

**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

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2011"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="30511.36"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="9050.82"/>	<input type="text" value="40000.82"/>
(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="39562.18"/>	<input type="text" value="40000.82"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="0.00"/>	<input type="text" value="438.64"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="39562.18"/>	<input type="text" value="39562.18"/>
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

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

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

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
07 / 01 / 2011 To: M M / D D / Y Y Y Y Y Y
12 / 31 / 2011

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	9050.00	39850.00
(ii) Unitemized	0.00	150.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶	9050.00	40000.00
(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)	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
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.82	0.82
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))..... ▶	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
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	0.00	438.64
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	438.64
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
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)) ..	0.00	438.64
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from 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
33. Total Contributions (other than loans) (from Line 11(d), page 3)	9050.00	40000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9050.00	40000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	438.64
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	438.64

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
CALIFORNIA ASSOCIATION OF PHYSICIAN GROUPS (CAPG) PHYSICIANS INDEPENDENT EXPENDITURE COMMI

Full Name (Last, First, Middle Initial)
A. Susan Bantz
 Mailing Address 3860 Calle Fortunada
 Suite 210
 City San Diego State CA Zip Code 92123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Children's Physicians Med Grp Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2011
Transaction ID : SA11AI.4137
 Amount of Each Receipt this Period
 150.00
 Check

Full Name (Last, First, Middle Initial)
B. Susan Bantz
 Mailing Address 3860 Calle Fortunada
 Suite 210
 City San Diego State CA Zip Code 92123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Children's Physicians Med Grp Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 28 / 2011
Transaction ID : SA11AI.4138
 Amount of Each Receipt this Period
 150.00
 Check

Full Name (Last, First, Middle Initial)
C. Susan Bantz
 Mailing Address 3860 Calle Fortunada
 Suite 210
 City San Diego State CA Zip Code 92123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Children's Physicians Med Grp Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2011
Transaction ID : SA11AI.4139
 Amount of Each Receipt this Period
 150.00
 Check

SUBTOTAL of Receipts This Page (optional)..... ▶ 450.00
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 8 OF 12
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CALIFORNIA ASSOCIATION OF PHYSICIAN GROUPS (CAPG) PHYSICIANS INDEPENDENT EXPENDITURE COMMI

A. Susan Bantz
 Full Name (Last, First, Middle Initial)
 Mailing Address 3860 Calle Fortunada
 Suite 210
 City San Diego State CA Zip Code 92123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Children's Physicians Med Grp Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2011
Transaction ID : SA11AI.4140
 Amount of Each Receipt this Period
 150.00
 Check

B. Shelley Horwitz
 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, Inc. Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2011
Transaction ID : SA11AI.4142
 Amount of Each Receipt this Period
 250.00
 Check

C. Shelley Horwitz
 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, Inc. Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 05 / 2011
Transaction ID : SA11AI.4143
 Amount of Each Receipt this Period
 250.00
 Check

SUBTOTAL of Receipts This Page (optional)..... ▶ 650.00
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 12
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CALIFORNIA ASSOCIATION OF PHYSICIAN GROUPS (CAPG) PHYSICIANS INDEPENDENT EXPENDITURE COMMI

A. Shelley Horwitz
 Full Name (Last, First, Middle Initial)
 Mailing Address 27212 Calaroga Avenue
 City State Zip Code
 Hayward CA 94545
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Bay Valley Medical Group, Inc. CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 26 / 2011
Transaction ID : SA11AI.4144
 Amount of Each Receipt this Period
 250.00
 Check

B. Shelley Horwitz
 Full Name (Last, First, Middle Initial)
 Mailing Address 27212 Calaroga Avenue
 City State Zip Code
 Hayward CA 94545
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Bay Valley Medical Group, Inc. CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : SA11AI.4145
 Amount of Each Receipt this Period
 250.00
 Check

C. Shelley Horwitz
 Full Name (Last, First, Middle Initial)
 Mailing Address 27212 Calaroga Avenue
 City State Zip Code
 Hayward CA 94545
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Bay Valley Medical Group, Inc. CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 28 / 2011
Transaction ID : SA11AI.4146
 Amount of Each Receipt this Period
 250.00
 Check

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 10 OF 12
<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)
CALIFORNIA ASSOCIATION OF PHYSICIAN GROUPS (CAPG) PHYSICIANS INDEPENDENT EXPENDITURE COMMI

A. Shelley Horwitz
 Full Name (Last, First, Middle Initial)
 Mailing Address 27212 Calaroga Avenue
 City State Zip Code
 Hayward CA 94545
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Bay Valley Medical Group, Inc. CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : SA11AI.4147
 Amount of Each Receipt this Period
 250.00
 Check

B. Shelley Horwitz
 Full Name (Last, First, Middle Initial)
 Mailing Address 27212 Calaroga Avenue
 City State Zip Code
 Hayward CA 94545
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Bay Valley Medical Group, Inc. CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2011
Transaction ID : SA11AI.4148
 Amount of Each Receipt this Period
 250.00
 Check

C. Dr. John Jenrette MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8695 Spectrum Center Court
 City State Zip Code
 San Diego CA 92123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Sharp Community Medical Group CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 10000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2011
Transaction ID : SA11AI.4149
 Amount of Each Receipt this Period
 1250.00
 Check

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 11 OF 12
<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)
CALIFORNIA ASSOCIATION OF PHYSICIAN GROUPS (CAPG) PHYSICIANS INDEPENDENT EXPENDITURE COMMI

A. Dr. John Jenrette MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8695 Spectrum Center Court
 City San Diego State CA Zip Code 92123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sharp Community Medical Group Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 11250.00

Date of Receipt 08 / 19 / 2011
Transaction ID : SA11AI.4150
 Amount of Each Receipt this Period 1250.00
 Check

B. Dr. John Jenrette MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8695 Spectrum Center Court
 City San Diego State CA Zip Code 92123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sharp Community Medical Group Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 12500.00

Date of Receipt 09 / 16 / 2011
Transaction ID : SA11AI.4151
 Amount of Each Receipt this Period 1250.00
 Check

C. Dr. John Jenrette MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8695 Spectrum Center Court
 City San Diego State CA Zip Code 92123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sharp Community Medical Group Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 13750.00

Date of Receipt 10 / 14 / 2011
Transaction ID : SA11AI.4152
 Amount of Each Receipt this Period 1250.00
 Check

SUBTOTAL of Receipts This Page (optional).....▶	3750.00
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 12 OF 12
(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)
CALIFORNIA ASSOCIATION OF PHYSICIAN GROUPS (CAPG) PHYSICIANS INDEPENDENT EXPENDITURE COMMI

A. Full Name (Last, First, Middle Initial)
Dr. John Jenrette MD

Mailing Address 8695 Spectrum Center Court

City San Diego	State CA	Zip Code 92123
-------------------	-------------	-------------------

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

Name of Employer Sharp Community Medical Group	Occupation CEO
---	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	18	/	2011

Transaction ID : SA11AI.4153

Amount of Each Receipt this Period

1250.00

Check

B. Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

--

C. Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

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SUBTOTAL of Receipts This Page (optional).....▶	1250.00
TOTAL This Period (last page this line number only).....▶	9050.00