)

C. Intuit Payment Solutions

Mailing Address 21215 Burbank Blvd
Suite 100

City Woodland Hills State CA Zip Code 91367

Purpose of Disbursement
Credit card transaction fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 06 / 2013

Transaction ID : SB21B.5498

Amount of Each Disbursement this Period

8.46

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

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

524.86

**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

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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. Intuit Payment Solutions

Mailing Address 21215 Burbank Blvd
Suite 100

City Woodland Hills State CA Zip Code 91367

Purpose of Disbursement
Credit card transaction fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 15 / 2013

Transaction ID : SB21B.5499

Amount of Each Disbursement this Period

82.82

Full Name (Last, First, Middle Initial)

B. Intuit Payment Solutions

Mailing Address 21215 Burbank Blvd
Suite 100

City Woodland Hills State CA Zip Code 91367

Purpose of Disbursement
Credit card transaction fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 03 / 2013

Transaction ID : SB21B.5500

Amount of Each Disbursement this Period

186.99

Full Name (Last, First, Middle Initial)

C. Intuit Payment Solutions

Mailing Address 21215 Burbank Blvd
Suite 100

City Woodland Hills State CA Zip Code 91367

Purpose of Disbursement
Credit card transaction fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 03 / 2013

Transaction ID : SB21B.5501

Amount of Each Disbursement this Period

19.95

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

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

289.76

**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

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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. Intuit Payment Solutions

Mailing Address 21215 Burbank Blvd
Suite 100

City Woodland Hills State CA Zip Code 91367

Purpose of Disbursement
Credit card transaction fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 04 / 2013

Transaction ID : SB21B.5502

Amount of Each Disbursement this Period

19.95

B. Intuit Payment Solutions

Mailing Address 21215 Burbank Blvd
Suite 100

City Woodland Hills State CA Zip Code 91367

Purpose of Disbursement
Credit card transaction fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 02 / 2013

Transaction ID : SB21B.5503

Amount of Each Disbursement this Period

19.95

C. 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) ▼

Date of Disbursement

MM / DD / YYYY
07 / 03 / 2013

Transaction ID : SB21B.5490

Amount of Each Disbursement this Period

330.00

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

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

369.90

**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

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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. 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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2013

Transaction ID : SB21B.5492

Amount of Each Disbursement this Period

30.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. 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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2013

Transaction ID : SB21B.5493

Amount of Each Disbursement this Period

30.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. 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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2013

Transaction ID : SB21B.5494

Amount of Each Disbursement this Period

30.00

Category/
Type

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

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

90.00

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**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

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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. 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
11		29		2013

Transaction ID : SB21B.5495

Amount of Each Disbursement this Period

30.00

Full Name (Last, First, Middle Initial)

B. 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
12		31		2013

Transaction ID : SB21B.5496

Amount of Each Disbursement this Period

30.00

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

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

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

60.00

1334.52

**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. BENNET FOR COLORADO

Mailing Address PO BOX 3078

City DENVER State CO Zip Code 80201

Purpose of Disbursement

Candidate Name

MICHAEL F BENNET

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CO District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2013			

Transaction ID : SB23.5614

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

B. 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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
09			30			2013			

Transaction ID : SB23.5605

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

C. BILL CASSIDY FOR US SENATE

Mailing Address PO BOX 80505

City BATON ROUGE State LA Zip Code 70898

Purpose of Disbursement

Candidate Name

WILLIAM CASSIDY

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: LA District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
07			22			2013			

Transaction ID : SB23.5583

Amount of Each Disbursement this Period

1000.00

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

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

8000.00

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**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. COMMITTEE TO RE-ELECT LINDA SANCHEZ

Mailing Address 1212 S. Victory Blvd
SUITE 211

City BURBANK State CA Zip Code 91502

Purpose of Disbursement

Candidate Name
LINDA SANCHEZ

Office Sought: House
 Senate
 President
State: CA District: 39

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2013			

Transaction ID : SB23.5617

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. CONGRESSMAN WAXMAN CAMPAIGN COMMITTEE

Mailing Address 6380 Wilshire Blvd. #1612

City Los Angeles State CA Zip Code 90048

Purpose of Disbursement

Candidate Name
HENRY A. WAXMAN

Office Sought: House
 Senate
 President
State: CA District: 30

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
08			12			2013			

Transaction ID : SB23.5600

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Mailing Address 430 South Capitol Street, SE
2nd Floor

City Washington State DC Zip Code 20003

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	/	D	D	/	Y	Y	Y	Y
11			06			2013			

Transaction ID : SB23.5618

Amount of Each Disbursement this Period

5000.00

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

7000.00

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

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**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 FOR JIM MCDERMOTT

Mailing Address PO BOX 21786

City SEATTLE State WA Zip Code 98111

Purpose of Disbursement

Candidate Name

JAMES MCDERMOTT

Office Sought: House Senate President

State: WA District: 07

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 05 / 2013

Transaction ID : SB23.5595

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF JOE HECK

Mailing Address PO BOX 750114

City LAS VEGAS State NV Zip Code 89136

Purpose of Disbursement

Candidate Name

JOE HECK

Office Sought: House Senate President

State: NV District: 03

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 22 / 2013

Transaction ID : SB23.5586

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF JOHN BARRASSO

Mailing Address PO BOX 52008

City CASPER State WY Zip Code 82605

Purpose of Disbursement

Candidate Name

JOHN A BARRASSO

Office Sought: House Senate President

State: WY District: 00

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2013

Transaction ID : SB23.5620

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

**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: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2013

Transaction ID : SB23.5619

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. GARAMENDI FOR CONGRESS

Mailing Address C/O CALIFORNIA POLITICAL LAW, INC.
3605 LONG BEACH BLVD., STE. 426

City State Zip Code
LONG BEACH CA 90807

Purpose of Disbursement

Candidate Name
JOHN GARAMENDI

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2013

Transaction ID : SB23.5606

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. GINGREY FOR SENATE INC

Mailing Address PO BOX U

City State Zip Code
MARIETTA GA 30060

Purpose of Disbursement

Candidate Name
J PHILLIP GINGREY

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	05	/	2013

Transaction ID : SB23.5592

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

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**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. ISSA FOR CONGRESS

Mailing Address PO BOX 760

City VISTA State CA Zip Code 92085

Purpose of Disbursement

Candidate Name
DARRELL E ISSA

Office Sought: House
 Senate
 President
State: CA District: 49

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 13 / 2013

Transaction ID : **SB23.5623**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. KEVIN MCCARTHY FOR CONGRESS

Mailing Address PO Box 12667

City Bakersfield State CA Zip Code 93389

Purpose of Disbursement

Candidate Name
KEVIN MCCARTHY

Office Sought: House
 Senate
 President
State: CA District: 22

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2013

Transaction ID : **SB23.5601**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. NEW PAC

Mailing Address P.O. BOX 7480

City VISALIA State CA Zip Code 93290

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
07 / 22 / 2013

Transaction ID : **SB23.5589**

Amount of Each Disbursement this Period

2500.00

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

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

6000.00

**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. PALLONE FOR CONGRESS

Mailing Address PO BOX 3176

City State Zip Code
Long Branch NJ 07740

Purpose of Disbursement

Candidate Name

FRANK JR PALLONE

Office Sought: House
 Senate
 President

State: NJ District: 06

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 22 / 2013

Transaction ID : SB23.5591

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. PRICE FOR CONGRESS

Mailing Address P.O. BOX 425

City State Zip Code
ROSWELL GA 30077

Purpose of Disbursement

Candidate Name

THOMAS EDMUNDS PRICE

Office Sought: House
 Senate
 President

State: GA District: 06

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 23 / 2013

Transaction ID : SB23.5607

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. SCOTT PETERS FOR CONGRESS

Mailing Address PO BOX 70980

City State Zip Code
WASHINGTON DC 20024

Purpose of Disbursement

Candidate Name

SCOTT PETERS

Office Sought: House
 Senate
 President

State: CA District: 52

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2013

Transaction ID : SB23.5602

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

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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. VALADAO FOR CONGRESS

Mailing Address 504 VAN NESS

City FRESNO State CA Zip Code 93721

Purpose of Disbursement

Candidate Name
DAVID VALADAO

Office Sought: House
 Senate
 President
State: CA District: 21

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	05	/	2013

Transaction ID : SB23.5599

Amount of Each Disbursement this Period

2600.00

Full Name (Last, First, Middle Initial)

B. 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: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2013

Transaction ID : SB23.5613

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. WYDEN FOR SENATE

Mailing Address 232 NE 9TH AVENUE

City PORTLAND State OR Zip Code 97232

Purpose of Disbursement

Candidate Name
RONALD L WYDEN

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2013

Transaction ID : SB23.5610

Amount of Each Disbursement this Period

1000.00

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

6100.00

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

36100.00
