Image# 12950387828 PAGE 1 / 12

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Check if different than previously reported. (ACC) 2. FEC IDENTIFICATION NUMBER C C00492553 3. IS THIS REPORT (N) OR AMENDED (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) Quarterly Report (Q2) Quarterly Report (Q2) Quarterly Report (Q2) Quarterly Report (Q3) Sylvar Election Report (Pear Cohly) (MY) Termination Report (Q5) Quarterly Report (Q6) Q5 Q5 Q6 Q7 Q7 Q7 Q8 Q8 Q8 Q8 Q8 Q9 Q8 Q9 Q8 Q9 Q8 Q9 Q9 Q8 Q9										Office Us	se Only	
ADDRESS (number and street) Discourse	1.		•	TYPE OR F	PRINT ▼			ng, type	12FE4N	M5		
ADDRESS (number and street) Check if different than previously reported. (ACC) Check if different than previously reported. (ACC) 2. FEC IDENTIFICATION NUMBER C C C00492553 3. IS THIS REPORT (N) OR AMENDED (A) 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) X January 31 Poet (Q3) X January 31 Poet (Q3) X January 31 Poet (Q4) Duly 31 Mist-Year Report (VE) July 31 Mist-Year Report (VE) Termination Report (VE) Report (Non-election viac Celly) Report (Non-election viac Celly) PRE-Election Report (12P) PRE-Election Report (12P) General (12G) Runoff (12P) PRE-Election Report (VE) Report (Non-election viac Celly) Report (Non-ele	C	ALIFORN	IIA ASSOCIATION	OF PHY	SICIAN GRO	UPS (CAF	PG) PHYSI	CIANS IND	EPENDEN	IT EXPEN	DITURE	COMMI
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Type OF REPORT (Choose One) (a) Quarterly Report (Q1) July 15 Quarterly Report (Q2) Quarterly Report (Q2) Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (More Election on Report for the: General (12G) Runoff (30R) Report for the: General (30G) Runoff (30R) Special (30S) Report for the: Covering Period O7	ř	Che	ck if different									
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (YE) July 31 Mid-Year Report (Non-election Near Only) (MY) Termination Report (TER) (b) Monthly Rep 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M1) Report Due On: Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M1) Nov 20 (M11) Nov	ŀ			LOS AN	GELES				CA	90017		
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) X January 31 Year-End Report (Non-election Year Only) May 20 (M5) April 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) X January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) Termination Report (TER) April 15 Quarterly Report (Q3) X January 31 Year-End Report (YE) Special (12S) Election on Election	2.	FEC IDE	ENTIFICATION NU	MBER ▼		CITY 🛦			STATE 🛦		ZIP COI	DE 🛦
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Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M10) Livror-Election Year Only) In the State of In	4.		_	Rep	ort	eb 20 (M2)		May 20 (M5)	А	ug 20 (M8)		
April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) X January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) Termination Report (TER) Covering Period Termination Report (TER) Covering Period Convention (12C) Special (12S) Convention (12C) Special (12S) Fund (12R) Runoff (12R) Special (12S) Convention (12C) Special (12S) Fund (12R) Runoff (12R) Run		(a) Quai	rterly Reports:	Due	On:	1ar 20 (M3)		Jun 20 (M6)	S	ep 20 (M9)		
July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) X January 31 Year-End Report (Non-election Year Only) (MY) Termination Report (TER) Termination Report (TER) Special (12G) Runoff (12R) PRE-Election Report for the: Convention (12C) Special (12S) Election on M M M M M M M M M M M M M M M M M M					A	pr 20 (M4)		Jul 20 (M7)	0	Oct 20 (M10)		Jan 31 (YE)
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January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) General (30G) Report (30R) Report (30S) Report for the: Election on General (30G) Runoff (30R) Special (30S) Report for the: In the State of State of Termination Report (TER) Termination		H		2)	Report for the:		Convention ((12C)	Specia	al (12S)		
Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) On the second of the seco				3)			M = M /	D D /	YIYIY	Υ	in the	
Report (Non-election Year Only) (MY) Termination Report (TER) POST-Election General (30G) Runoff (30R) Special (30S) Report for the: Election on 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		^	Year-End Report (YI	Ξ)	Elec	ction on					State of	
Termination Report (TER) Election on Election on Election on In the State of 5. Covering Period O7 O1 2011 through 12 31 2011 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		Ш	Report (Non-election	(d)	POST-Election		General (300	G)	Runof	f (30R)		Special (30S)
5. Covering Period 07 01 2011 through 12 31 2011 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					·		M = M /	D = D /	Y Y Y	Y		
Type or Print Name of Treasurer Donald H. Crane	5.	Covering	Period 07				through					
M M / D D / Y Y Y Y	l ce	ertify that I	have examined thi	s Report a	nd to the best	of my knov	vledge and	belief it is tru	ue, correct	and complet	te.	
	Тур	e or Print	Name of Treasurer	Donald H	H. Crane							
	Sig	nature of ⁻	Treasurer Donal	d H. Crane			[Electronicall	y Filed] [D /	
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.	NO.	TE: Submis	ssion of false, errone	ous, or inco	omplete informa	tion may su	bject the per	son signing tl	his Report to	o the penaltic	es of 2 U	.S.C. §437g.
Office Use Only		Us	se									

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

CALIFORNIA ASSOCIATION OF PHYSICIAN GROUPS (CAPG) PHYSICIANS INDEPENDENT EXPENDITURE COMMI

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
(a) Cash on Hand January 1, 2011		0.00
(b) Cash on Hand at Beginning of Reporting Period	30511.36	
(c) Total Receipts (from Line 19)	9050.82	40000.82
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	39562.18	40000.82
Total Disbursements (from Line 31)	0.00	438.64
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	39562.18	39562.18
Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

CALIFORNIA ASSOCIATION OF PHYSICIAN GROUPS (CAPG) PHYSICIANS INDEPENDENT EXPENDITURE COMMI

Report Covering the Period: From: 0		12 31 2011
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	9050.00	39850.00
(ii) Unitemized(iii) TOTAL (add	0.00	150.00
Lines 11(a)(i) and (ii)▶	9050.00	40000.00
(b) Political Party Committees (c) Other Political Committees	0.00	0.00
(such as PACs)(d) Total Contributions (add Lines	0.00	0.00
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)▶	9050.00	40000.00
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
 Offsets To Operating Expenditures (Refunds, Rebates, etc.) 	0.00	0.00
(Carry Totals to Line 37, page 5)	0.00	0.00
to Federal Candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.82	0.82
(a) Non-Federal Account (from Schedule H3)	0.00	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))▶	9050.82	40000.82
20. Total Federal Receipts (subtract Line 18(c) from Line 19)▶	9050.82	40000.82

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
	Operating Expenditures: a) Allocated Federal/Non-Federal Activity (from Schedule H4)		23.3.33. 134. 10 24.0		
	(i) Federal Share	0.00	0.00		
	(ii) Non-Federal Share	0.00	0.00		
(b) Other Federal Operating				
`	Expenditures	0.00	438.64		
(c) Total Operating Expenditures	0.00	400.04		
ר פנ	(add 21(a)(i), (a)(ii), and (b))▶ Fransfers to Affiliated/Other Party	0.00	438.64		
	Committees	0.00	0.00		
	Contributions to Federal Candidates/Committees				
8	and Other Political Committees	0.00	0.00		
	ndependent Expenditures	0.00	0.00		
5. (use Schedule E) Coordinated Party Expenditures	7 7	7 7		
{	2 U.S.C. §441a(d)) use Schedule F)	0.00	0.00		
6. L	Loan Repayments Made	0.00	0.00		
7 I	oans Made	0.00	0.00		
8. F	Refunds of Contributions To:				
(a) Individuals/Persons Other Than Political Committees	0.00	0.00		
		0.00	0.00		
`	b) Political Party Committees c) Other Political Committees	0.00	0.00		
((such as PACs)	0.00	0.00		
		, , , , , , , , , , , , , , , , , , , ,			
(d) Total Contribution Refunds	0.00	0.00		
	(add Lines 28(a), (b), and (c))▶	7	0.00		
9. (Other Disbursements	0.00	0.00		
	Federal Election Activity (2 U.S.C. §431(20))				
(a) Allocated Federal Election Activity (from Schedule H6) 				
	(i) Federal Share	0.00	0.00		
	(ii) "Levin" Share	0.00	0.00		
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00		
(c) Total Federal Election Activity (add	0.00			
`	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00		
	Fotal Disbursements (add Lines 21(c), 22,	0.00	100.07		
2	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	0.00	438.64		
2. 1	Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line 30(a)(ii)				
f	rom Line 31)	0.00	438.64		

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		
3. Total Contributions (other than loans) (from Line 11(d), page 3)	9050.00	40000.00		
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00		
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9050.00	40000.00		
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	438.64		
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00		
3. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	438.64		

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

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) CALIFORNIA ASSOCIATION OF PHYSICIAN GROUPS (CAPG) PHYSICIANS INDEPENDENT EXPENDITURE COMMI Full Name (Last, First, Middle Initial) Susan Bantz Date of Receipt Mailing Address 3860 Calle Fortunada Suite 210 07 01 2011 City State Zip Code Transaction ID: SA11AI.4134 CA San Diego 92123 Amount of Each Receipt this Period FEC ID number of contributing C 150.00 federal political committee. Check Name of Employer Occupation CEO Children's Physicians Med Grp Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Susan Bantz Date of Receipt Mailing Address 3860 Calle Fortunada Suite 210 08 05 2011 City State Zip Code Transaction ID: SA11AI.4135 CA San Diego 92123 Amount of Each Receipt this Period FEC ID number of contributing 150.00 federal political committee. Check Name of Employer Occupation Children's Physicians Med Grp CEO Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) Full Name (Last, First, Middle Initial) c. Susan Bantz Date of Receipt Mailing Address 3860 Calle Fortunada 26 80 2011 Suite 210 City State Zip Code Transaction ID: SA11AI.4136 CA San Diego 92123 Amount of Each Receipt this Period FEC ID number of contributing C 150.00 federal political committee. Check Name of Employer Occupation CEO Children's Physicians Med Grp Receipt For: Aggregate Year-to-Date ▼ Primary General 900.00 Other (specify) 450.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

	FOF	R LINE	NU	IMBER	:	PAGE	7	OF	12
Use separate schedule(s)	(che	ck only	or	ne)					
for each category of the Detailed Summary Page		11a		11b		11c	12		
		13		14		15	16	Г	71

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NAME OF COMMITTEE (In Full)

CALIFORNIA ASSOCIATION OF PHYSICIAN GROUPS (CAPG) PHYSICIANS INDEPENDENT EXPENDITURE COMMI

JALII ORNIA AGGOGIATION OF TE	TISICIAN GROOTS (CALG) I TITSICIANS I	TABLE LINDLINE EXTENDED ONE COMMIN				
Full Name (Last, First, Middle Initial) A. Susan Bantz		Date of Receipt				
Mailing Address 3860 Calle Fortunada Suite 210		09 23 2011				
City	State Zip Code	Transaction ID : SA11AI.4137				
San Diego	CA 92123	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	150.00				
Name of Employer	Occupation	Check				
Children's Physicians Med Grp	CEO					
Receipt For:	Aggregate Year-to-Date ▼	-				
Primary General Other (specify) ▼	1050.00					
Full Name (Last, First, Middle Initial) Susan Bantz		Date of Receipt				
Mailing Address 3860 Calle Fortunada Suite 210		10 28 2011				
City	State Zip Code	Transaction ID : SA11AI.4138				
San Diego	CA 92123	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	150.00				
Name of Employer	Occupation	Check				
Children's Physicians Med Grp	CEO					
Receipt For:	Aggregate Year-to-Date ▼	1				
Primary General Other (specify) ▼	1200.00					
Full Name (Last, First, Middle Initial) C. Susan Bantz	·	Date of Receipt				
Mailing Address 3860 Calle Fortunada Suite 210		12 02 2011				
City	State Zip Code	Transaction ID : SA11AI.4139				
San Diego	CA 92123	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	150.00 Check				
Name of Employer	Name of Employer Occupation					
Children's Physicians Med Grp	Children's Physicians Med Grp CEO					
Receipt For: Primary General	Aggregate Year-to-Date ▼					
Other (specify) ▼	1350.00					
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	450.00				
TOTAL This Period (last page this line numb	per only)					

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

FOR LINE NUMBER:					PAGE	:	8	OF	12
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or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) CALIFORNIA ASSOCIATION OF PHY	SICIAN GROUPS (CAPG) PHYSICIANS II	NDEPENDENT EXPENDITURE COMMI			
Full Name (Last, First, Middle Initial) A. Susan Bantz		Date of Receipt			
Mailing Address 3860 Calle Fortunada Suite 210	Suite 210				
City San Diego	State Zip Code CA 92123	Transaction ID : SA11AI.4140 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	150.00			
Name of Employer Children's Physicians Med Grp	Occupation CEO	Check			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00				
Full Name (Last, First, Middle Initial) 3. Shelley Horwitz Mailing Address 27212 Calaroga Avenue		Date of Receipt			
City Hayward	y State Zip Code				
FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period 250.00			
Name of Employer Bay Valley Medical Group, Inc.	Occupation CEO	Check			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00				
Full Name (Last, First, Middle Initial) Shelley Horwitz		Date of Receipt			
Mailing Address 27212 Calaroga Avenue		08 05 2011			
City Hayward	State Zip Code CA 94545	Transaction ID : SA11AI.4143 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer	Occupation	Check			
Bay Valley Medical Group, Inc. Receipt For:	CEO				
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00				
SUBTOTAL of Receipts This Page (optional)		650.00			
TOTAL This Period (last page this line number	only)				

	FOR LINE NUMBER:	PAGE	9 OF	12
Use separate schedule(s)	(check only one)			
for each category of the Detailed Summary Page	X 11a 11b	11c	12	
	13 14	15	16	₁₇

	e name and address of any political committee to			
NAME OF COMMITTEE (In Full) CALIFORNIA ASSOCIATION OF PHY	SICIAN GROUPS (CAPG) PHYSICIANS IN	NDEPENDENT EXPENDITURE COMMI		
Full Name (Last, First, Middle Initial) A. Shelley Horwitz	Date of Receipt			
Mailing Address 27212 Calaroga Avenue	7	08 26 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.4144		
Hayward	CA 94545	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00		
Name of Employer	Occupation	Check		
Bay Valley Medical Group, Inc.	CEO			
Receipt For:	Aggregate Year-to-Date ▼			
Primary General				
Other (specify) ▼	2000.00			
Full Name (Last, First, Middle Initial) 3. Shelley Horwitz		Date of Receipt		
Mailing Address 27212 Calaroga Avenue		09 30 / Y Y Y Y Y Y		
City	State Zip Code	Transaction ID : SA11AI.4145		
Hayward	CA 94545	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00		
Name of Employer	Occupation	Check		
Bay Valley Medical Group, Inc.	CEO			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2250.00			
Full Name (Last, First, Middle Initial) Shelley Horwitz		Date of Receipt		
Mailing Address 27212 Calaroga Avenue		10 28 2011		
City	State Zip Code	Transaction ID : SA11AI.4146		
Hayward	CA 94545	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00		
Name of Employer	Occupation	Check		
Bay Valley Medical Group, Inc.	CEO			
Receipt For:	., · · · · · · · · · · · · · · · · · · ·			
Primary General				
Other (specify) ▼	2500.00			
SUBTOTAL of Receipts This Page (optional)	•	750.00		
TOTAL This Period (last page this line number	only)			

	FOR LINE NUMBER:					PAGE	•	10 OF	-	12
Use separate schedule(s)	(check only one)									
for each category of the Detailed Summary Page	X	11a		11b		11c		12		
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CALIFORNIA ASSOCIATION OF PHY	SICIAN GROUPS (CAPG) PHYSICIANS I	NDEPENDENT EXPENDITURE COMMI
Full Name (Last, First, Middle Initial) Shelley Horwitz Mailing Address 27212 Calaroga Avenue	Date of Receipt	
City	State Zip Code	12 09 2011 Transaction ID : SA11AI.4147
Hayward FEC ID number of contributing federal political committee.	CA 94545	Amount of Each Receipt this Period 250.00
Name of Employer Bay Valley Medical Group, Inc.	Occupation CEO	Check
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00	
Full Name (Last, First, Middle Initial) Shelley Horwitz Mailing Address 27212 Calaroga Avenue		Date of Receipt
City Hayward FEC ID number of contributing	State Zip Code CA 94545	Transaction ID : SA11AI.4148 Amount of Each Receipt this Period
federal political committee. Name of Employer Bay Valley Medical Group, Inc.	Occupation CEO	250.00 - Check
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	
Full Name (Last, First, Middle Initial) Dr. John Jenrette MD Mailing Address 8695 Spectrum Center Cour		Date of Receipt
City San Diego	State Zip Code CA 92123	07 15 2011 Transaction ID : SA11AI.4149 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	1250.00
Name of Employer Sharp Community Medical Group Receipt For: Primary General Other (specify) ▼	Occupation CEO Aggregate Year-to-Date ▼ 10000.00	. Check
SUBTOTAL of Receipts This Page (optional)	>	1750.00
TOTAL This Period (last page this line number	r only)	

	FOR LINE NUMBER:	PAGE	11 OF	12						
Use separate schedule(s)	(check only one)									
for each category of the Detailed Summary Page	X 11a 11b	11c	12							
	13 14	15	16	17						

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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) CALIFORNIA ASSOCIATION OF PHYSICIAN GROUPS (CAPG) PHYSICIANS INDEPENDENT EXPENDITURE COMMI Full Name (Last, First, Middle Initial) Dr. John Jenrette MD Date of Receipt Mailing Address 8695 Spectrum Center Court 2011 19 City State Zip Code Transaction ID: SA11AI.4150 CA San Diego 92123 Amount of Each Receipt this Period FEC ID number of contributing C 1250.00 federal political committee. Check Name of Employer Occupation CEO Sharp Community Medical Group Receipt For: Aggregate Year-to-Date ▼ Primary General 11250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. John Jenrette MD Date of Receipt Mailing Address 8695 Spectrum Center Court 09 16 2011 City State Zip Code Transaction ID: SA11AI.4151 San Diego CA 92123 Amount of Each Receipt this Period FEC ID number of contributing 1250.00 federal political committee. Check Name of Employer Occupation Sharp Community Medical Group CEO Receipt For: Aggregate Year-to-Date ▼ Primary General 12500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. John Jenrette MD Date of Receipt Mailing Address 8695 Spectrum Center Court M M / 10 14 2011 City State Zip Code Transaction ID: SA11AI.4152 CA San Diego 92123 Amount of Each Receipt this Period FEC ID number of contributing 1250.00 С federal political committee. Check Name of Employer Occupation CEO Sharp Community Medical Group Receipt For: Aggregate Year-to-Date ▼ Primary General 13750.00 Other (specify) 3750.00 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	l `	ck only	or	ne)					
Detailed Summary Page	<u>×</u>	11a		11b		11c	12		,
	1	13		14		15	16		117

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NAME OF COMMITTEE (In Full) CALIFORNIA ASSOCIATION OF PHYSICIAN GROUPS (CAPG) PHYSICIANS INDEPENDENT EXPENDITURE COMMI Full Name (Last, First, Middle Initial) Dr. John Jenrette MD Date of Receipt Mailing Address 8695 Spectrum Center Court 2011 11 18 City Zip Code State Transaction ID: SA11AI.4153 CA San Diego 92123 Amount of Each Receipt this Period FEC ID number of contributing C 1250.00 federal political committee. Check Name of Employer Occupation CEO Sharp Community Medical Group Receipt For: Aggregate Year-to-Date ▼ Primary General 15000.00 Other (specify) Full Name (Last, First, Middle Initial) В. Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1250.00 SUBTOTAL of Receipts This Page (optional)..... 9050.00 TOTAL This Period (last page this line number only).....