Image# 13964483843				PAGE 1 / 33
	EPORT OF R ND DISBURS or Other Than An Autho	SEMENTS	Office	Jse Only
1. NAME OF T COMMITTEE (in full)	YPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
			MMITTEE (CAPG FE	
ADDRESS (number and street)	915 WILSHIRE BLVD SUITE 1	620		
Check if different than previously reported. (ACC)	LOS ANGELES			I7 _ _
2. FEC IDENTIFICATION NUM	IBER▼ CITY			
C C00461756	3. IS T REF	PORT X (N) OF	AMENDED)
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: 	(b) Monthly Report Due On: Apr 20	(M3) Jun 20 (M	6) Sep 20 (M9)	(Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (Q1 July 15 Quarterly Report (Q2 October 15 Quarterly Report (Q3	(c) 12-Day PRE -Election Report for the:	Primary (12P) Convention (12C)	General (12G) Special (12S)	Runoff (12R)
January 31 Year-End Report (YE	Fleation	on / D D		in the State of
X July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST -Election	General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)	Report for the:	M = M / D = D	/ Y = Y = Y = Y	in the State of
5. Covering Period	/ D D / Y Y Y Y 01 2013	through 06		D13
I certify that I have examined this Type or Print Name of Treasurer	-	y knowledge and belief it is	true, correct and compl	ete.
Signature of Treasurer	H. Crane	[Electronically Filed]	Date 07 / 3	1 / Y Y Y Y 2013
NOTE: Submission of false, erroned	us, or incomplete information n	nay subject the person signing	g this Report to the penal	ties of 2 U.S.C. §437g.
Office Use Only				C FORM 3X Rev. 12/2004

07/31/2013 16 : 57

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

	FEC Form 3X (Rev. 02/2003)		Page 2
W	rite or Type Committee Name		
C	A ASSOCIATION OF PHYSICIAN GROUPS	S FEDERAL POLITICAL ACTION COMMI	TTEE (CAPG FEDERAL PAC)
B	eport Covering the Period: From: 01	/ D D / Y Y Y Y Y 01 _2013 _ To:	06 30 _ 2013 _
10		01 2010 10.	2010
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2013		16005.09
	(b) Cash on Hand at Beginning of Reporting Period	16005.09	
	(c) Total Receipts (from Line 19)	50238.61	50238.61
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	66243.70	66243.70
7.	Total Disbursements (from Line 31)	19217.49	19217.49
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	47026.21	47026.21
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

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Image# 1	3964483845
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DETAILED SUMMARY PAGE

of Receipts

Page 3

Write or Type Committee Name

FEC Form 3X (Rev. 06/2004)

Report Covering the Period: From: 01	/ D D / Y Y Y Y 01 2013	Го: 06 / 0 / 9 9 9 9 9
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Contributions (other than loans) From: (a) Individuals/Persons Other 		1
Than Political Committees (i) Itemized (use Schedule A)	49050.00	49050.00
(ii) Unitemized (iii) TOTAL (add	1185.00	1185.00
Lines 11(a)(i) and (ii)	50235.00	50235.00
(b) Political Party Committees(c) Other Political Committees	0.00	0.00
(d) Total Contributions (add Lines	0.00	0.0
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	50235.00	50235.00
. Transfers From Affiliated/Other Party Committees	0.00	0.00
All Loans Received	0.00	0.0
. Loan Repayments Received	0.00	0.0
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
to Federal Candidates and Other Political Committees	0.00	0.00
Other Federal Receipts (Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds	3.61	3.61
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.0
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.0
. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))►	50238.61	50238.6
. Total Federal Receipts (subtract Line 18(c) from Line 19)▶	50238.61	50238.6

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DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)	of Disbursements	Page 4
II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Operating Expenditures: - (a) Allocated Federal/Non-Federal Activity (from Schedule H4) 		
(i) Federal Share	0.00	0.0
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	717.49	717.4
(c) Total Operating Expenditures	7 7 7	
(add 21(a)(i), (a)(ii), and (b))► Transfers to Affiliated/Other Party	717.49	717.4
Committees	0.00	0.00
Contributions to Federal Candidates/Committees and Other Political Committees	18500.00	18500.00
Independent Expenditures	0.00	0.0
(use Schedule E) Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made Refunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))►	0.00	0.00
Other Disbursements	0.00	0.00
Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))►	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	19217.49	19217.4
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	19217.49	19217.49

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DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Ex- penditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	50235.00	50235.00
 Total Contribution Refunds (from Line 28(d)) 	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	50235.00	50235.00
 add Line 21(a)(i) and Line 21(b)) 	717.49	717.49
 Offsets to Operating Expenditures (from Line 15, page 3) 	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	717.49	717.49

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 6 OF

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TTEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$		
	and Statements may not be sold or used by any part of the name and address of any political committee	person for the purpose of soliciting contributions		
NAME OF COMMITTEE (In Full) CA ASSOCIATION OF PHYSICIAI	N GROUPS FEDERAL POLITICAL ACTION	N COMMITTEE (CAPG FEDERAL PAC)		
A. William Allen MD Mailing Address 450 E. Huntington Drive		Date of Receipt		
City Arcadia	State Zip Code CA 91006	Transaction ID : SA11AI.5355		
	CA 91000	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	1000.00		
Name of Employer	Occupation			
DaVita HealthCare Partners	Physician			
Receipt For:	Aggregate Year-to-Date ▼			
Primary General	1000.00			
Other (specify)	1000.00			
Full Name (Last, First, Middle Initial) B. Stan Arnold MD				
Mailing Address 11301 Dannen Drive		05 10 2013		
City	State Zip Code	Transaction ID : SA11AI.5356		
Santa Ana	CA 92705	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	500.00		
Name of Employer	Occupation	—		
Edinger Medical Group	Physician			
Receipt For:	Aggregate Year-to-Date ▼			
Primary General		-		
Other (specify)	500.00			
Full Name (Last, First, Middle Initial) C. Bart Asner MD				
Mailing Address 25 Offshore		05 03 2013		
City	State Zip Code	Transaction ID : SA11AI.5357		
Newport Beach	CA 92657	Amount of Each Receipt this Period		
FEC ID number of contributing	0	1000.00		
federal political committee.	С	100.00		
Name of Employer	Occupation			
Monarch Healthcare	CEO/Physician			
Receipt For:	Aggregate Year-to-Date ▼			
Other (specify) ▼	1000.00			
SUBTOTAL of Receipts This Page (option	al)	▶ 2500.00		

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

.

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE

7 OF 33

TEMIZED RECEIPTS	Detailed Summary Page		
Any information copied from such Reports	and Statements may not be sold or used by an	y person for the purpose of soliciting contributions	
or for commercial purposes, other than usi	ng the name and address of any political comm	ittee to solicit contributions from such committee.	
	N GROUPS FEDERAL POLITICAL ACTION	ON COMMITTEE (CAPG FEDERAL PAC)	
Full Name (Last, First, Middle Initial) A. Barry Behrstock MD		Date of Receipt	
Mailing Address 1190 Baker Street, Ste	103	04 17 _ 2013 _	
City	State Zip Code	Transaction ID : SA11AI.5359	
Costa Mesa	CA 92626	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	1000.00	
Name of Employer	Occupation		
Greater Newport Physicians	Physician		
Receipt For:	Aggregate Year-to-Date ▼		
Primary General		-	
Other (specify)	1000.00		
Full Name (Last, First, Middle Initial) B. Alan Beyer MD		Date of Receipt	
Mailing Address 10 Rodingham Dr			
S S S S S S S S S S S S S S S S S S S		04 24 _2013 _	
City	State Zip Code	Transaction ID : SA11AI.5362	
Newport Beach	CA 92660	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	500.00	
Name of Employer	Occupation		
Greater Newport Physicians	Physician		
Receipt For:	Aggregate Year-to-Date ▼		
Primary General			
Other (specify)	500.00		
Full Name (Last, First, Middle Initial) C. Robert Blackman MD			
Mailing Address 1025 W. Olympic Blvd		05 24 _2013 _	
City	State Zip Code	Transaction ID : SA11AI.5363	
Los Angeles	CA 90015	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	1000.00	
Name of Employer	Occupation		
Davita HealthCare Partners	Physician		
Receipt For:	Aggregate Year-to-Date ▼		
Primary General			
Other (specify)	1000.00		
SUBTOTAL of Receipts This Page (option	nal)	▶ 2500.00	

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
				erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) CA ASSOCIATION OF PHYSICIAN (GROUPS FEI	DERAL POLITICAL ACTION	I COMMITTEE (CAPG FEDERAL PAC)
Α.	Full Name (Last, First, Middle Initial) Matthew Boone MD Mailing Address 468 Abbie Way			Date of Receipt
				05 10 2013
	City	State	Zip Code	Transaction ID : SA11AI.5364
	Costa Mesa	CA	92627	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer	Occupatior	1	_
	Edinger Medical Group	Physician		
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General		500.00	1
	Other (specify)		300.00	1
в.	Full Name (Last, First, Middle Initial) Valery Brouwer MD	Date of Receipt		
	Mailing Address 28361 Silverton Dr.			M M / D D / Y Y Y Y Y 05 10 2013
	City	State	Zip Code	Transaction ID : SA11AI.5365
	Laguna Niguel	CA	92677	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer	Occupation	1	-
	Edinger Medical Group	Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]
<u>с</u> .	Full Name (Last, First, Middle Initial) Dr. Paul Brower MD			Date of Receipt
	Mailing Address 2 South Vista De Catalina			05 17 2013
	City	State	Zip Code	Transaction ID : SA11AI.5460
	Laguna Beach	CA	92651	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer	Occupation	1	
	Orange County Urology Assoc.	Physician		
	Receipt For:	Aggregate	Year-to-Date ▼	1
_	Other (specify)		250.00	
s	UBTOTAL of Receipts This Page (optional)			1250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

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		Detailed Summary Page		< 11a	11b	11c		
				13	14	15	16	1
Any information copied from such Reports a or for commercial purposes, other than using								
NAME OF COMMITTEE (In Full) CA ASSOCIATION OF PHYSICIAN	I GROUPS FEI	DERAL POLITICAL ACTION		имітті	EE (CA	PG FEDE	ERAL P/	AC)
Full Name (Last, First, Middle Initial) A. Shelley Chacon MD				Date of	f Receipt			
Mailing Address 5952 Littlefield Dr				05	/ D	D / Y 17	2013	Y
City	State	Zip Code) : SA11AI		
Huntington Beach	CA	92648				Receipt th		d
FEC ID number of contributing federal political committee.	С				J		50	0.00
Name of Employer Edinger Medical Group	Occupation Physician	1						
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00]					
Full Name (Last, First, Middle Initial) B. Dr. Kalaokalani Chandler MD				Date of	f Receipt			
Mailing Address 2990 Jordan Road				м м 06	/ D		2013	Y
City	State	Zip Code		Trans	action ID) : SA11AI	.5367	
Oakland	CA	94602		Amount	t of Each	Receipt th	his Period	d
FEC ID number of contributing federal political committee.	С					7	500	0.00
Name of Employer	Occupation	1						
Bay Valley Medical Group	Physician -	OB/GYN						
Receipt For:	Aggregate	Year-to-Date ▼						
Primary General Other (specify) ▼		500.00	1					
Full Name (Last, First, Middle Initial) C. Dr. Ratul Chatterjee MD				Date of	f Receipt			
Mailing Address 7416 Paloma Drive #360				^M 04		D / Y 24	2013	Y
City	State CA	Zip Code				D : SA11AI		
Huntington Beach	CA	92648		Amount	t of Each	Receipt th	his Period	d
FEC ID number of contributing federal political committee.	C					7	50	0.00
Name of Employer	Occupation	1						
Greater Newport Physicians	Physician,	Internal Medicine						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00						
SUBTOTAL of Receipts This Page (optiona	ı)	1 I I 1 I I I I I I I I I I I I I I I I			- 17	7	1500	0.00

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

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17			
				erson for the purpose of soliciting contributions e to solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full) CA ASSOCIATION OF PHYSICIAN G	ROUPS FEE	DERAL POLITICAL ACTION	COMMITTEE (CAPG FEDERAL PAC)			
Α.	Mailing Address 13 Amato			Date of Receipt 05 10 2013			
	City Mission Viejo	State CA	Zip Code 92692	Transaction ID : SA11AI.5370 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		1000.00			
	Name of Employer	Occupation	1	_			
	Monarch Healthcare	Chief Opera	ating Officer				
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General			1			
	Other (specify)		1000.00				
в.	Full Name (Last, First, Middle Initial) Ming Chong MD	Date of Receipt					
	Mailing Address 1323 Vandyke Rd.			M = M / D = D / Y = Y = Y = Y Y 06 14 2013			
	City	State	Zip Code	Transaction ID : SA11AI.5386			
	San Marino	CA	91108	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		1000.00			
	Name of Employer	Occupation	1				
	HealthCare Partners	Physician					
	Receipt For: Primary General	Aggregate	Year-to-Date ▼				
	Other (specify)		1000.00				
<u>с</u> .	Full Name (Last, First, Middle Initial) Karen Don MD			Date of Receipt			
	Mailing Address 9900 Talbert Ave #302			05 10 _2013 _			
	City	State	Zip Code	Transaction ID : SA11AI.5387			
	Fountain Valley	CA	92708	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		500.00			
	Name of Employer	Occupation	1				
	Edinger Medical Group	Physician					
	Receipt For:	Aggregate	Year-to-Date V				
	Primary General		500.00	1			
	Other (specify)		500.00	1			
s	SUBTOTAL of Receipts This Page (optional).			2500.00			

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

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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)

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		Detailed Summary Page		< 11a	11	1b	11c	12	
[13	14		15	16	17
Any information copied from such Reports or for commercial purposes, other than using									
NAME OF COMMITTEE (In Full) CA ASSOCIATION OF PHYSICIA	N GROUPS FEI	DERAL POLITICAL ACTION	CON	имітті	EE (C	CAPC	G FEDE	RAL PA	(C)
Full Name (Last, First, Middle Initial) A. Dr. Steven Dorfman MD				Date of	f Rece	eipt			
Mailing Address 6 Calais Circle				05	/	D D		2013	Y
City	State	Zip Code			actior		SA11AL		
Rancho Mirage	CA	92270		Amount	t of Ea	ach R	leceipt thi	is Period	
FEC ID number of contributing federal political committee.	С						7	1000	
Name of Employer	Occupation	1	_						
Empire Physicians Medical Grp.	Physician								
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General			11.						
Other (specify)		1000.00	4						
Full Name (Last, First, Middle Initial) B. Thomas Duralde MD									
			_	Date of	_	·			
Mailing Address 452 27th St.				05		24) / Y	2013	Y
City	State	Zip Code			action		SA11AI.5		
Manhattan Beach	CA	90266					Receipt thi		
FEC ID number of contributing federal political committee.	С						7	1000	_
Name of Employer	Occupation	1	_						
HealthCare Partners Medical Group	Physician								
Receipt For:		Veer te Dete 💌	_						
Primary General	Aggregate	Year-to-Date ▼							
Other (specify)		1000.00	4						
Full Name (Last, First, Middle Initial) C. Tamara Fogarty MD				Date of	f Rece	eipt			
Mailing Address 24782 Red Lodge PI				05	/	D D		2013	Y
City	State	Zip Code		Trans	action	n ID :	SA11AL		
Laguna Hills	CA	92653		Amount	t of Ea	ach R	eceipt thi	is Period	
FEC ID number of contributing								500	
federal political committee.	С			L.	7	_		500	0.00
Name of Employer	Occupation	1							
Edinger Medical Group	Physician								
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General		500.00	11.						
Other (specify)		500.00							
SUBTOTAL of Receipts This Page (option	l nal)				- 7		7	2500.	.00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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33

			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and s for commercial purposes, other than using th	Statements ma e name and a	ay not be sold or used by any p ddress of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) CA ASSOCIATION OF PHYSICIAN GI	ROUPS FEE	DERAL POLITICAL ACTION	COMMITTEE (CAPG FEDERAL PAC)
Α.	Full Name (Last, First, Middle Initial) Donna Frisch Mailing Address 10932 Ivy Lane City Orange FEC ID number of contributing federal political committee. Name of Employer Marathon Medical Group Receipt For: Primary General Other (specify) ▼	State CA C Occupation Physician Aggregate	Zip Code 92869 Year-to-Date ▼ 500.00	Date of Receipt
В.	Full Name (Last, First, Middle Initial) Catou Greenberg MD Mailing Address 462 Westminster Ave	Date of Receipt		
	City Newport Beach FEC ID number of contributing	State CA	Zip Code 92663	04 24 2013 Transaction ID : SA11AI.5393 Amount of Each Receipt this Period
	federal political committee. Name of Employer Greater Newport Physicians Receipt For: Primary General	Occupation Physician Aggregate	Year-to-Date ▼	500.00
	Uther (specify) ▼ Full Name (Last, First, Middle Initial)		500.00	
-	Elaine Grodin MD Mailing Address 3611 Bellflower Blvd		7. 0	Date of Receipt
	City Long Beach	State CA	Zip Code 90808	Transaction ID : SA11AI.5395 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Edinger Medical Group	Occupation Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
s	UBTOTAL of Receipts This Page (optional)			1500.00

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

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

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TEMIZED RECEIPTS		Detailed Summary Page		11b		12			
Any information copied from such Repor	s and Statements may not be solo	d or used by any n	erson for the	purpose	e of solicitin	g contribu	tions		
or for commercial purposes, other than u	sing the name and address of any	y political committe	e to solicit c	ontributio	ns from suc	sh commit	tee.		
NAME OF COMMITTEE (In Full)	AN GROUPS FEDERAL POL	ITICAL ACTION		TEE (CA	APG FEDE	ERAL PA	NC)		
Full Name (Last, First, Middle Initial) A. Dr. Setareh Hafezi MD			Date	of Receip	ot				
Mailing Address 27212 Calaroga Aver	ue	06 16 _ 2013 _							
City	State Zip Code	e		saction	ID : SA11AI				
Hayward	CA 94545		Amou	nt of Eac	ch Receipt t	his Period			
FEC ID number of contributing federal political committee.	C			7		500	0.00		
Name of Employer	Occupation								
Bay Valley Medical Group	OB/GYN								
Receipt For:	Aggregate Year-to-Date								
Primary General									
Other (specify)		500.00							
Full Name (Last, First, Middle Initial) B. Richard Hart MD			Date	of Receip	ot				
Mailing Address 15275 Friends St.			06	M / D	14	2013	Y		
City	State Zip Code	e	Tran	saction I	ID : SA11AI				
Pacific Palisades	CA 90272		Amou	nt of Eac	ch Receipt t	his Period			
FEC ID number of contributing federal political committee.	С		2000.00						
Name of Employer	Occupation								
HealthCare Partners	Physician								
Receipt For:	Aggregate Year-to-Date	▼							
Primary General		2000.00	1						
Other (specify)		2000.00							
Full Name (Last, First, Middle Initial) C. Dr. David Hartenbower MD			Date	of Receip	ot				
Mailing Address 11848 Kiowa #202			06	W / D	14	2013	Y		
City	State Zip Code	e	Trar	saction	ID : SA11A				
Los Angeles	CA 90049		Amou	nt of Eac	ch Receipt t	his Period			
FEC ID number of contributing federal political committee.	С					500	0.00		
Name of Employer	Name of Employer Occupation								
UCLA Health Systems	Medical Director, COO								
Receipt For:	Aggregate Year-to-Date	•							
Primary General			1						
Other (specify)		500.00							
CURTOTAL of Descipto This Days (set						3000	.00		
SUBTOTAL of Receipts This Page (opt	unai)					<u>++</u>			

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Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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33

TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CA ASSOCIATION OF PHYSICIAN	I GROUPS FEE	DERAL POLITICAL ACTION	COMMITTEE (CAPG FEDERAL PAC)
Full Name (Last, First, Middle Initial) Dr. Cambria Hembree-Bojorquez Mailing Address 9900 Talbert Avenue City Fountain Valley FEC ID number of contributing federal political committee. Name of Employer Edinger Medical Group Receipt For: Primary General Other (specify)	State CA Ccupation Physician	Zip Code 92708 Year-to-Date ▼ 500.00	Date of Receipt 05 17 2013 Transaction ID : SA11AI.5399 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Dr. Surendra Jain MD Mailing Address 1825 Paseo Del Sol City Palos Verdes Estates FEC ID number of contributing federal political committee. Name of Employer AppleCare Despite Form	State CA C Occupation Chief Medic		Date of Receipt 05 24 2013 Transaction ID : SA11AI.5401 Amount of Each Receipt this Period 1000.00
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Vinod Jivrajka MD Mailing Address 6131 Orangethorpe Ave, General City Buena Park FEC ID number of contributing federal political committee. Name of Employer AppleCare Medical Management Receipt For: Primary General Other (specify)	Sute 280 State CA C Occupation President/C		Date of Receipt 04 22 2013 Transaction ID : SA11AI.5402 Amount of Each Receipt this Period 1000.00
SUBTOTAL of Receipts This Page (optional	al)		2500.00

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

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

Use separate schedule(s) for each category of the

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$			
			person for the purpose of soliciting contributions te to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) CA ASSOCIATION OF PHYSICIA	N GROUPS FEE	PERAL POLITICAL ACTION	I COMMITTEE (CAPG FEDERAL PAC)			
Full Name (Last, First, Middle Initial) A. Patrick Kapsner Mailing Address 17 Wickland City	State	Zip Code	Date of Receipt			
Irvine FEC ID number of contributing federal political committee.	CA	92620	Amount of Each Receipt this Period			
Name of Employer MemorialCare Medical Found. Receipt For: Primary General Other (specify)	Occupation Chief Exect Aggregate]			
Full Name (Last, First, Middle Initial) Joel Katz MD Mailing Address 14 Brittlestar Lane	Joel Katz MD					
City Ladera Ranch FEC ID number of contributing federal political committee. Name of Employer Pacific Hospitalist Associates Receipt For:	State CA CC Occupation Hospitalist		04 24 2013 Transaction ID : SA11AI.5404 Amount of Each Receipt this Period 1000.00			
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) C. Peter Lee Kim	Primary General Other (specify) 1000.00 Full Name (Last, First, Middle Initial)					
Mailing Address 25681 Pacific Crest Drive City Mission Viego FEC ID number of contributing federal political committee. Name of Employer Greater Newport Physicians Receipt For: Primary General Other (specify) ▼	State CA Occupation Physician	Zip Code 92692 Year-to-Date ▼ 500.00	Date of Receipt			
SUBTOTAL of Receipts This Page (option	nal)		2500.00			

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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33

TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17				
			person for the purpose of soliciting contributions e to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) CA ASSOCIATION OF PHYSICI	AN GROUPS FED	ERAL POLITICAL ACTION	COMMITTEE (CAPG FEDERAL PAC)				
A. John Kirk Mailing Address 2062 New York Drive	State	Date of Receipt					
Altadena FEC ID number of contributing federal political committee.	CA	91001	Amount of Each Receipt this Period				
Name of Employer Pioneer Medical Group Receipt For: Primary General Other (specify) v	Occupation CEO Aggregate	/ear-to-Date ▼ 1000.00]				
B. Dr. Jennifer Knox MD Mailing Address 1412 Arch Ln	Date of Receipt						
City Huntington Beach	State CA	Zip Code 92640	Transaction ID : SA11AI.5407 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		500.00				
Name of Employer Greater Newport Physicians	Occupation Physician						
Receipt For: Primary General Other (specify) ▼	Aggregate	/ear-to-Date ▼ 500.00]				
Full Name (Last, First, Middle Initial) Dr. Eric S. Kohleriter MD			Date of Receipt				
Mailing Address 3 Buckeye Lane			06 / Y Y Y Y 2013				
City Danville	State CA	Zip Code 94526	Transaction ID : SA11AI.5408 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		500.00				
Name of Employer	Name of Employer Occupation						
Bay Valley Medical Group Receipt For: Primary General Other (specify) ▼		Medical Director /ear-to-Date ▼ 500.00]				
SUBTOTAL of Receipts This Page (opti	onal)		2000.00				

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	Detailed Summ	iary rage		13		14	15		16	17			
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NAME OF COMMITTEE (In Full)	IAN GROUPS FEDERAL POLITIC			MITTI	EE	(CAP	G FEDE	ERA	L PA	C)			
Full Name (Last, First, Middle Initial) A. Dr. Donna Kwong MD			D	ate of	f Re	ceipt							
Mailing Address 310 Stanforth Ct				06 16 _ 2013 _									
City	State Zip Code				acti		SA11AI						
San Ramon	CA 94582					-	Receipt th		-				
FEC ID number of contributing federal political committee.	C	C											
Name of Employer	Occupation Physician												
Bay Valley Medical Group Receipt For:													
Primary General	Aggregate Year-to-Date ▼												
Other (specify)		500.00											
Full Name (Last, First, Middle Initial) B. Diane Laird				ate of	f Re	ceint							
Mailing Address 330 Placentia Ave S	o 270			M = M		D		v	V	V			
Maining Address 330 Placentia Ave 3	e 270			04		17		20	013	T			
City	State Zip Code				acti		SA11AI						
Newport Beach	CA 92663						Receipt th						
FEC ID number of contributing federal political committee.	C		1000.00										
Name of Employer Nautilus/ Greater Newport Physicians	Occupation												
Receipt For:	CEO												
Primary General	Aggregate Year-to-Date ▼												
Other (specify)		1000.00											
Full Name (Last, First, Middle Initial) C. Dr. Christopher Lee MD			D	ate of	f Re	eceipt							
Mailing Address 1789 Port Carlow C	rcle			м м 05	/	10) 13	Y			
City	State Zip Code			Trans	act	ion ID :	SA11AI	.541	2				
Newport Beach	CA 92660		A	mount	t of	Each F	Receipt tl	nis F	'eriod				
FEC ID number of contributing federal political committee.	C					7	7	_	500	.00			
Name of Employer	Name of Employer Occupation												
Greater Newport Physicians	Greater Newport Physicians Physician												
Receipt For:		Aggregate Year-to-Date ▼											
Primary General		500.00											
Other (specify) ▼		500.00											
SUBTOTAL of Receipts This Page (or	tional)					7	- 7	-	2000.	00			

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
				erson for the purpose of soliciting contributions e to solicit contributions from such committee.							
	NAME OF COMMITTEE (In Full) CA ASSOCIATION OF PHYSICIAN G	ROUPS FEI	DERAL POLITICAL ACTION	COMMITTEE (CAPG FEDERAL PAC)							
Α.	Mailing Address 116 14th St.		7.0.1	Date of Receipt							
	City Seal Beach	State CA	Zip Code 90740	Transaction ID : SA11AI.5413 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		1000.00							
	Name of Employer	Occupation	1								
	HealthCare Partners	Physician									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General		1000.00	1							
	Other (specify)		1000.00								
в.	Full Name (Last, First, Middle Initial) Matthew Mazdyasni	Date of Receipt									
	Mailing Address 3923 Encino Hills Place	06 26 2013									
	City	State	Zip Code	Transaction ID : SA11AI.5414							
	Encino	CA	91436	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		1000.00							
	Name of Employer	Occupation	1								
	HealthCare Partners	Executive \	/ice President								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00]							
<u> </u>	Full Name (Last, First, Middle Initial) Douglas McConnaughey	I		Date of Receipt							
	Mailing Address 9 Cape Danbury			M = M / D = D / Y = Y = Y = Y Y 05 10 _2013 _							
	City	State	Zip Code	Transaction ID : SA11AI.5415							
	Newport Beach	CA	92660	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		500.00							
	Name of Employer	Occupatior	l	—							
	Edinger Medical Group	Physician									
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	1							
	Other (specify) ▼		500.00	1							
s	UBTOTAL of Receipts This Page (optional)			2500.00							

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SCHEDULE A (FEC Form 3X) I

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33

177		•	Use separate schedule(s)	(check c	(check only one)									
ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	X 11a	a 11b	11c	12	17						
An	y information copied from such Reports ar for commercial purposes, other than using	d Statements ma the name and a	l ay not be sold or used by any pe ddress of any political committee	erson for th	ne purpose (of soliciting	g contribu	tions						
	NAME OF COMMITTEE (In Full)													
	CA ASSOCIATION OF PHYSICIAN	GROUPS FEE	DERAL POLITICAL ACTION	COMMIT	TEE (CAF	'G FEDE	RAL PA	.C)						
Α.	Full Name (Last, First, Middle Initial) Dr. Janet McCormick MD			Date	of Receipt									
	Mailing Address 2840 Long Beach Blvd. #3	315		06		D / Y 4	2013	Y						
	City	State	Zip Code		Transaction ID : SA11AI.5416									
	Long Beach	CA	90806	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С					250	.00						
	Name of Employer	Occupation	1											
	Columbia Pediatrics Medical Gp	Pediatriciar	1											
	Receipt For: Primary General	Aggregate	Year-to-Date ▼											
	Other (specify) ▼		250.00											
в.	Full Name (Last, First, Middle Initial) Denise McCourt			Date	of Receipt									
	Mailing Address 7842 Connie Dr			05		D / Y 0	2013	Y						
	City	State	Zip Code	_	nsaction ID									
	Huntington Beach	CA	92648		unt of Each									
	FEC ID number of contributing federal political committee.	С		E		5	500	.00						
	Name of Employer	Occupation	1											
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с.	Full Name (Last, First, Middle Initial)			Date	of Receipt									
	Mailing Address 460 62nd Street			M Of		D / Y 0	2013	Y						
	City	State	Zip Code	Tra	insaction ID	: SA11AI.	.5418							
	Newport Beach	CA	92663	Amou	unt of Each	Receipt th	nis Period							
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	Nautilus/Greater Newport Phys.	CFO		_										
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	Other (specify) ▼		1000.00											
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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		Detailed Summary Page	2	< 11a		1b	11c	12					
Any information of	conied from such Benorts	and Statements m	l ay not be sold or used by any p	erson	13 for the	14 DURDOS		15 soliciting	16 contribut	17 tions			
			address of any political committee										
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Full Name (La A. Edward Me	ast, First, Middle Initial) erchant MD				Date of	f Rece	ipt						
Mailing Addres	ss 5164 Earl Dr				м м 06		D D D 14	/ Y	y y 2013	Y			
City		State	Zip Code		Trans	action	ו ID :	SA11AI.	5420				
La Canada Fli	intridge	CA	91011-1621	_	Amount of Each Receipt this Period								
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HealthCare Pa	artners	Physician											
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Full Name (La B. Jack Middl	ast, First, Middle Initial)				Date of	E Dooo	int						
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Maining Addres	ss 18710 Spruce Circle				05	/	10 D	/ Y	2013	Y			
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	ss 3506 Bravata Drive				м м 05	/	D D D 10	/ Y	2013	Y			
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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:

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Any information conied from such Depart	and Statements may not be cold or yood by only	13 14 15 16 17									
	s and Statements may not be sold or used by any sing the name and address of any political committe										
NAME OF COMMITTEE (In Full)											
	AN GROUPS FEDERAL POLITICAL ACTIO	N COMMITTEE (CAPG FEDERAL PAC)									
Full Name (Last, First, Middle Initial) A. Dr. Victor Novikov MD		Date of Receipt									
Mailing Address 2826 Ascot Drive		M = M / D = D / Y = Y = Y									
City	State Zip Code	06 16 2013									
San Ramon	CA 94583	Transaction ID : SA11AI.5423 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: Primary General	Aggregate Year-to-Date ▼										
Other (specify)	500.00										
		-									
Full Name (Last, First, Middle Initial)											
B. Dr. Carey L. O'Bryan IV MD		Date of Receipt									
Mailing Address 2320 Cliff Drive		05 17 _2013 _									
City	State Zip Code	Transaction ID : SA11AI.5424									
Newport Beach	CA 92663	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C	300.00									
Name of Employer	Occupation										
Carey L O'Bryan IV MD	Physician										
Receipt For:	Aggregate Year-to-Date ▼										
Primary General Other (specify) ▼	300.00										
Full Name (Last, First, Middle Initial) c. Dr. Thomas Paulsen MD		Date of Receipt									
Mailing Address 66 Silver Saddle Lane		06 14 2013									
City	State Zip Code	Transaction ID : SA11AI.5425									
Rolling Hills Estates	CA 90274	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C	1000.00									
Name of Employer	Occupation										
HealthCare Partners Medical Gr	Executive Medical Director, CA										
Receipt For:	Aggregate Year-to-Date ▼										
Primary General Other (specify)	1000.00										
	I										
SUBTOTAL of Receipts This Page (option	onal)	1800.00									

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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		Detailed Summary Page		-		11b	11c			
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Full Name (Last, First, Middle Initial) A. Harry Pellman MD				Date of	f Re	eceipt				
Mailing Address 16691 Greenview LN					/		D / Y			Y
City	State	Zip Code		Trans	acti	ion ID :	SA11AI.	5426		
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FEC ID number of contributing federal political committee.	С					,			500.0	00
Name of Employer	Occupation	1								
Edinger Medical Group	Physician									
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General		500.00	11.							
Other (specify)		500.00	4							
Full Name (Last, First, Middle Initial) 3. Alan Puzarne				Data of	f Ro	acaint				
Mailing Address 4401 Elder Avenue								V	V	<i>r</i>
Maning / Maroos 4401 Elder Avenue					ľ		, , ,			T
City	State	Zip Code			acti		SA11AI.			
Seal Beach	CA	90740		Amount	t of	Each F	Receipt th	nis Per	riod	
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Nautilus Healthcare Mgt. Group	coo									
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General	33 - 3		11.							
Other (specify)		1000.00	1							
Full Name (Last, First, Middle Initial) C. Dr. Melinda Ragins MD				Date of	f Re	eceipt				
Mailing Address 1582 Mountain Blvd					/					Ŷ
City	State	Zip Code		Trans	sact	ion ID :	SA11AI	.5428		
Oakland	CA	94611		Amount	t of	Each F	Receipt th	nis Per	riod	
FEC ID number of contributing federal political committee.	С					7			500.0	00
Name of Employer	Occupation	1	_							
Bay Valley Medical Group	Physician									
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Primary General	Ayyreyale		11							
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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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		Detailed Summary Fage		13		14	15		16	17		
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NAME OF COMMITTEE (In Full) CA ASSOCIATION OF PHYSICIA	N GROUPS FEE	DERAL POLITICAL ACTION	I CON	имітт	EE	(CAP	G FEDE	ERAL	. PAC	C)		
Full Name (Last, First, Middle Initial) A. Dr. Razia Rangwala MD				Date o	f Re	eceipt						
Mailing Address 3882 Mandy Way			06 16 _ 2013 _									
City	State	Zip Code			act		SA11AI		10	_		
San Ramon	CA	94582		Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С					7			500.0	00		
Name of Employer	Occupation											
Bay Valley Medical Group	Physician											
Receipt For:	Aggregate	Year-to-Date ▼										
Primary General	, iggi oguto		11.									
Other (specify)		500.00										
Full Name (Last, First, Middle Initial) B. Dr. Donald Rebhun MD				Date o	f Re	eceipt						
Mailing Address 36 Ranchero Rd				06	/	14		_201	3	Y		
City	State	Zip Code			acti		SA11AI					
Bell Canyon	CA	91307					Receipt t		eriod			
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Name of Employer	Occupation											
HealthCare Partners	Physician											
Receipt For:	Aggregate	Year-to-Date ▼										
Primary General	33 13 14		11									
Other (specify)		1000.00										
Full Name (Last, First, Middle Initial) C. Dr. Steven M. Rudy MD				Date o	f Re	eceipt						
Mailing Address 1420 Singletree Road				м м 05	/	24		201		Y		
City	State	Zip Code		Trans	sact	ion ID	: SA11AI	.5431				
Edwards	CO	81632		Amoun	t of	Each F	Receipt tl	his Pe	eriod			
FEC ID number of contributing federal political committee.	С					7		_	500.	00		
Name of Employer	Occupation		\neg									
Retired	Retired Phy	vsician										
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Other (specify)		500.00										
SUBTOTAL of Receipts This Page (option	nal)		▶ _			7		2	2000.0	0		

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

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33

			Detailed Summary Page		(11a	11	-	11c	12						
Any information	conied from such Penette a	nd Statemanta m	ay not be sold or used by any p		13 for the	14		15	16	17 tions					
			ddress of any political committee												
	OMMITTEE (In Full) CIATION OF PHYSICIAN	GROUPS FEE	DERAL POLITICAL ACTION	CON	имітт	EE (C	APC	G FEDE	RAL PA	C)					
Full Name (L A. Dr. Lauri	₋ast, First, Middle Initial) Seymour MD				Date of	f Recei	ipt								
Mailing Addr	ess 2036 Galaxy Drive			05 10 / Y Y Y Y Y											
City		State	Zip Code		Trans	action	ID :	SA11AI.	5432						
Newport Bea	ach	CA	92660	_	Amoun	t of Ea	ich R	eceipt thi	is Period						
	ber of contributing cal committee.	С						7	500	.00					
Name of Em	ployer	Occupation	l												
Edinger Med	ical Group	Physician													
Receipt For:	_	Aggregate	Year-to-Date ▼												
Other	y General (specify) V		500.00												
	₋ast, First, Middle Initial) Iel A. Skootsky MD				Date of	f Recei	ipt								
Mailing Addr	Mailing Address 2151 Balsam Avenue							/ Y	2013	Y					
City		State	Zip Code		Trans	action	ID :	SA11AI.5	5433						
Los Angeles		CA	90025		Amoun	t of Ea	ich R	eceipt thi	is Period						
	ber of contributing cal committee.	С			250.00										
Name of Em	ployer	Occupation	1	_											
UCLA Medica	al Group	Medical Dir	ector												
Receipt For:		Aggregate	Year-to-Date ▼												
Primar				11											
Other	(specify) 🔻		250.00	4											
Full Name (L C. James S	ast, First, Middle Initial)				Date of	f Recei	ipt								
Mailing Addr	ess 9550 E. Orchard Drive				м м 06	/	D D 14	/ Y	y y 2013	Y					
City		State	Zip Code		Trans	action	ID :	SA11AL	5434						
Greenwood	Village	CO	80111		Amoun	t of Ea	ich R	eceipt thi	is Period						
	ber of contributing cal committee.	С						7	1000	.00					
Name of Em	ployer	Occupation	1												
Catholic Hea	Ith Initiatives	Healthcare	Administrator												
Receipt For:		Aggregate	Year-to-Date ▼												
Other	y General (specify) ▼	1000.00													
SUBTOTAL of	Receipts This Page (optiona	I)		<u> </u>		7	-		1750.	00					

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Use separate schedule(s) for each category of the

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	TEMIZED RECEIPTS		Detailed Summary Page				·	11b	11c	12					
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Ar or	y information copied from such Reports and for commercial purposes, other than using the	Statements mane and a	ay not be sold or used by any p ddress of any political committee	erson e to so	for t olicit	he p cont	ourpo tribu	ose of itions	f soliciting from suc	g contrib h comm	ution ittee	ns			
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Α.	Full Name (Last, First, Middle Initial) Yvonne Sonnenberg	Date of Receipt													
	Mailing Address 36605 Palmdale Rd.			06 14 _ 2013 _											
	City	State	Zip Code		Tra	ansa	actio	n ID :	SA11AI	.5435					
	Rancho Mirage	CA	92270		Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С					,		5	50	00.00)			
	Name of Employer	Occupation													
	EMPC, LLC	Healthcare	Administrator												
	Receipt For:														
	Primary General	7.99.09ato	Year-to-Date ▼	11.											
	Other (specify) ▼	4													
в.	Full Name (Last, First, Middle Initial) Malcolm Sperling MD		Date of Receipt												
	Mailing Address 4661 Los Patos Avenue		м 0	м 5	/	10	D / Y	2013	Y	1					
	City	State	Zip Code		Tra	insa	ictio	n ID :	SA11AI.	.5436					
	Huntington Beach	CA	92649		Amo	unt	of E	Each F	Receipt th	nis Perio	d				
	FEC ID number of contributing federal political committee.	С			500.00										
	Name of Employer	Occupation													
	Edinger Medical Group	Physician													
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General			11.											
	Other (specify)		, 500.00												
с.	Full Name (Last, First, Middle Initial) Mary Straub				Date	e of	Rec	eipt							
	Mailing Address 5661 Littler Drive					м 5	/	D 10		2013	Y	1			
	City	State	Zip Code		Tra	ansa	actic	n ID :	: SA11AI						
	Huntington Beach	CA	92649						Receipt th		d				
	FEC ID number of contributing federal political committee.	С								50	0.00	0			
	Name of Employer	Occupation													
	Edinger Medical Group	Office Man	ager												
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	Primary General	33.034.0													
	Other (specify)		500.00												
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		ROUPS FEE	DERAL POLITICAL ACTIO	N CON	имітт	EE	(CAP	G FEDE	RAL	PAC	;)						
Full Name (Last, First, A. Dr. Sheri Task MD	Middle Initial)				Date o	f Re	ceipt										
Mailing Address 35215	Wycombe PI			06 16 <u>2013</u>													
City		State	Zip Code			sacti		SA11AL									
Newark		CA	94560					Receipt th		iod							
FEC ID number of con federal political commit		С					7		5	500.0)0						
Name of Employer		Occupation	1														
Bay Valley Medical Grou	a	Physician															
Receipt For:		Aggregate															
Primary	General	Aggregate		- 1													
Other (specify)																	
Full Name (Last, First, Middle Initial) Daniel Temianka MD							Date of Receipt										
Mailing Address 710 Pi	nehurst Dr.				м м 06	/	14		_2013								
City		State	Zip Code		Trans	acti		SA11AI.									
Pasadena		CA	91106					Receipt th		iod							
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Name of Employer		Occupation	1														
Retired		Physician (I	Retired)														
Receipt For:			Year-to-Date ▼														
Primary	General	Aggregate		- 1													
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Full Name (Last, First, C. Calvin Tint MD	Middle Initial)				Date of Receipt												
Mailing Address 11420	Warner Ave				м м 05	/	D 17		2013		r						
City		State	Zip Code			sact		SA11AI		-							
Fountain Valley		CA	92708		Amoun	t of	Each F	Receipt th	nis Peri	iod							
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Name of Employer		Occupation	1														
MemorialCare Medical	Group																
Receipt For:	General	Aggregate	Year-to-Date ▼														
Other (specify)			500.00														
SUBTOTAL of Receipts	This Page (optional)						3		20	00.0	0						

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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33

	Detailed Summary Pag	
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		nmittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CA ASSOCIATION OF PHYSICI.	AN GROUPS FEDERAL POLITICAL AC	TION COMMITTEE (CAPG FEDERAL PAC)
Full Name (Last, First, Middle Initial) A . Daisy Tint MD		Date of Receipt
Mailing Address 250 E. Yale Loop		05 17 _ 2013 _
City	State Zip Code	Transaction ID : SA11AI.5444
Irvine	CA 92604	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
MemorialCare Medical Group	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	00	
Full Name (Last, First, Middle Initial) B. Mai-Khanh Tran MD		Date of Receipt
Mailing Address 9337 Lily Ave		05 10 _2013 _
City	State Zip Code	Transaction ID : SA11AI.5446
Fountain Valley	CA 92708	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Edinger Medical Group	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify)	500.0	00
Full Name (Last, First, Middle Initial) C. John Stephen Wikle MD		Date of Receipt
Mailing Address 11572 Marble Arch Dr		05 17 _2013 _
City	State Zip Code	Transaction ID : SA11AI.5449
Santa Ana	CA 92705	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
Greater Newport Physicians	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	1000.	50
SUBTOTAL of Receipts This Page (optic	nal)	2000.00

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

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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	CA ASSOCIATION OF PHYSICIAN GR	OUPS FEE	DERAL POLITICAL ACTION		имітт	EE	(CAP	G FEDE	RAL PA	AC)			
Α.	Full Name (Last, First, Middle Initial) Burton Willis MD				Date of Receipt								
Π.	Mailing Address 16074 Bonaire Cr				M N		D	D / Y	YY	Y			
					05		10		2013	<u> </u>			
	City	State	Zip Code		Trans	sact	ion ID	: SA11AI	.5450				
	Huntington Beach	CA	92649	_	Amoun	t of	Each	Receipt th	his Period	ł			
	FEC ID number of contributing federal political committee.	С					7		500	0.00			
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	Edinger Medical Group	Physician											
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	Other (specify)		500.00										
	• (specify) v		7 7 7										
_	Full Name (Last, First, Middle Initial)												
В.	Dr. Juliana Wong MD			_	Date o	f Re	eceipt						
	Mailing Address 319 Diablo Rd #105				06	/	16		2013	Y			
	City	State	Zip Code			sact		, : SA11AI					
	Danville	CA	94526						his Period	ł			
	FEC ID number of contributing federal political committee.	С		500.00									
	Name of Employer	Occupation		_									
	Bay Valley Medical Group	Physician											
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General		500.00										
	Other (specify)		, , , , , , , , , , , , , , , , , , , ,										
— с.	Full Name (Last, First, Middle Initial) Dr. Roland Wong MD				Date o	of Re	eceipt						
	Mailing Address 27212 Calaroga Avenue				06	/	D 16		2013	Y			
	City	State	Zip Code		Tran	sact	ion ID	: SA11AI	.5454				
	Hayward	CA	94545	_	Amoun	it of	Each	Receipt tl	his Period	ł			
	FEC ID number of contributing federal political committee.	С					7		50	0.00			
	Name of Employer	Occupation											
	Bay Valley Medical Group	Urologist											
	Receipt For:	Aggregate	Year-to-Date ▼										
	Other (specify)		500.00										
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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33

-	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	ny information copied from such Reports and S for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) CA ASSOCIATION OF PHYSICIAN GR	OUPS FEE	DERAL POLITICAL ACTION	COMMITTEE (CAPG FEDERAL PAC)
A.	Full Name (Last, First, Middle Initial) Betty Yu MD Mailing Address 16525 Oak Circle City Fountain Valley FEC ID number of contributing federal political committee. Name of Employer Edinger Medical Group Receipt For: Primary General Other (specify) ▼	State CA C Occupation Physician Aggregate	Zip Code 92708 Year-to-Date ▼ 500.00	Date of Receipt 05 10 2013 Transaction ID : SA11AI.5455 Amount of Each Receipt this Period 500.00
в.	Full Name (Last, First, Middle Initial) Dr. Michael Yu MD Mailing Address 16852 Harvest Lane	Date of Receipt		
	City Huntington Beach FEC ID number of contributing federal political committee.	State CA	Zip Code 92649	04 17 2013 Transaction ID : SA11AI.5456 Amount of Each Receipt this Period 1000.00
	Name of Employer Greater Newport Physicians Receipt For: Primary General Other (specify)	Occupation Physician Aggregate	Year-to-Date ▼ 1000.00	
C.	Full Name (Last, First, Middle Initial) Kenneth Zuckerman MD Mailing Address 16300 Sand Canyon Ave #70	4		Date of Receipt
	City Irvine	State CA	Zip Code 92618	Transaction ID : SA11AI.5457 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Greater Newport Physicians Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate	Year-to-Date ▼ 500.00	
s	UBTOTAL of Receipts This Page (optional)		•	2000.00
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TOTAL This Period (last page this line number only).....

S	CHEDULE B (FEC Form 3X)			F	DR L	LINE N		:		PA	GE 3	30 O	F 33			
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	y information copied from such Reports and State for commercial purposes, other than using the national states of the states of															
$\left \right\rangle$	NAME OF COMMITTEE (In Full) CA ASSOCIATION OF PHYSICIAN GROU	JPS FEDE	RAL POLITICA	LAC	TIO	N CO	MMITT	EE (CAP	G FEDE	ERAL	. PAC	C)			
<u>ب</u>	Full Name (Last, First, Middle Initial)						D 1	(5:								
А.	Intuit Payment Solutions						Date o				v	V	Y			
	Mailing Address 21215 Burbank Blvd Suite 100						05 / 05 / 2013									
	City Woodland Hills	State CA	Zip Code 91367			T	Trans	actio	n ID	: SB21B.	5473					
	Purpose of Disbursement	57	91367	_	_											
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-	Full Name (Last, First, Middle Initial)				_			(
в.	Intuit Payment Solutions						Date o									
	Mailing Address 21215 Burbank Blvd Suite 100						06 17 2013									
	City Woodland Hills	State CA	Zip Code 91367				Amount of Each Disbursement this Period									
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	Mailing Address 21215 Burbank Blvd Suite 100						M M 06	/	30		201		ſ			
	City Woodland Hills	State CA	Zip Code 91367				Trans	sactio	on ID	: SB21B.	5475					
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	Senate President	ment For: Primary Other (spe	General cify) ▼													
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 31 OF 33										
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one) 22 X 23 24 25 26 28a 28b 28c 29 30b										
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NAME OF COMMITTEE (In Full) CA ASSOCIATION OF PHYSICIAN GROU	JPS FEDERAL POLITICAL	ACTION CO	OMMITTEE (CAPG FEDERAL PAC)										
Full Name (Last, First, Middle Initial) A. BECERRA FOR CONGRESS			Date of Disbursement										
Mailing Address P.O. Box 261060			06 16 2013										
City Los Angeles	State Zip Code CA 90026		Transaction ID : SB23.5354										
Purpose of Disbursement			Amount of Each Disbursement this Period										
Candidate Name XAVIER BECERRA		Category/ Type	1000.00										
Senate President	ment For: 2014 Primary General Other (specify) ▼												
State: CA District: 31 Full Name (Last, First, Middle Initial) B. BERA FOR CONGRESS			Date of Disbursement										
Mailing Address Post Office Box 582496			03 07 2013										
City Elk Grove	State Zip Code CA 95758		Transaction ID : SB23.5336										
Purpose of Disbursement			Amount of Each Disbursement this Period										
Candidate Name AMERISH BERA		Category/ Type	1000.00										
	ment For: 2014 Primary General Other (specify)												
Full Name (Last, First, Middle Initial) C. DR. RAUL RUIZ FOR CONGRES	S		Date of Disbursement										
Mailing Address PO BOX 6116			02 06 2013										
City LA QUINTA	State Zip Code CA 92248		Transaction ID : SB23.5348										
Purpose of Disbursement Candidate Name		Category/	Amount of Each Disbursement this Period 1000.00										
RAUL DR. RUIZ Office Sought: House Disburse Senate President X State: CA District: 36	ment For: 2014 Primary General Other (specify) ▼	Туре											
SUBTOTAL of Disbursements This Page (optional).		····· •	3000.00										

S	CHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 32 OF 33										
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	Full Name (Last, First, Middle Initial)														
Α.	FRIENDS OF CONGRESSMAN	GEORGE	EMILLER		Date of Disbursement										
	Mailing Address P.O. Box 5864				M m / D D / Y Y Y Y Y 05 23 2013 2013 Transaction ID : SB23.5337										
	City	State	Zip Code												
	Concord Purpose of Disbursement	CA	94524												
	Fulpose of Disbursement				Amount of Each Disbursement this Period										
	Candidate Name			Category/	1000.00										
	GEORGE MILLER			Туре	1000.00										
	Senate President	sement For: Primary Other (spe	General												
_	State: CA District: 07														
В.	Full Name (Last, First, Middle Initial) FRIENDS OF JOE PITTS				Date of Disbursement										
	Mailing Address PO BOX 775				06 26 2013										
	City UNIONVILLE	State PA	Zip Code 19375		Transaction ID : SB23.5338										
	Purpose of Disbursement														
	Candidate Name				Amount of Each Disbursement this Period										
	JOSEPH R. PITTS			Category/	1000.00										
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		X Primary	General												
	State: PA District: 16	Other (spe	ecify) 🔻												
_	Full Name (Last, First, Middle Initial)														
C.	FRIENDS OF MAX BAUCUS				Date of Disbursement										
	Mailing Address PO BOX 586				03 / 07 / Y Y Y Y 2013										
	City	State	Zip Code		Transaction ID : SB23.5341										
	HELENA Purpose of Disbursement	MT	59624												
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	Candidate Name			Category/											
	MAX BAUCUS			Туре	5000.00										
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Δ	KIND FOR CONGRESS COMMIT						Date o	f Disbu	rseme	nt						
<i>,</i>	KIND FOR CONGRESS COMMIN															
	Mailing Address 205 5TH AVENUE SOUTH						м м 03	/ [29	/ Y	2013	= Y				
	City	State	Zip Code				_									
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	Purpose of Disbursement				-											
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	Candidate Name			Cat	egory	v/				_						
	RONALD JAMES KIND				ype	,			_		100	00.00				
	Office Sought: X House Disburser	ment For:	2014													
	Senate X	Primary	General													
	President	Other (spe	ecify) 🔻													
	State: WI District: 03															
	Full Name (Last, First, Middle Initial)															
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	Mailing Address 5429 Madison Avenue						06		16		2013					
	City	State	Zip Code				Transaction ID : SB23.5344									
	Sacramento	CA	95841													
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_	State: CA District: 01															
~	Full Name (Last, First, Middle Initial)						D .									
C.	RYAN FOR CONGRESS, INC.						Date o	f Disbu	rseme	nt						
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	Mailing Address PO BOX 1488						06	1 1	26		2013	_				
	City	State	Zip Code													
	JANESVILLE	WI	21p Code 53547				Trans	saction	ID : S	B23.53	845					
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	Candidate Name						Anoun	n ∪i ⊏d(souisell		i enou				
	PAUL D. RYAN				egory ype	y/	1		-		250	00.00				
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