Image# 14960071789 PAGE 1 / 30

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

							Office Use Only	
1.	NAME OF TOOMMITTEE (in full)	YPE OR PRINT		ample: If typir er the lines.	ng, type	12FE4M5		
C	CA ASSOCIATION OF PHYS	SICIAN GROUP		LITICAL AC	TION COMM	MITTEE (CA	PG FEDERAL	PAC)
_								
L								
AD	DRESS (number and street)	915 WILSHIRE	BLVD SUITE 1620					
ř	Check if different							
ŀ	than previously reported. (ACC)	LOS ANGELES	S			CA _	90017	-
2.	FEC IDENTIFICATION NUM	MBER ▼	CITY		S	STATE 🛦	ZIP CC	DE 🛦
	C C00461756		3. IS THIS REPORT		NEW N) OR	AM (A)	ENDED	
4.	TYPE OF REPORT (Choose One)	(b) Monthly Report	Feb 20 (M2)	1	May 20 (M5)	Aug	20 (M8)	Nov 20 (M11) (Non-Election Year Only)
	(a) Quarterly Reports:	Due On:	Mar 20 (M3)		Jun 20 (M6)	Sep	20 (M9)	Dec 20 (M12) (Non-Election Year Only)
	Amel 45		Apr 20 (M4)		Jul 20 (M7)	Oct 2	20 (M10)	Jan 31 (YE)
	April 15 Quarterly Report (Q1) (c) 12-Da	av	Primary (12P)	General (12G)	Runoff (12R)
	July 15 Quarterly Report (Q2	PRE-	Election					(12.1)
	October 15 Quarterly Report (Q3		rt for the:	Convention (120)	Special (123)	
	January 31 Year-End Report (YE		Election on	M = M /	D D /	Y Y Y Y	in the State o	of
	July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Da	ay r-Election	General (300	G)	Runoff (3	0R)	Special (30S)
	Termination Report	Repo	rt for the:			_		
	(TER)		Election on	M = M /	D D /	Y = Y = Y = Y	in the State o	of
5.	Covering Period 07	/ D D /	2013	through	12	/ D D /	2013	
Ιc	ertify that I have examined this	Report and to	the best of my kno	wledge and b	pelief it is true	e. correct and	I complete.	
	pe or Print Name of Treasurer	Donald H. Crar	-	<u> </u>			i	
Sig	gnature of Treasurer Donald	l H. Crane		[Electronically	Filed] Da	ate 01	/ 28	2014
NC	OTE: Submission of false, erroned	ous, or incomplet	e information may s	ubject the pers	son signing thi	s Report to th	e penalties of 2	U.S.C. §437g.
	Office Use						FEC FOR	
ĺ	Only						Rev. 12/2	.004

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)

01 2013 Report Covering the Period: 07 2013 12 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 16005.09 January 1, 2013 (b) Cash on Hand at 47026.21 Beginning of Reporting Period..... 74295.90 24057.29 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 71083.50 90300.99 6(a) and 6(c) for Column B)..... 37434.52 56652.01 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 33648.98 33648.98 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

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

Report Covering the Period: From: 07	01 2013 To	D: 12 / 31 / 2013
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	22800.00	71850.00
(i) Itemized (use Schedule A)	2200.00	7 100.00
(ii) Unitemized(iii) TOTAL (add	, 1250.00	2435.00
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
15. All Loans neceiveu		
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))▶ 20. Total Federal Receipts	24057.29	74295.90
(subtract Line 18(c) from Line 19)▶	24057.29	74295.90
(subtract Line 18(c) from Line 19)▶	24057.29	74295.9

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		Calcillati i Cal-10-Date		
Activity (from Schedule H4)				
(i) Federal Share	0.00	0.00		
(ii) N 5 1 10	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	100 1102	2002.01		
(add 21(a)(i), (a)(ii), and (b))▶	1334.52	2052.01		
Transfers to Affiliated/Other Party				
Committees	0.00	0.00		
Contributions to Federal Candidates/Committees and Other Political Committees	36100.00	54600.00		
Independent Expenditures	7			
(use Schedule E)	0.00	0.00		
Coordinated Party Expenditures (2 U.S.C. §441a(d))				
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00		
	0.00	0.00		
Loan Repayments Made	0.00	0.00		
Loans Made	0.00	0.00		
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		0.00		
(such as PACs)	0.00	0.00		
(d) Total Contribution Refunds				
(add Lines 28(a), (b), and (c))▶	0.00	0.00		
	7			
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		
(i) I cociai chare		7 7		
(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	0.00	0.00		
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))	37434.52	56652.01		
	3/1-104.02	30032.01		
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

1 LO 1 01111 3X (11ev. 02/2003)		i age 3			
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)	24050.00	74285.00			
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00			
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	24050.00	74285.00			
3. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	1334.52	2052.01			
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00			
3. Net Operating Expenditures (subtract Line 37 from Line 36)	1334.52	2052.01			

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

FOR LINE NUMBER:					PAGE		6	OF		30
(check only one)										
X	11a		11b		11c		12	2		
	13		14		15		16	3		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.

or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CA ASSOCIATION OF PHYSICIAN G	GROUPS FEDERAL POLITICAL ACTION CO	OMMITTEE (CAPG FEDERAL PAC)
Full Name (Last, First, Middle Initial) Dr. Hasmukh Amin MD Mailing Address 9508 Stockdale Hwy Suite 150 City Bakersfield FEC ID number of contributing federal political committee. Name of Employer Riverwalk Pediatric Clinic Inc Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	State Zip Code CA 93311 C Occupation Physician Aggregate Year-to-Date ▼ 1000.00	Date of Receipt M M M / D J J 2013 Transaction ID : SA11AI.5571 Amount of Each Receipt this Period 1000.00
Mailing Address 5652 Laramie Way	State Zin Codo	Date of Receipt 08 12 2013
City San Diego	State Zip Code CA 92120	Transaction ID : SA11AI.5519
FEC ID number of contributing federal political committee.	CA 92120	Amount of Each Receipt this Period 250.00
Name of Employer Sharp Community Medical Group Receipt For: Primary General Other (specify) ▼	Occupation VP, Health Services Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Javier Bustamante MD Mailing Address 2400 Nantes Way City	State Zip Code	Date of Receipt 09 20 2013
Bakersfield	CA 93311	Transaction ID : SA11AI.5578 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Self Receipt For: Primary General Other (specify) ▼	Occupation Pediatrician Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional).		2250.00
TOTAL This Period (last page this line number	er only)	

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

FOR LINE NUMBER:					PAGE	Ξ	7	OF	30
(check only one)									
X	11a		11b		11c		12	2	
	13		14		15		16	3	17

	, ,	to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CA ASSOCIATION OF PHYSICIAN GI	ROUPS FEDERAL POLITICAL ACTION (COMMITTEE (CAPG FEDERAL PAC)
Full Name (Last, First, Middle Initial) Dr. Carlos Castro MD Mailing Address 2340 E. 8th Street Ste. A City National City FEC ID number of contributing federal political committee. Name of Employer PCP South Bay/SCMG Affiliated Receipt For: Primary Other (specify) Other (specify)	State Zip Code CA 91950 C Occupation Physician Aggregate Year-to-Date ▼ 300.00	Date of Receipt M M M / D D / Y 2013 Transaction ID: SA11AI.5512 Amount of Each Receipt this Period 300.00
Full Name (Last, First, Middle Initial) William Chin MD Mailing Address 19191 S. Vermont Avenue; s-	-200	Date of Receipt
City Torrance FEC ID number of contributing federal political committee.	State Zip Code CA 90502	7 12 2013 Transaction ID : SA11AI.5504 Amount of Each Receipt this Period 1000.00
Name of Employer HealthCare Partners Medical Group Receipt For: Primary General Other (specify) ▼	Occupation Executive Medical Director Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Alan Conrad MD Mailing Address 15721 Pomerado Road City Poway FEC ID number of contributing federal political committee. Name of Employer North County Internists Receipt For: Primary General Other (specify)	State Zip Code CA 92064 C Occupation Physician Aggregate Year-to-Date ▼ 250.00	Date of Receipt O7 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	·	

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

FOR LINE NUMBER:					PAGE	8	OF	30	
(check only one)									
	X	11a		11b		11c	12	2	
		13		14		15	16	6	17

Full Name (Last, First, Middle Initial) Charles Deckert Mailing Address 10758 Carillon Ct City San Diego CA 92131 FEC ID number of contributing federal political committee. Name of Employer Sharp Community Medical Group Primary Other (specify) ▼ Cocupation Aggregate Vear-to-Date ▼ Primary Other (specify) ▼ Date of Receipt Date of Receipt 08 12 2013 Transaction ID : SA11AI.5521 Amount of Each Receipt this Perior 25 Date of Receipt 08 12 2013 Transaction ID : SA11AI.5521 Amount of Each Receipt this Perior 25 Date of Receipt 08 12 2013 Transaction ID : SA11AI.5551 Amount of Each Receipt this Perior 25 Date of Receipt 08 12 2013 Transaction ID : SA11AI.5551 Amount of Each Receipt this Perior 25 Date of Receipt 09 06 2013 Transaction ID : SA11AI.5553 Amount of Each Receipt this Perior 500 Transaction ID : SA11AI.5553 Amount of Each Receipt this Perior 500 Transaction ID : SA11AI.5553 Amount of Each Receipt this Perior 500 Transaction ID : SA11AI.5553 Amount of Each Receipt this Perior 500 Transaction ID : SA11AI.5553 Amount of Each Receipt this Perior 500 Transaction ID : SA11AI.5555 Amount of Each Receipt this Perior 500 Transaction ID : SA11AI.5555 Amount of Each Receipt this Perior 100 Transaction ID : SA11AI.5555 Amount of Each Receipt this Perior 100 Transaction ID : SA11AI.5555 Amount of Each Receipt this Perior 100 Transaction ID : SA11AI.5555 Amount of Each Receipt this Perior 100 Transaction ID : SA11AI.5555 Amount of Each Receipt this Perior 100 Transaction ID : SA11AI.5555 Amount of Each Receipt this Perior 100 Transaction ID : SA11AI.5555 Amount of Each Receipt this Perior 100 Transaction ID : SA11AI.5555 Amount of Each Receipt this Perior 100 Transaction ID : SA11AI.5555 Amount of Each Receipt this Perior 100 Transaction ID : SA11AI.5555 Transactio	NAME OF COMMITTEE (In Full)	the name and address of any political committee to GROUPS FEDERAL POLITICAL ACTION C	
Mailing Address 10758 Carillon Ct City San Diego CA 92131 FEC ID number of contributing federal political committee. Name of Employer Sharp Community Medical Group Primary General Other (specify) ▼ Capanyille CA Squeet 105 City State Squeet 105 City Squeet	Full Name (Last, First, Middle Initial)	S. C. S. E. E. C.	
City San Diego CA 92131 San Diego CA 92131 Amount of Each Receipt this Period Cardiplotting federal political committee. Name of Employer Sharp Community Medical Group Receipt For: Primary General Other (specify) ▼ 250.00 Full Name (Last, First, Middle Initial) Dr. Renu Deshpande MD Mailing Address 319 Diablo Rd Suite 105 City State Zip Code CA 94526 Danville CA 94526 Name of Employer Bay Valley Medical Group Felc ID number of contributing federal political committee. C Sulley Primary General Other (specify) ▼ 500.00 Full Name (Last, First, Middle Initial) Dr. Renu Deshpande MD Mailing Address 190 in Die Nation Receipt This Period Primary General Other (specify) ▼ 500.00 Full Name (Last, First, Middle Initial) Dr. Davidl Dougherty MD Mailing Address 1200 Camino Del Oeste City State Zip Code CA 93309 Full Name (Last, First, Middle Initial) Dr. Davidl Dougherty MD Mailing Address 1200 Camino Del Oeste CA 93309 FEC ID number of contributing federal political committee. C State Zip Code Salta State S	•		M = M / D = D / Y = Y = Y
San Diego CA 92131 Amount of Each Receipt this Perior FEC ID number of contributing federal political committee. Name of Employer Primary General Other (specify) ▼ City Danville CA Suite 105 City State CA 94526 Docupation Primary General City State Zip Code Physician Aggregate Year-to-Date ▼ Date of Receipt Date of Receipt South 1553 Amount of Each Receipt this Perior Footomethic fine for this Perior Full Name (Last, First, Middle Initial) Dr. David Dougherty MD Mailing Address 1200 Camino Del Oeste CA 93309 Date of Receipt Transaction ID: SA11AL5555 Amount of Each Receipt this Perior Transaction ID: SA11AL5555 Amount of Each Receipt this Perior Primary General City Aggregate Year-to-Date ▼ 100 Date of Receipt Aggregate Year-to-Date ▼ Primary General Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Amount of Each Receipt this Perior Amount of Each Receipt	City	State Zip Code	
FEC ID number of contributing federal political committee. Name of Employer Sharp Community Medical Group Healthcare Information Svcs Receipt For: Primary General Other (specify) ▼ 250.00 Full Name (Last, First, Middle Initial) Dr. Renu Deshpande MD Mailing Address 319 Diablo Rd Suite 105 City State Zip Code Danville CA 94526 FEC ID number of contributing federal political committee. Name of Employer Bay Valley Medical Group Primary General Other (specify) ▼ 500.00 Full Name (Last, First, Middle Initial) Dr. David Dougherty MD Mailing Address 1200 Camino Del Oeste City State Zip Code Suite 105 Cocupation Physician Aggregate Year-to-Date ▼ 500.00 Date of Receipt Transaction ID: SA11Al.5555 Amount of Each Receipt this Perior 9 06 2013 Transaction ID: SA11Al.5555 Amount of Each Receipt To: 09 06 2013 Transaction ID: SA11Al.5555 Amount of Each Receipt To: 09 06 2013 Transaction ID: SA11Al.5555 Amount of Each Receipt To: 09 06 2013 Transaction ID: SA11Al.5555 Amount of Each Receipt This Perior 100 09 06 2013 Transaction ID: SA11Al.5555 Amount of Each Receipt This Perior 100 09 06 2013 Transaction ID: SA11Al.5555 Amount of Each Receipt This Perior 100 09 06 2013 Transaction ID: SA11Al.5555 Amount of Each Receipt This Perior 100 09 06 2013 Transaction ID: SA11Al.5555 Amount of Each Receipt This Perior 100 09 06 2013 Transaction ID: SA11Al.5555 Amount of Each Receipt This Perior 100 09 06 2013 Transaction ID: SA11Al.5555 Amount of Each Receipt This Perior 100 09 06 2013 Transaction ID: SA11Al.5555 Amount of Each Receipt This Perior 100 09 06 2013 Transaction ID: SA11Al.5555 Amount of Each Receipt This Perior 100 09 06 2013 Transaction ID: SA11Al.5555 Amount of Each Receipt This Perior 100 09 06 2013 Transaction ID: SA11Al.5555	San Diego		
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Primary General Other (specify) ▼ 250.00 Full Name (Last, First, Middle Initial) Dr. Renu Deshpande MD Mailing Address 319 Diablo Rd Suite 105 City State Zip Code CA 94526 Danville CA 94526 FEC ID number of contributing federal political committee. Name of Employer Bay Valley Medical Group Physician Receipt For: Primary General Other (specify) ▼ 500.00 Full Name (Last, First, Middle Initial) Dr. David Dougherty MD Mailing Address 1200 Camino Del Oeste CA 93309 Date of Receipt Transaction ID: SA11AL5553 Amount of Each Receipt this Period 500.00 Date of Receipt Transaction ID: SA11AL5553 Amount of Each Receipt This Period Transaction ID: SA11AL5555 Amount of Each Receipt This Period CA 93309 Date of Receipt Date of Receipt Transaction ID: SA11AL5555 Amount of Each Receipt this Period Transaction ID: SA11AL5555 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Transaction ID: SA11AL5555 Amount of Each Receipt this Period Transaction ID: SA11AL5555 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ Physician Receipt For: Primary General		Healthcare Information Svcs	
Teull Name (Last, First, Middle Initial) Dr. Renu Deshpande MD Mailing Address 319 Diablo Rd Suite 105 City Danville CA 94526 FEC ID number of contributing federal political committee. Name of Employer Bay Valley Medical Group Primary Other (specify) ▼ State Zip Code CA 94526 Coccupation Physician Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Dr. David Dougherty MD Mailing Address 1200 Camino Del Oeste City Bakersfield CA 93309 Date of Receipt M		Aggregate Year-to-Date ▼	
Date of Receipt Mailing Address 319 Diablo Rd Suite 105 City Danville CA 94526 Name of Employer Bay Valley Medical Group Primary Other (specify) ▼ City Dr. David Dougherty MD Mailing Address 1200 Camino Del Oeste City Bakersfield CA State Cip Code CA 93309 Date of Receipt Transaction ID: SA11AL5553 Amount of Each Receipt this Perior FOR David Dougherty MD Date of Receipt Transaction ID: SA11AL5553 Amount of Each Receipt this Perior Solution Physician Date of Receipt Transaction ID: SA11AL5553 Amount of Each Receipt this Perior Solution Physician Date of Receipt Transaction ID: SA11AL5555 Amount of Each Receipt Date of Receipt Amount of Each Receipt this Perior Date of Receipt Date of Re		250.00	
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FEC ID number of contributing federal political committee. Name of Employer Bay Valley Medical Group Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Dr. David Dougherty MD Mailing Address 1200 Camino Del Oeste City State Zip Code CA 93309 FEC ID number of contributing federal political committee. Name of Employer Bakersfield Internal Medicine Receipt For: Primary General Occupation Physician Aggregate Year-to-Date ▼ Date of Receipt Transaction ID : SA11AL.5555 Amount of Each Receipt this Period 100	•	·	
Name of Employer Bay Valley Medical Group Physician			Amount of Each Receipt this Period
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Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. David Dougherty MD Mailing Address 1200 Camino Del Oeste City State Zip Code Bakersfield CA 93309 FEC ID number of contributing federal political committee. Name of Employer Bakersfield Internal Medicine Receipt For: Primary General Primary General Aggregate Teal-10-Date ▼ Date of Receipt Transaction ID: SA11AI.5555 Amount of Each Receipt this Period 100		Physician	
Other (specify) ▼ 500.00 Full Name (Last, First, Middle Initial) Dr. David Dougherty MD Mailing Address 1200 Camino Del Oeste City Bakersfield CA 93309 FEC ID number of contributing federal political committee. Name of Employer Bakersfield Internal Medicine Receipt For: Primary General Date of Receipt 100 Aggregate Year-to-Date ▼		Aggregate Year-to-Date ▼	
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Bakersfield CA 93309 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C Name of Employer Bakersfield Internal Medicine Receipt For: Primary General Amount of Each Receipt this Period 100 Amount of Each Receipt this Period 100 Agregate Year-to-Date ▼	Mailing Address 1200 Camino Del Oeste		
Receipt For: Primary General Occupation Physician Aggregate Year-to-Date ▼	,	·	Transaction ID : SA11AI.5555 Amount of Each Receipt this Period
Bakersfield Internal Medicine Physician Receipt For: Primary General Aggregate Year-to-Date ▼	3	C	1000.00
Receipt For: Aggregate Year-to-Date ▼ Primary General	Name of Employer	Occupation	
Primary General		Physician	
		Aggregate Year-to-Date ▼	
LUTTER (SPECITY) -		1000.00	
Other (opcority)	Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Receipts This Page (optional)		1750.00

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

					PAGE	9	OF	30	
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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) A. Paul Durr		Date of Receipt
Mailing Address 2128 Hills Lake Drive		08 12 2013
City	State Zip Code	Transaction ID : SA11AI.5525
El Cajon	CA 92020	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Sharp Healthcare	CFO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) 3. Dr. Sergio Flores MD Mailing Address 740 Country Club Lane		Date of Receipt
Southly Stab Latto		08 12 2013
City	State Zip Code	Transaction ID : SA11AI.5527
Coronado	CA 92118	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	1
San Diego Digestive Disease Co	Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Richard Ho MD		Date of Receipt
Mailing Address 57 Hardie Drive		09 06 2013
City	State Zip Code	Transaction ID : SA11AI.5557
Moraga	CA 94556	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	1
Bay Valley Medical Group	Physician	
Receipt For:	Aggregate Year-to-Date ▼	•
Primary General	Aggregate real-to-Date ¥	
Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)	1250.00
TOTAL This Period (last page this line number	per only)	

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

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NAME OF COMMITTEE (In Full) CA ASSOCIATION OF PHYSICIAN	GROUPS FEDERAL POLITICAL ACTION C	OMMITTEE (CAPG FEDERAL PAC)
Full Name (Last, First, Middle Initial) Dr. Carolyn Hudson MD Mailing Address 3305 Loreto Drive		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.5559
San Ramon	CA 94583	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Bay Valley Medical Group	Pediatrician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) 3. Dr. Ronald Hull DPM		Date of Receipt
Mailing Address 27212 Calaroga Avenue		M M / D D / Y Y Y Y Y
City	State Zip Code	09 06 2013
Hayward	CA 94545	Transaction ID : SA11AI.5561 Amount of Each Receipt this Period
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	1
Bay Valley Medical Group	Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) C. Dr. John E. Jenrette MD		Date of Receipt
Mailing Address 850 Beech St #1205		08 12 2013
City	State Zip Code	Transaction ID : SA11AI.5528
San Diego	CA 92101	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2500.00
Name of Employer	Occupation	1
Sharp HealthCare	CEO	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	0.0	
Other (specify) ▼	2500.00	
SUBTOTAL of Receipts This Page (optional)	3500.00
TOTAL This Period (last page this line num	ber only)	

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

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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. NAME OF COMMITTEE (In Full) CA ASSOCIATION OF PHYSICIAN GROUPS FEDERAL POLITICAL ACTION COMMITTEE (CAPG FEDERAL PAC) Full Name (Last, First, Middle Initial) Dr. Kaarel Kalijot MD Date of Receipt Mailing Address 6983 Broadway Terrace 2013 10 City State Zip Code Transaction ID: SA11AI.5581 CA Oakland 94611 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation Physician Bay Valley Medical Group Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. David Levinsohn MD Date of Receipt Mailing Address 13711 Merlado Drive 80 07 2013 City State Zip Code Transaction ID: SA11AI.5513 CA 92014 Del Mar Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Synergy Surgical Medical Group Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Corey H Marco MD Date of Receipt Mailing Address 280 Avocado Avenue 80 12 2013 City State Zip Code Transaction ID: SA11AI.5531 CA El Cajon 92020 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Name of Employer Occupation Physician Sharp Community Medical Group Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 2500.00 SUBTOTAL of Receipts This Page (optional).....

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

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

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or for commercial purposes, other than using th	e 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 CO	OMMITTEE (CAPG FEDERAL PAC)
Full Name (Last, First, Middle Initial) A. Dr. Ada Marin MD		Date of Receipt
Mailing Address 4912 Mt. Elbrus Drive		08 12 2013
City	State Zip Code	Transaction ID : SA11AI.5532
San Diego	CA 92117	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Metro Family Physicians Med Gr	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) 3. Dr. Franklin M. Martin MD		Date of Receipt
Mailing Address 8548 Donaker Street		08 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.5515
San Diego	CA 92129	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	
Franklin M. Martin MD	Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Christopher McGlone		Date of Receipt
Mailing Address 17244 Eagle Canyon Place		08 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.5548
San Diego	CA 92127	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Sharp Community Medical Group	coo	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)	<u> </u>	1250.00
TOTAL This Period (last page this line number	only)	

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NAME OF COMMITTEE (In Full)

CA ASSOCIATION OF PHÝSICIAN G	ROUPS FEDERAL POLITICAL ACTION CO	OMMITTEE (CAPG FEDERAL PAC)
Full Name (Last, First, Middle Initial) Or. Lynne Milgram MD		Date of Receipt
Mailing Address 11265 Corte Playa Corona		08 12 2013
City	State Zip Code	Transaction ID : SA11AI.5533
San Diego	CA 92124	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
San Diego Health Alliance	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) 3. Dr. Lilia Oceguera MD		Date of Receipt
Mailing Address 27212 Calaroga Avenue		09 06 2013
City	State Zip Code	Transaction ID : SA11AI.5563
Hayward	CA 94545	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Bay Valley Medical Group	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) C. Richard Oken MD		Date of Receipt
Mailing Address 2999 Regent St. #325		09 13 2013
City	State Zip Code	Transaction ID : SA11AI.5573
Berkeley	CA 94705	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self / East Bay Pediatrics	Physician/President ABMG	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)	>	1000.00
TOTAL This Period (last page this line number	r only)	

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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.
/	ROUPS FEDERAL POLITICAL ACTION C	OMMITTEE (CAPG FEDERAL PAC)
Full Name (Last, First, Middle Initial) Dr Nghia Pham MD Mailing Address 12739 Biola Avenue		Date of Receipt
City La Mirada	State Zip Code CA 90638	07 12 2013 Transaction ID : SA11AI.5505 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer HealthCare Partners	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Vincent Phillips MD Mailing Address 3838 San Dimas St	·	Date of Receipt
B-231 City Bakersfield	State Zip Code CA 93301	09 13 2013 Transaction ID : SA11AI.5574 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer C. Vincent Phillips MD Inc. Receipt For:	Occupation Surgeon	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Larry Pollack MD		Date of Receipt
Mailing Address 14150 Rancho Vista Bnd City	State Zip Code	08 12 2013
San Diego	CA 92130	Transaction ID : SA11AI.5536 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self	Occupation Plastic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		2250.00
TOTAL This Period (last page this line numbe	r only)	

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

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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 C	OMMITTEE (CAPG FEDERAL PAC)
Full Name (Last, First, Middle Initial) Dr. Misha Roitshteyn MD Mailing Address 7704 Cottonwood In		Date of Receipt
Mailing Address 7704 Cottonwood Ln		09 13 2013
City Pleasnton	State Zip Code CA 94588	Transaction ID : SA11AI.5576
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	
Bay Valley Medical Group	Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) 3. Dr. Kenneth J. Roth MD Mailing Address 8765 Aero Drive		Date of Receipt
#130		08 12 2013
City	State Zip Code	Transaction ID : SA11AI.5538
San Diego	CA 92123	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
San Diego Internal Medicine	President, SCMG, Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Fred Saleh MD		Date of Receipt
Mailing Address 3075 Health Center		08 12 2013
City San Diego	State Zip Code CA 92123	Transaction ID : SA11AI.5539
FEC ID number of contributing federal political committee.	C 92123	Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional).	<u> </u>	1750.00
TOTAL This Period (last page this line numb	er only)	7

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

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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. Samuel A. Skootsky MD Date of Receipt Mailing Address 2151 Balsam Avenue 2013 07 26 City State Zip Code Transaction ID: SA11AI.5511 CA Los Angeles 90025 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Medical Director **UCLA Medical Group** Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Samuel A. Skootsky MD Date of Receipt Mailing Address 2151 Balsam Avenue 08 19 2013 City State Zip Code Transaction ID: SA11AI.5549 CA Los Angeles 90025 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation **UCLA Medical Group Medical Director** Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Samuel A. Skootsky MD Date of Receipt Mailing Address 2151 Balsam Avenue 20 09 2013 City State Zip Code Transaction ID: SA11AI.5580 CA Los Angeles 90025 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Medical Director **UCLA Medical Group** Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

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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 CO	OMMITTEE (CAPG FEDERAL PAC)
Full Name (Last, First, Middle Initial) A. Gary Sutter MD		Date of Receipt
Mailing Address 219 Howland Canal		07 12 2013
City	State Zip Code	Transaction ID : SA11AI.5507
Venice	CA 90291	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	1000.00
Name of Employer	Occupation	
HealthCare Partners Medical Group	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial) 3. Dr. Salvatore Tarantino MD		Date of Receipt
Mailing Address 8881 Fletcher Parkway		M M / D D / Y Y Y Y
Suite #370		09 06 2013
City	State Zip Code	Transaction ID : SA11AI.5565
La Mesa	CA 91942	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	
Caring Physicians Medical Grp	Physician, Internal Medicine	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Suman Veeragandham MD		Date of Receipt
Mailing Address 5806 Newfields Ln		09 06 2013
City	State Zip Code	Transaction ID : SA11AI.5567
Dublin	CA 94568	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Bay Valley Medical Group	Physician	
Receipt For:	Aggregate Year-to-Date ▼	•
Primary General	nggregate rear-to-Date ▼	
Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)		1750.00
TOTAL This Period (last page this line numbe	r only)	

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or for commercial purposes, other than using t	ne name and address of any political committee to	o solicit contributions from such committee.
/	GROUPS FEDERAL POLITICAL ACTION C	OMMITTEE (CAPG FEDERAL PAC)
Full Name (Last, First, Middle Initial) Dr. Kenneth Warm MD Mailing Address, 2205 Westland Ave.		Date of Receipt
Mailing Address 2205 Westland Ave		08 12 2013
City San Diego	State Zip Code CA 92104	Transaction ID : SA11AI.5544 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Cosonado Medical Group	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) John Young Mailing Address 10600 Redbridge Way	<u>'</u>	Date of Receipt
City Bakersfield	State Zip Code CA 93311	09 06 2013 Transaction ID : SA11AI.5569 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer San Joaquin Family Medicine	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial)	1	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.	С	
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)		1250.00
TOTAL This Period (last page this line number	ar only)	22800.00

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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE 19 OF 30
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only		
	Detailed Summary Page	X 21b 27	22 23 28b	24 25 26 28c 29 30b
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NAME OF COMMITTEE (In Full)	, penne			
CA ASSOCIATION OF PHYSICIAN GROUI	PS FEDERAL POLITICA	L ACTION CO	OMMITTEE (CAPG	FEDERAL PAC)
<u> </u>				
Full Name (Last, First, Middle Initial)			Date of Disburseme	nt
A. Ahlstrom & Baker CPAs			Date of Disburseme	/ Y Y Y Y
Mailing Address 10621 Calle Lee			07 03	2013
Suite 153				
City S Los Alamitos	State Zip Code CA 90720		Transaction ID : S	B21B.5523
Purpose of Disbursement	90720			
Tax preparation service			Amount of Each Dis	bursement this Period
Candidate Name		Category/		F00.00
		Туре		500.00
Office Sought: House Disbursen				
	Primary General Other (specify) ▼			
State: District:	Cities (opeony)			
Full Name (Last, First, Middle Initial)				
B. Intuit Payment Solutions			Date of Disburseme	nt
			M M / D D	/
Mailing Address 21215 Burbank Blvd Suite 100			07 16	2013
,	State Zip Code CA 91367		Transaction ID : S	B21B.5497
Purpose of Disbursement	91307			
Credit card transaction fee			Amount of Each Dis	bursement this Period
Candidate Name		Category/		16.40
000		Type		10.40
Office Sought: House Disbursen Senate				
	Primary General Other (specify) ▼			
State: District:	(-i)/ ▼			
Full Name (Last, First, Middle Initial)				
C. Intuit Payment Solutions			Date of Disburseme	nt
Mailling Address Court Day 1			M M / D D	7 7 7 7 7 7
Mailing Address 21215 Burbank Blvd Suite 100			08 06	2013
	State Zip Code		Tuencestic ID C	D04D 5400
	CA 91367		Transaction ID : S	BZ1B.5498
Purpose of Disbursement Credit card transaction fee				
Candidate Name			Amount of Each Dis	bursement this Period
		Category/ Type		8.46
Office Sought: House Disbursen	nent For:	71 -		7
	Primary General			
	Other (specify) ▼			
State: District:				
CURTOTAL of Dioburgomento This Dans (anti-unally				524.86
SUBTOTAL of Disbursements This Page (optional)		······		,
TOTAL This Period (last page this line number only).				

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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE 20 OF 30
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	′	
	Detailed Summary Page	X 21b 27	22 23 28b	24 25 26 28c 29 30b
Any information copied from such Reports and State	ments may not be sold or us			
or for commercial purposes, other than using the nar				
NAME OF COMMITTEE (In Full)				
$ \; angle$ CA ASSOCIATION OF PHYSICIAN GROU	PS FEDERAL POLITICA	L ACTION CO	OMMITTEE (CAPG	FEDERAL PAC)
Full Name (Last, First, Middle Initial)				
A. Intuit Payment Solutions			Date of Disburseme	ent
			M M / D D	/
Mailing Address 21215 Burbank Blvd			08 15	2013
Suite 100 City	State Zip Code			
Woodland Hills	CA 91367		Transaction ID : S	BB21B.5499
Purpose of Disbursement				
Credit card transaction fee			Amount of Each Dis	sbursement this Period
Candidate Name		Category/		82.82
Office Sought: House Disburse	ment For:	Туре	1	
Senate	Primary General			
President	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial) B. Intuit Payment Solutions			Date of Disburseme	ent
B. Intuit Payment Solutions			M M / D D	/ Y Y Y Y
Mailing Address 21215 Burbank Blvd Suite 100			09 03	2013
	State Zip Code		Transaction ID : S	SB21B.5500
Woodland Hills Purpose of Disbursement	CA 91367			
Credit card transaction fee			Amount of Each Dis	sbursement this Period
Candidate Name		Category/		400.00
		Type		186.99
Office Sought: House Disburse	ment For: Primary General			
President	Primary General Other (specify) ▼			
State: District:	(((((((((((((((((((
Full Name (Last, First, Middle Initial)				
C. Intuit Payment Solutions			Date of Disburseme	ent
Mailing Address 21215 Burbank Blvd			10 03	2013
Suite 100			10 03	2013
City	State Zip Code		Transaction ID : S	SB21B 5501
Woodland Hills Purpose of Disbursement	CA 91367			
Credit card transaction fee			Amount of Each Dis	sbursement this Period
Candidate Name		Category/ Type	Amount of Each Big	19.95
Office Sought: House Disburse	ment For:		7	7
Senate	Primary General			
State: District:	Other (specify) ▼			
State. District.				
SUBTOTAL of Disbursements This Page (optional)				289.76
TOTAL This Period (last page this line number only)	·····•		

SCHEDULE B (FEC Form 3X)	Har sament I I I ()	FOR LINE	NUMBER: PAGE 21 (OF 30
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one) 22 23 24 25 28a 28b 28c 29	20
Any information copied from such Reports and Stater				
or for commercial purposes, other than using the nare NAME OF COMMITTEE (In Full) CA ASSOCIATION OF PHYSICIAN GROU	· ·			
Full Name (Last, First, Middle Initial)			Data of Dist	
A. Intuit Payment Solutions			Date of Disbursement	V
Mailing Address 21215 Burbank Blvd Suite 100			11 04 2013	
City Woodland Hills	State Zip Code CA 91367		Transaction ID : SB21B.5502	
Purpose of Disbursement	91307			
Credit card transaction fee			Amount of Each Disbursement this	Period
Candidate Name		Category/ Type	19	9.95
Senate President	ment For: Primary General Other (specify)			
State: District:				
Full Name (Last, First, Middle Initial) B. Intuit Payment Solutions			Date of Disbursement	
Mailing Address 21215 Burbank Blvd Suite 100			12 02 7 2013	Y
Woodland Hills	State Zip Code CA 91367		Transaction ID : SB21B.5503	
Purpose of Disbursement Credit card transaction fee			Amount of Each Disbursement this	Period
Candidate Name		Category/ Type	19	9.95
Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify)			
Full Name (Last, First, Middle Initial) C. Merrill Lynch			Date of Disbursement	
Mailing Address 2442 Avenida De la Carlota Suite 400			07 03 7 2013	Y
-	State Zip Code CA 92653		Transaction ID : SB21B.5490	
Purpose of Disbursement Bank fee				
Candidate Name		Category/ Type	Amount of Each Disbursement this	Period 0.00
Office Sought: Senate President State: Disburser	ment For: Primary General Other (specify)	1,900		
SUBTOTAL of Disbursements This Page (optional)		>	369	0.90

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S	CHEDULE B (FEC Form 3X)			FOR I	INE N	NUMBER	:			PAGE	22	OF 30
IT	EMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	s)	(check	only	one)				_	_	
		Detailed Summary Page		X		22		23		24	25	26
					27	28a		28b		28c	29	30
	y information copied from such Reports and Statem for commercial purposes, other than using the name											
	NAME OF COMMITTEE (In Full) CA ASSOCIATION OF PHYSICIAN GROUP	PS FEDERAL POLITIC	AL A	ACTIO	N CC	MMITT	EE (CAP	G FE	EDER	AL PA	(C)
_	Full Name (Last, First, Middle Initial)											
Α.	Merrill Lynch					Date o	f Disk	ourser		V	Y	V
	Mailing Address 2442 Avenida De la Carlota Suite 400					08]	30	_		2013	
	,	State Zip Code				Trans	sactio	n ID :	SB2	1B.549	92	
	Laguna Hills Purpose of Disbursement	CA 92653					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		022		_	
	Bank fee				7	Amoun	t of E	ach [Disbu	rseme	nt this	Period
	Candidate Name		С	ategory Type	//					7	30	0.00
	President	nent For: Primary General Other (specify) ▼	1	71			Í					
_	State: District:											
В.	Full Name (Last, First, Middle Initial) Merrill Lynch					Date o	f Disk	ourser	nent			
	Mailing Address 2442 Avenida De la Carlota Suite 400					м м 09	/	30	_		2013	Y
	Laguna Hills	State Zip Code CA 92653				Trans	sactio	n ID :	SB2	21B.54	93	
	Purpose of Disbursement Bank fee		Г			Amoun	t of E	Each [Disbu	rsemei	nt this	Period
	Candidate Name		С	ategory Type	//		. ,		Ξ	,	3(0.00
		nent For: Primary General Other (specify)										
<u>с</u> .	Full Name (Last, First, Middle Initial) Merrill Lynch					Date o	f Disk	ourser	nent			
	Mailing Address 2442 Avenida De la Carlota Suite 400					10	/	31	_		2013	Y
	City	State Zip Code CA 92653				Trans	sactio	n ID :	SB2	1B.54	94	
	Purpose of Disbursement Bank fee	32000	Г		╗							
	Candidate Name		C	ategory Type	//	Amoun	t of E	ach [Disbu	rseme		Period 0.00
		nent For: Primary General Other (specify)	I	21.5			- 1			7		
									-		00	000
H	OTAL This Period (last page this line number only)				<u> </u>	H			+	7	90	0.00

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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE 23 OF 30
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(orlean orling		
	Detailed Summary Page	X 21b	22 23 28b	24 25 26 28c 29 30b
Any information populations and D				
Any information copied from such Reports and Staten or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full)	2 2 2 3 Perm			
CA ASSOCIATION OF PHYSICIAN GROUI	PS FEDERAL POLITICA	AL ACTION C	OMMITTEE (CAPG	FEDERAL PAC)
Full Name (Last, First, Middle Initial)				
A. Merrill Lynch			Date of Disbursem	ent
Mailing Address 2442 Avenida De la Carlota			11 29	2013
Suite 400			11 29	2013
City	State Zip Code		Transaction ID :	SP21P 5405
Laguna Hills	CA 92653		Transaction iD	3B21B.3493
Purpose of Disbursement Bank fee			Amount of Each Di	sbursement this Period
Candidate Name		Catagony	7	
		Category/ Type		30.00
Office Sought: House Disbursen				
	Primary General			
President State: District:	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
B. Merrill Lynch			Date of Disbursem	ent
			M = M / D = D	/ Y = Y = Y
Mailing Address 2442 Avenida De la Carlota Suite 400			12 31	2013
•	State Zip Code CA 92653		Transaction ID:	SB21B.5496
Laguna Hills Purpose of Disbursement	92053			
Bank fee			Amount of Each Di	sbursement this Period
Candidate Name		Category/		30.00
Office Sought: House Disbursen	nent For:	Туре	,	
	Primary General			
President	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial)			Date of Disbursem	ant
C.			M M / D D	/
Mailing Address			W = W / D = D	, , , , , , , , ,
City	State Zip Code			
Daniel (Disk	,			
Purpose of Disbursement				
Candidate Name		Ontrary (Amount of Each Di	sbursement this Period
		Category/ Type		
Office Sought: House Disbursen			-	
	Primary General			
State: District:	Other (specify) ▼			
Sidio. District.				
SUBTOTAL of Disbursements This Page (optional)				60.00
3. (41.3.4.4)				120.1-2
TOTAL This Period (last page this line number only)				1334.52

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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 24 OF 30
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	21b	22 🗙 23 24 25 26
Г		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)			D (D)
A. BENNET FOR COLORADO			Date of Disbursement
Mailing Address PO BOX 3078			11 06 2013
maming realises 1 5 BOX 6016			11 00 2010
City	State Zip Code		Transaction ID : SB23.5614
DENVER	CO 80201		Transaction id . 3623.3014
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name			Amount of Each Disbursement this Penou
MICHAEL F BENNET		Category/ Type	3000.00
_	ement For: 2016	.,,,,,	
X Senate	Primary General		
President	Other (specify) ▼		
State: CO District: 00			
Full Name (Last, First, Middle Initial)			Date of Disbursement
B. BERA FOR CONGRESS			
Mailing Address Post Office Box 582496			09 30 2013
City	State Zip Code		Transaction ID : SB23.5605
Elk Grove Purpose of Disbursement	CA 95758		
Turpose of Bisbursoment			Amount of Each Disbursement this Period
Candidate Name		Category/	
AMERISH BERA		Type	4000.00
	ement For: 2014		
	Primary General		
President State: CA District: 03	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
C. BILL CASSIDY FOR US SENATE			Date of Disbursement
	•		M M / D D / Y Y Y Y
Mailing Address PO BOX 80505			07 22 2013
City	State Zip Code		
City BATON ROUGE	LA 70898		Transaction ID : SB23.5583
Purpose of Disbursement			
		L II	Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
WILLIAM CASSIDY Office Sought: House Disburse	ement For: 2014	Туре	1000.00
Senate	Primary General		
President	Other (specify)		
State: LA District: 00	」		
<u>'</u>			
SUBTOTAL of Disbursements This Page (optional)			8000.00
	y)	_	

TEMIZED DISBURSEMENTS			FOR LINE I	NUMBER: PAGE 25 OF 3
	for each ca	ate schedule(s) ategory of the ummary Page	(check only 21b 27	
Any information copied from such Reports and State or for commercial purposes, other than using the nar	ments may no	ot be sold or use	ed by any perso	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) CA ASSOCIATION OF PHYSICIAN GROU				
Full Name (Last, First, Middle Initial)				
A. COMMITTEE TO RE-ELECT LINE	DA SANCI	HEZ		Date of Disbursement
Mailing Address 1212 S. Victory Blvd SUITE 211				11 06 2013
City BURBANK	State CA	Zip Code 91502		Transaction ID : SB23.5617
Purpose of Disbursement	- CA	91502		
·				Amount of Each Disbursement this Period
Candidate Name			Category/	1000.00
LINDA SANCHEZ Office Sought: House Disburse	ment For: 20	4.4	Туре	1,555,66
Office Sought: House Disburse Senate President	Primary Other (specif	General		
State: CA District: 39				
Full Name (Last, First, Middle Initial) GONGRESSMAN WAXMAN CAM	IPAIGN C	OMMITTE	≣	Date of Disbursement
Mailing Address 6380 Wilshire Blvd. #1612				08 12 2013
City	State	Zip Code		
Los Angeles	CA	90048		Transaction ID : SB23.5600
Purpose of Disbursement				Amount of Each Disbursement this Period
Candidate Name			Category/	
			Type	1000.00
HENRY A. WAXMAN				
Office Sought: House Senate President Disburse	ment For: 20 Primary Other (specif	General		
Office Sought: House Disburse	Primary Other (specif	General y) ▼	ALTTEE	Date of Dishursement
Office Sought: House Disburse	Primary Other (specif	General y) ▼	MITTEE	Date of Disbursement
Office Sought: House Disburse	Primary Other (specif	General y) ▼	MITTEE	
Office Sought: House Senate President State: CA District: 30 Full Name (Last, First, Middle Initial) DEMOCRATIC CONGRESSIONA Mailing Address 430 South Capitol Street, SE 2nd Floor	Other (specif	General y) ▼	MITTEE	M = M / D = D / Y = Y = Y
Office Sought: House Senate President State: CA District: 30 Full Name (Last, First, Middle Initial) DEMOCRATIC CONGRESSIONA Mailing Address 430 South Capitol Street, SE 2nd Floor City	Other (specification) L CAMPA State	General AIGN COMN Zip Code	MITTEE	11 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Office Sought: House Senate President State: CA District: 30 Full Name (Last, First, Middle Initial) DEMOCRATIC CONGRESSIONA Mailing Address 430 South Capitol Street, SE 2nd Floor City Washington	Other (specification) L CAMPA State	General AIGN COMN Zip Code		11 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Office Sought: House Senate President State: CA District: 30 Full Name (Last, First, Middle Initial) DEMOCRATIC CONGRESSIONA Mailing Address 430 South Capitol Street, SE 2nd Floor City Washington Purpose of Disbursement Candidate Name	Other (specification) L CAMPA State	General AIGN COMN Zip Code	Category/ Type	11 06 2013 Transaction ID : SB23.5618
Office Sought: House Senate President State: CA District: 30	Other (specification) L CAMPA State	General AIGN COMN Zip Code 20003	Category/	Transaction ID : SB23.5618 Amount of Each Disbursement this Period
Office Sought: House Senate President State: CA District: 30 Full Name (Last, First, Middle Initial) DEMOCRATIC CONGRESSIONA Mailing Address 430 South Capitol Street, SE 2nd Floor City Washington Purpose of Disbursement Candidate Name Office Sought: House Senate Disburse	CAMPA State DC ment For: Primary	General AIGN COMN Zip Code 20003	Category/	Transaction ID : SB23.5618 Amount of Each Disbursement this Period
Office Sought: House Senate President State: CA District: 30	Cher (specification of the content o	General AIGN COMN Zip Code 20003 General y) General	Category/ Type	Transaction ID : SB23.5618 Amount of Each Disbursement this Period

SCHEDULE B (FEC Form 3X)		, FOR LINE	NUMBER:	PAGE 26 OF 30
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the Detailed Summary Page	(check only	one) 22 X 23	24 25 26
		27	28a 28b	28c 29 30
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 GROUP				
Full Name (Last, First, Middle Initial)				
A. FRIENDS FOR JIM MCDERMOTT			Date of Disburseme	ent
Mailing Address PO BOX 21786			08 05	2013
City	State Zip Code		T	Page Fron
SEATTLE	WA 98111		Transaction ID : S	o ¤∠ 3.5595
Purpose of Disbursement		· · · · ·	Amount of Each Dis	sbursement this Period
Candidate Name		Category/		
JAMES MCDERMOTT		Type	,	1000.00
Office Sought: House Disbursem	nent For: 2014 Primary General Other (specify)			
State: WA District: 07				
Full Name (Last, First, Middle Initial)				
B. FRIENDS OF JOE HECK			Date of Disburseme	
Mailing Address PO BOX 750114			07 / 22	2013
,	State Zip Code NV 89136		Transaction ID : S	\$B23.5586
Purpose of Disbursement	03130			akan e
Candidate Name		الييال	Amount of Each Dis	sbursement this Period
Candidate Name JOE HECK		Category/		1000.00
	nent For: 2014	Туре	7	, , , , ,
Senate X I	Primary General Other (specify)			
State: NV District: 03				
Full Name (Last, First, Middle Initial) C. FRIENDS OF JOHN BARRASSO			Date of Disburseme	ent
Mailing Address PO BOX 52008			12 11	2013
	toto = -			
•	State Zip Code WY 82605		Transaction ID : S	3B23.5620
Purpose of Disbursement				
0		<u> </u>	Amount of Each Dis	sbursement this Period
Candidate Name JOHN A BARRASSO		Category/ Type		1000.00
	nent For: 2018	.,,,,,		- 7
∑ Senate ∑ I	Primary General Other (specify) ▼			
State: WY District: 00				
SUBTOTAL of Disbursements This Page (optional)				3000.00
		<u></u>		7
TOTAL This Period (last page this line number only).			L	

SCHEDULE B (FEC Form 3X)	Har are to the total	, FOR LINE	NUMBER:	PAGE 27 OF 30
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(check only	one)	
	Detailed Summary Page		22 X 23 28b	24 25 26 28c 29 30
Any information copied from such Reports and Staten	lents may not be sold or i			
or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full)	<u> </u>			
ig CA ASSOCIATION OF PHYSICIAN GROU	PS FEDERAL POLITIC	AL ACTION CO	OMMITTEE (CAPG	FEDERAL PAC)
			·	<u> </u>
Full Name (Last, First, Middle Initial)			D-t/ D' '	
A. FRIENDS OF LOIS CAPPS			Date of Disburseme	
Mailing Address PO Box 23940			12 09	2013
Mailing Address PU DUX 23940			12 09	2013
City	State Zip Code			
Santa Barbara	CA 93121		Transaction ID : S	bB23.5619
Purpose of Disbursement				
		<u> </u>	Amount of Each Dis	sbursement this Period
Candidate Name		Category/		1000.00
LOIS G CAPPS		Type		1000.00
	nent For: 2014			
	Primary General			
State: CA District: 22	Other (specify) ▼			
State: CA District: 23				
Full Name (Last, First, Middle Initial)			Data of Disharm	unt.
B. GARAMENDI FOR CONGRESS			Date of Disburseme	
Mailing Address C/O CALIFORNIA POLITICAL LA	V INC		10 23	2013
Mailing Address C/O CALIFORNIA POLITICAL LAV 3605 LONG BEACH BLVD., STE.			10 23	2013
	State Zip Code			1000 F000
LONG BEACH	CA 90807		Transaction ID : S	DB∠3.56U6
Purpose of Disbursement				
		<u> </u>	Amount of Each Dis	sbursement this Period
Candidate Name		Category/		1000.00
JOHN GARAMENDI		Type		1000.00
	nent For: 2014			
	Other (appoint) — General			
President President	Other (specify) ▼			
State: CA District: 03				
Full Name (Last, First, Middle Initial) C CINCDEV FOR SENATE INC.			Date of Disburseme	ent
C. GINGREY FOR SENATE INC				
Mailing Address PO BOX U			08 05	2013
City	State Zip Code		Transaction ID : S	1823 5502
	GA 30060		าาสการสนาเบก (ม : 5	, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
Purpose of Disbursement				
Condidate Name		الحصال	Amount of Each Dis	sbursement this Period
Candidate Name		Category/		1000.00
J PHILLIP GINGREY	aont For: co::	Туре		
	nent For: 2014			
Senate President	Other (specify) —			
	Other (specify) ▼			
State: GA District: 00				
SURTOTAL of Diahumaamanta This Book (11 11				3000.00
SUBTOTAL of Disbursements This Page (optional)		>		2000.00
TOTAL This Period (last page this line number only)				
i			46. 1	1 40 1 40 1

ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE N (check only 21b 27	
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam NAME OF COMMITTEE (In Full) CA ASSOCIATION OF PHYSICIAN GROUP	e and address of any politica	d by any perso I committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) A. ISSA FOR CONGRESS Mailing Address PO BOX 760		Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
,	citate Zip Code CA 92085		Transaction ID : SB23.5623
Senate X	nent For: 2014 Primary General Other (specify)	Category/ Type	Amount of Each Disbursement this Period 1000.00
Full Name (Last, First, Middle Initial) B. KEVIN MCCARTHY FOR CONGRI Mailing Address PO Box 12667	ESS		Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Bakersfield Purpose of Disbursement Candidate Name KEVIN MCCARTHY Office Sought: House Senate Disbursem	tate Zip Code CA 93389 Thent For: 2014 Primary General Other (specify) The state of the content of the cont	Category/ Type	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			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
,	State Zip Code CA 93290	Category/ Type	Transaction ID : SB23.5589 Amount of Each Disbursement this Period 2500.00
	Primary General Other (specify) ▼		
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only).			6000.00

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SCHEDULE B (FEC Form 3X)		FOR LINE N	NUMBER: PAGE 29 OF 30
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	21b	22 🗙 23 24 25 26
Γ		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 GROU	IPS FEDERAL POLITICAL	. ACTION CO	MMITTEE (CAPG FEDERAL PAC)
<u>/</u>			<u> </u>
Full Name (Last, First, Middle Initial)			Data of Diahusaanast
A. PALLONE FOR CONGRESS			Date of Disbursement
Mailing Address PO BOX 3176			07 22 2013
			0. 22 2010
City	State Zip Code		Transaction ID : SB23.5591
Long Branch	NJ 07740		Transaction ib . 3623.3391
Purpose of Disbursement	l r		Amount of Each Disbursement this Period
Candidate Name			Amount of Lacit Dispursement this Period
FRANK JR PALLONE		Category/ Type	1000.00
	ment For: 2014	- 7,00	
Senate	Primary General		
President	Other (specify) ▼		
State: NJ District: 06			
Full Name (Last, First, Middle Initial)			Data of Diahuraament
B. PRICE FOR CONGRESS			Date of Disbursement
Mailing Address P.O. BOX 425			10 23 2013
City	State Zip Code		Transaction ID : SB23.5607
ROSWELL Purpose of Disbursement	GA 30077		
r dipose of Disbursement			Amount of Each Disbursement this Period
Candidate Name	L	Category/	
THOMAS EDMUNDS PRICE		Type	1000.00
	ment For: 2014		
	Primary General		
President State: GA District: 06	Other (specify)		
State: GA District: 06 Full Name (Last, First, Middle Initial)			
C. SCOTT PETERS FOR CONGRES	39		Date of Disbursement
GOOTT LILINGT ON CONGRES	,0		M M / D D / Y Y Y Y
Mailing Address PO BOX 70980			09 19 2013
City	State Zip Code DC 20024		Transaction ID: SB23.5602
WASHINGTON Purpose of Disbursement	20024		
•			Amount of Each Disbursement this Period
Candidate Name	L	Category/	
SCOTT PETERS		Type	1000.00
	ment For: 2014		
Senate	Primary General		
State: CA District: 52	Other (specify) ▼		
State. OA District. 52			
I			2000.00
I SUBTOTAL of Disbursements This Page (optional)			3000.00
SUBTOTAL of Disbursements This Page (optional).		<u> </u>	3000.00

SCHEDULE B (FEC Form 3X)	11		FOR LINE N	NUMBER:	PAGE 30 OF 30
TEMIZED DISBURSEMENTS	Use separate for each cate Detailed Sun		(check only 21b	_	23 24 25 26 28b 28c 29 30
Any information copied from such Reports and Statem	ents may not	be sold or use			
or for commercial purposes, other than using the name					
NAME OF COMMITTEE (In Full) CA ASSOCIATION OF PHYSICIAN GROUP	PS FEDERA	L POLITICA	L ACTION CC)MMITTEE	(CAPG FEDERAL PAC)
Full Name (Last, First, Middle Initial)					
A. VALADAO FOR CONGRESS				Date of Dis	sbursement
Mailing Address 504 VAN NESS				08 /	05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City S	State Zi	ip Code			to ID Open ==
FRESNO		3721		Transact	ion ID : SB23.5599
Purpose of Disbursement					Est et
Condidate Name				Amount of	Each Disbursement this Period
Candidate Name		7	Category/		2600.00
DAVID VALADAO Office Sought: No House Disbursem	ont For:	1	Туре		2000.00
Senate	nent For: 2014 Primary Other (specify)	General			
State: CA District: 21	. , - y)	_		_	
Full Name (Last, First, Middle Initial)					
3. WELCH FOR CONGRESS				Date of Dis	sbursement
Mailing Address PO BOX 1682				10	29 2013
BURLINGTON		ip Code 05402		Transact	tion ID : SB23.5613
Purpose of Disbursement				Amount of	Each Disbursement this Period
Candidate Name PETER WELCH			Category/	51	2500.00
_	nent For: 201	4	Туре		7
Senate X	nent For: 201 Primary Other (specify)	General			
State: VT District: 00					
Full Name (Last, First, Middle Initial) - WYDEN FOR SENATE				Date of Dis	sbursement
Mailing Address 232 NE 9TH AVENUE				10 /	23 / Y Y Y Y Y Y Y Z 2013
City	State Zi	ip Code			ion ID - ODGG FOIT
PORTLAND		7232		Transact	tion ID : SB23.5610
Purpose of Disbursement					
Constitute				Amount of	Each Disbursement this Period
Candidate Name			Category/		1000.00
RONALD L WYDEN	ont F-		Type		1000.00
Senate President	nent For: 2016 Primary Other (specify)	General			
State: OR District: 00					
SUBTOTAL of Disbursements This Page (optional)			>		6100.00
TOTAL This Period (last page this line number only).					36100.00