

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 CA ASSOCIATION OF PHYSICIAN GROUPS FEDERAL POLITICAL ACTION COMMITTEE (CAPG FEDERAL PAC)

ADDRESS (number and street) 915 WILSHIRE BLVD SUITE 1620 Check if different than previously reported. (ACC) LOS ANGELES CA 90017

2. FEC IDENTIFICATION NUMBER C C00461756 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report (X), Termination Report (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S) Election on M M / D D / Y Y Y Y Y Y in the State of (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S) Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period 01 / 01 / 2013 through 06 / 30 / 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Donald H. Crane

Signature of Treasurer Donald H. Crane [Electronically Filed] Date 07 / 31 / 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>	<input type="text" value="16005.09"/>	<input type="text" value="16005.09"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="16005.09"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="50238.61"/>	<input type="text" value="50238.61"/>
(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="66243.70"/>	<input type="text" value="66243.70"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="19217.49"/>	<input type="text" value="19217.49"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="47026.21"/>	<input type="text" value="47026.21"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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

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

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2013 To: M M / D D / Y Y Y Y 06 / 30 / 2013

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	49050.00	49050.00
(ii) Unitemized .....	1185.00	1185.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	50235.00	50235.00
(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) .....	50235.00	50235.00
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.).....	3.61	3.61
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))..... ▶	50238.61	50238.61
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	50238.61	50238.61

**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 .....	717.49	717.49
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	717.49	717.49
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	18500.00	18500.00
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)) ..	19217.49	19217.49
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	19217.49	19217.49

**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) .....	50235.00	50235.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	50235.00	50235.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	717.49	717.49
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	717.49	717.49

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

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

FOR LINE NUMBER: PAGE 6 OF 33  
(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)  
**CA ASSOCIATION OF PHYSICIAN GROUPS FEDERAL POLITICAL ACTION COMMITTEE (CAPG FEDERAL PAC)**

**A. William Allen MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 450 E. Huntington Drive  
 City Arcadia State CA Zip Code 91006  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DaVita HealthCare Partners Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 14 / 2013  
**Transaction ID : SA11AI.5355**  
 Amount of Each Receipt this Period  
 1000.00

**B. Stan Arnold MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11301 Dannen Drive  
 City Santa Ana State CA Zip Code 92705  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Edinger Medical Group Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 05 / 10 / 2013  
**Transaction ID : SA11AI.5356**  
 Amount of Each Receipt this Period  
 500.00

**C. Bart Asner MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 25 Offshore  
 City Newport Beach State CA Zip Code 92657  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Monarch Healthcare Occupation CEO/Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 05 / 03 / 2013  
**Transaction ID : SA11AI.5357**  
 Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2500.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. Barry Behrstock MD</b>		Date of Receipt
Mailing Address 1190 Baker Street, Ste 103		<input type="text" value="04"/> / <input type="text" value="17"/> / <input type="text" value="2013"/>
City	State	Zip Code
Costa Mesa	CA	92626
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.5359</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
Name of Employer	Occupation	
Greater Newport Physicians	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Alan Beyer MD</b>		Date of Receipt
Mailing Address 10 Rodingham Dr		<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2013"/>
City	State	Zip Code
Newport Beach	CA	92660
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.5362</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
Greater Newport Physicians	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Robert Blackman MD</b>		Date of Receipt
Mailing Address 1025 W. Olympic Blvd		<input type="text" value="05"/> / <input type="text" value="24"/> / <input type="text" value="2013"/>
City	State	Zip Code
Los Angeles	CA	90015
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.5363</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
Name of Employer	Occupation	
Davita HealthCare Partners	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="2500.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 33  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Matthew Boone MD**

Mailing Address 468 Abbie Way

City State Zip Code  
 Costa Mesa CA 92627

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

Name of Employer Occupation  
 Edinger Medical Group Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 10 / 2013

**Transaction ID : SA11AI.5364**

Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**B. Valery Brouwer MD**

Mailing Address 28361 Silverton Dr.

City State Zip Code  
 Laguna Niguel CA 92677

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

Name of Employer Occupation  
 Edinger Medical Group Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 10 / 2013

**Transaction ID : SA11AI.5365**

Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**C. Dr. Paul Brower MD**

Mailing Address 2 South Vista De Catalina

City State Zip Code  
 Laguna Beach CA 92651

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

Name of Employer Occupation  
 Orange County Urology Assoc. Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 17 / 2013

**Transaction ID : SA11AI.5460**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1250.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Shelley Chacon MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5952 Littlefield Dr  
 City Huntington Beach State CA Zip Code 92648  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Edinger Medical Group Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **05 / 17 / 2013**  
**Transaction ID : SA11AI.5366**  
 Amount of Each Receipt this Period **500.00**

**B. Dr. Kalaokalani Chandler MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2990 Jordan Road  
 City Oakland State CA Zip Code 94602  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Bay Valley Medical Group Occupation Physician - OB/GYN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **06 / 16 / 2013**  
**Transaction ID : SA11AI.5367**  
 Amount of Each Receipt this Period **500.00**

**C. Dr. Ratul Chatterjee MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7416 Paloma Drive #360  
 City Huntington Beach State CA Zip Code 92648  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Greater Newport Physicians Occupation Physician, Internal Medicine  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 24 / 2013**  
**Transaction ID : SA11AI.5369**  
 Amount of Each Receipt this Period **500.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1500.00</b>
<b>TOTAL</b> 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 33
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Raymond Chicoine</b>		Date of Receipt
Mailing Address 13 Amato		M M M / D D D / Y Y Y Y Y Y 05 / 10 / 2013
City	State	Zip Code
Mission Viejo	CA	92692
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.5370
C		Amount of Each Receipt this Period
		1000.00
Name of Employer	Occupation	
Monarch Healthcare	Chief Operating Officer	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	1000.00	

Full Name (Last, First, Middle Initial) <b>B. Ming Chong MD</b>		Date of Receipt
Mailing Address 1323 Vandyke Rd.		M M M / D D D / Y Y Y Y Y Y 06 / 14 / 2013
City	State	Zip Code
San Marino	CA	91108
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.5386
C		Amount of Each Receipt this Period
		1000.00
Name of Employer	Occupation	
HealthCare Partners	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	1000.00	

Full Name (Last, First, Middle Initial) <b>C. Karen Don MD</b>		Date of Receipt
Mailing Address 9900 Talbert Ave #302		M M M / D D D / Y Y Y Y Y Y 05 / 10 / 2013
City	State	Zip Code
Fountain Valley	CA	92708
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.5387
C		Amount of Each Receipt this Period
		500.00
Name of Employer	Occupation	
Edinger Medical Group	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2500.00
<b>TOTAL</b> 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 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Steven Dorfman MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6 Calais Circle  
 City Rancho Mirage State CA Zip Code 92270  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Empire Physicians Medical Grp. Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 24 / 2013**  
**Transaction ID : SA11AI.5388**  
 Amount of Each Receipt this Period  
**1000.00**

**B. Thomas Duralde MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 452 27th St.  
 City Manhattan Beach State CA Zip Code 90266  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HealthCare Partners Medical Group Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 24 / 2013**  
**Transaction ID : SA11AI.5389**  
 Amount of Each Receipt this Period  
**1000.00**

**C. Tamara Fogarty MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 24782 Red Lodge Pl  
 City Laguna Hills State CA Zip Code 92653  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Edinger Medical Group Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 10 / 2013**  
**Transaction ID : SA11AI.5391**  
 Amount of Each Receipt this Period  
**500.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>2500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Donna Frisch**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10932 Ivy Lane  
 City Orange State CA Zip Code 92869  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Marathon Medical Group Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 10 / 2013**  
**Transaction ID : SA11AI.5392**  
 Amount of Each Receipt this Period  
**500.00**

**B. Catou Greenberg MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 462 Westminster Ave  
 City Newport Beach State CA Zip Code 92663  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Greater Newport Physicians Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 24 / 2013**  
**Transaction ID : SA11AI.5393**  
 Amount of Each Receipt this Period  
**500.00**

**C. Elaine Grodin MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3611 Bellflower Blvd  
 City Long Beach State CA Zip Code 90808  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Edinger Medical Group Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 10 / 2013**  
**Transaction ID : SA11AI.5395**  
 Amount of Each Receipt this Period  
**500.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Setareh Hafezi MD</b>		Date of Receipt
Mailing Address 27212 Calaroga Avenue		M M M / D D D / Y Y Y Y Y Y 06 / 16 / 2013
City	State	<b>Transaction ID : SA11AI.5396</b>
Hayward	CA	
Zip Code		Amount of Each Receipt this Period
94545		500.00
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Bay Valley Medical Group	OB/GYN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	500.00	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Richard Hart MD</b>		Date of Receipt
Mailing Address 15275 Friends St.		M M M / D D D / Y Y Y Y Y Y 06 / 14 / 2013
City	State	<b>Transaction ID : SA11AI.5397</b>
Pacific Palisades	CA	
Zip Code		Amount of Each Receipt this Period
90272		2000.00
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
HealthCare Partners	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	2000.00	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. David Hartenbower MD</b>		Date of Receipt
Mailing Address 11848 Kiowa #202		M M M / D D D / Y Y Y Y Y Y 06 / 14 / 2013
City	State	<b>Transaction ID : SA11AI.5398</b>
Los Angeles	CA	
Zip Code		Amount of Each Receipt this Period
90049		500.00
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
UCLA Health Systems	Medical Director, COO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	500.00	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 33
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Dr. Cambria Hembree-Bojorquez MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9900 Talbert Avenue  
 City State Zip Code  
 Fountain Valley CA 92708  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Edinger Medical Group Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 17 / 2013  
**Transaction ID : SA11AI.5399**  
 Amount of Each Receipt this Period  
 500.00

**B. Dr. Surendra Jain MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1825 Paseo Del Sol  
 City State Zip Code  
 Palos Verdes Estates CA 90274  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AppleCare Chief Medical Officer  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 24 / 2013  
**Transaction ID : SA11AI.5401**  
 Amount of Each Receipt this Period  
 1000.00

**C. Vinod Jivrajka MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6131 Orangethorpe Ave, Sute 280  
 City State Zip Code  
 Buena Park CA 90260  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AppleCare Medical Management President/CEO  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 22 / 2013  
**Transaction ID : SA11AI.5402**  
 Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Patrick Kapsner**

Mailing Address 17 Wickland

City Irvine State CA Zip Code 92620

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

Name of Employer MemorialCare Medical Found. Occupation Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 03 / 2013

Transaction ID : SA11AI.5403

Amount of Each Receipt this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**B. Joel Katz MD**

Mailing Address 14 Brittlestar Lane

City Ladera Ranch State CA Zip Code 92694

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

Name of Employer Pacific Hospitalist Associates Occupation Hospitalist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 24 / 2013

Transaction ID : SA11AI.5404

Amount of Each Receipt this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**C. Peter Lee Kim**

Mailing Address 25681 Pacific Crest Drive

City Mission Viego State CA Zip Code 92692

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

Name of Employer Greater Newport Physicians Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 10 / 2013

Transaction ID : SA11AI.5405

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2500.00

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

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

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

FOR LINE NUMBER: PAGE 16 OF 33  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
CA ASSOCIATION OF PHYSICIAN GROUPS FEDERAL POLITICAL ACTION COMMITTEE (CAPG FEDERAL PAC)

Full Name (Last, First, Middle Initial)  
**A. John Kirk**

Mailing Address 2062 New York Drive

City	State	Zip Code
Altadena	CA	91001

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

Name of Employer	Occupation
Pioneer Medical Group	CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 14 / 2013

Transaction ID : SA11AI.5406

Amount of Each Receipt this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**B. Dr. Jennifer Knox MD**

Mailing Address 1412 Arch Ln

City	State	Zip Code
Huntington Beach	CA	92640

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

Name of Employer	Occupation
Greater Newport Physicians	Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 03 / 2013

Transaction ID : SA11AI.5407

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**C. Dr. Eric S. Kohleriter MD**

Mailing Address 3 Buckeye Lane

City	State	Zip Code
Danville	CA	94526

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

Name of Employer	Occupation
Bay Valley Medical Group	President & Medical Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 16 / 2013

Transaction ID : SA11AI.5408

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Dr. Donna Kwong MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 310 Stanforth Ct  
 City San Ramon State CA Zip Code 94582  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Bay Valley Medical Group Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **06 / 16 / 2013**  
**Transaction ID : SA11AI.5409**  
 Amount of Each Receipt this Period **500.00**

**B. Diane Laird**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 330 Placentia Ave Ste 270  
 City Newport Beach State CA Zip Code 92663  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Nautilus/ Greater Newport Physicians Occupation CEO  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **04 / 17 / 2013**  
**Transaction ID : SA11AI.5410**  
 Amount of Each Receipt this Period **1000.00**

**C. Dr. Christopher Lee MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1789 Port Carlow Circle  
 City Newport Beach State CA Zip Code 92660  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Greater Newport Physicians Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **05 / 10 / 2013**  
**Transaction ID : SA11AI.5412**  
 Amount of Each Receipt this Period **500.00**

**SUBTOTAL** of Receipts This Page (optional)..... **2000.00**  
**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 18 OF 33  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
CA ASSOCIATION OF PHYSICIAN GROUPS FEDERAL POLITICAL ACTION COMMITTEE (CAPG FEDERAL PAC)

Full Name (Last, First, Middle Initial)  
**A. Glenn Libby MD**

Mailing Address 116 14th St.

City Seal Beach	State CA	Zip Code 90740
--------------------	-------------	-------------------

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

Name of Employer HealthCare Partners	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 24 / 2013  
**Transaction ID : SA11AI.5413**

Amount of Each Receipt this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**B. Matthew Mazdyasni**

Mailing Address 3923 Encino Hills Place

City Encino	State CA	Zip Code 91436
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FEC ID number of contributing federal political committee. **C**

Name of Employer HealthCare Partners	Occupation Executive Vice President
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 26 / 2013  
**Transaction ID : SA11AI.5414**

Amount of Each Receipt this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**C. Douglas McConnaughey**

Mailing Address 9 Cape Danbury

City Newport Beach	State CA	Zip Code 92660
-----------------------	-------------	-------------------

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

Name of Employer Edinger Medical Group	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 10 / 2013  
**Transaction ID : SA11AI.5415**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2500.00
<b>TOTAL</b> 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 19 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Dr. Janet McCormick MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2840 Long Beach Blvd. #315

City Long Beach	State CA	Zip Code 90806
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FEC ID number of contributing federal political committee. **C**

Name of Employer Columbia Pediatrics Medical Gp	Occupation Pediatrician
--	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 14 / 2013  
**Transaction ID : SA11AI.5416**

Amount of Each Receipt this Period  
 250.00

**B. Denise McCourt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7842 Connie Dr

City Huntington Beach	State CA	Zip Code 92648
--------------------------	-------------	-------------------

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

Name of Employer Edinger Medical Group	Occupation Administrator
---	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 10 / 2013  
**Transaction ID : SA11AI.5417**

Amount of Each Receipt this Period  
 500.00

**C. Leslie McMains**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 460 62nd Street

City Newport Beach	State CA	Zip Code 92663
-----------------------	-------------	-------------------

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

Name of Employer Nautilus/Greater Newport Phys.	Occupation CFO
--	-------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 10 / 2013  
**Transaction ID : SA11AI.5418**

Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1750.00
<b>TOTAL</b> 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 20 OF 33  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
CA ASSOCIATION OF PHYSICIAN GROUPS FEDERAL POLITICAL ACTION COMMITTEE (CAPG FEDERAL PAC)

Full Name (Last, First, Middle Initial)  
**A. Edward Merchant MD**

Mailing Address 5164 Earl Dr

City	State	Zip Code
La Canada Flintridge	CA	91011-1621

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

Name of Employer	Occupation
HealthCare Partners	Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	14	/	2013

**Transaction ID : SA11AI.5420**

Amount of Each Receipt this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**B. Jack Middlebrooks MD**

Mailing Address 18710 Spruce Circle

City	State	Zip Code
Fountain Valley	CA	92708

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

Name of Employer	Occupation
Edinger Medical Group	Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	10	/	2013

**Transaction ID : SA11AI.5421**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**c. Dr. Lam-Quynh Nguyen MD**

Mailing Address 3506 Bravata Drive

City	State	Zip Code
Huntington Beach	CA	92649

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

Name of Employer	Occupation
Edinger Medical Group	Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	10	/	2013

**Transaction ID : SA11AI.5422**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2000.00
<b>TOTAL</b> 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 21 OF 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Victor Novikov MD</b>			Date of Receipt
Mailing Address 2826 Ascot Drive			<input type="text" value="06"/> / <input type="text" value="16"/> / <input type="text" value="2013"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.5423</b>
San Ramon	CA	94583	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="500.00"/>
Name of Employer	Occupation		
Bay Valley Medical Group	Physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Dr. Carey L. O'Bryan IV MD</b>			Date of Receipt
Mailing Address 2320 Cliff Drive			<input type="text" value="05"/> / <input type="text" value="17"/> / <input type="text" value="2013"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.5424</b>
Newport Beach	CA	92663	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="300.00"/>
Name of Employer	Occupation		
Carey L O'Bryan IV MD	Physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Dr. Thomas Paulsen MD</b>			Date of Receipt
Mailing Address 66 Silver Saddle Lane			<input type="text" value="06"/> / <input type="text" value="14"/> / <input type="text" value="2013"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.5425</b>
Rolling Hills Estates	CA	90274	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="1000.00"/>
Name of Employer	Occupation		
HealthCare Partners Medical Gr	Executive Medical Director, CA		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1800.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

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

FOR LINE NUMBER: PAGE 22 OF 33  
(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

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

Full Name (Last, First, Middle Initial)  
**A. Harry Pellman MD**

Mailing Address 16691 Greenview LN

City	State	Zip Code
Huntington Beach	CA	92649

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

Name of Employer	Occupation
Edinger Medical Group	Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	10	/	2013

**Transaction ID : SA11AI.5426**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**B. Alan Puzarne**

Mailing Address 4401 Elder Avenue

City	State	Zip Code
Seal Beach	CA	90740

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

Name of Employer	Occupation
Nautilus Healthcare Mgt. Group	COO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	17	/	2013

**Transaction ID : SA11AI.5427**

Amount of Each Receipt this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**C. Dr. Melinda Ragins MD**

Mailing Address 1582 Mountain Blvd

City	State	Zip Code
Oakland	CA	94611

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

Name of Employer	Occupation
Bay Valley Medical Group	Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2013

**Transaction ID : SA11AI.5428**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2000.00
<b>TOTAL</b> 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 23 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Dr. Razia Rangwala MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3882 Mandy Way  
 City San Ramon State CA Zip Code 94582  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Bay Valley Medical Group Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 16 / 2013  
**Transaction ID : SA11AI.5429**  
 Amount of Each Receipt this Period  
 500.00

**B. Dr. Donald Rebhun MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 36 Ranchero Rd  
 City Bell Canyon State CA Zip Code 91307  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HealthCare Partners Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 14 / 2013  
**Transaction ID : SA11AI.5430**  
 Amount of Each Receipt this Period  
 1000.00

**C. Dr. Steven M. Rudy MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1420 Singletree Road  
 City Edwards State CO Zip Code 81632  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Retired Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 24 / 2013  
**Transaction ID : SA11AI.5431**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2000.00
<b>TOTAL</b> 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 24 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Dr. Lauri Seymour MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2036 Galaxy Drive  
 City Newport Beach State CA Zip Code 92660  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Edinger Medical Group Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **05 / 10 / 2013**  
**Transaction ID : SA11AI.5432**  
 Amount of Each Receipt this Period **500.00**

**B. Dr. Samuel A. Skootsky MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2151 Balsam Avenue  
 City Los Angeles State CA Zip Code 90025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UCLA Medical Group Occupation Medical Director  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 14 / 2013**  
**Transaction ID : SA11AI.5433**  
 Amount of Each Receipt this Period **250.00**

**C. James Slaggert**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9550 E. Orchard Drive  
 City Greenwood Village State CO Zip Code 80111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Catholic Health Initiatives Occupation Healthcare Administrator  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **06 / 14 / 2013**  
**Transaction ID : SA11AI.5434**  
 Amount of Each Receipt this Period **1000.00**

**SUBTOTAL** of Receipts This Page (optional)..... **1750.00**  
**TOTAL** This Period (last page this line number only).....



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Yvonne Sonnenberg**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 36605 Palmdale Rd.  
 City Rancho Mirage State CA Zip Code 92270  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer EMPC, LLC Occupation Healthcare Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 14 / 2013  
**Transaction ID : SA11AI.5435**  
 Amount of Each Receipt this Period  
 500.00

**B. Malcolm Sperling MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4661 Los Patos Avenue  
 City Huntington Beach State CA Zip Code 92649  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Edinger Medical Group Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 10 / 2013  
**Transaction ID : SA11AI.5436**  
 Amount of Each Receipt this Period  
 500.00

**C. Mary Straub**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5661 Littler Drive  
 City Huntington Beach State CA Zip Code 92649  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Edinger Medical Group Occupation Office Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 10 / 2013  
**Transaction ID : SA11AI.5437**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> 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 26 OF 33  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Dr. Sheri Task MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 35215 Wycombe Pl  
 City Newark State CA Zip Code 94560  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Bay Valley Medical Group Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 16 / 2013  
**Transaction ID : SA11AI.5439**  
 Amount of Each Receipt this Period 500.00

**B. Daniel Temianka MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 710 Pinehurst Dr.  
 City Pasadena State CA Zip Code 91106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Physician (Retired)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 14 / 2013  
**Transaction ID : SA11AI.5442**  
 Amount of Each Receipt this Period 1000.00

**C. Calvin Tint MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11420 Warner Ave  
 City Fountain Valley State CA Zip Code 92708  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MemorialCare Medical Group Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 17 / 2013  
**Transaction ID : SA11AI.5443**  
 Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2000.00  
**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 27 OF 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Daisy Tint MD</b>		Date of Receipt
Mailing Address 250 E. Yale Loop		M M M / D D D / Y Y Y Y Y Y 05 / 17 / 2013
City	State	Zip Code
Irvine	CA	92604
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.5444
C		Amount of Each Receipt this Period
		500.00
Name of Employer	Occupation	
MemorialCare Medical Group	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	500.00	

Full Name (Last, First, Middle Initial) <b>B. Mai-Khanh Tran MD</b>		Date of Receipt
Mailing Address 9337 Lily Ave		M M M / D D D / Y Y Y Y Y Y 05 / 10 / 2013
City	State	Zip Code
Fountain Valley	CA	92708
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.5446
C		Amount of Each Receipt this Period
		500.00
Name of Employer	Occupation	
Edinger Medical Group	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	500.00	

Full Name (Last, First, Middle Initial) <b>C. John Stephen Wikle MD</b>		Date of Receipt
Mailing Address 11572 Marble Arch Dr.		M M M / D D D / Y Y Y Y Y Y 05 / 17 / 2013
City	State	Zip Code
Santa Ana	CA	92705
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.5449
C		Amount of Each Receipt this Period
		1000.00
Name of Employer	Occupation	
Greater Newport Physicians	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2000.00
<b>TOTAL</b> 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 28 OF 33  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Burton Willis MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16074 Bonaire Cr  
 City State Zip Code  
 Huntington Beach CA 92649  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Edinger Medical Group Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 10 / 2013  
**Transaction ID : SA11AI.5450**  
 Amount of Each Receipt this Period  
 500.00

**B. Dr. Juliana Wong MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 319 Diablo Rd #105  
 City State Zip Code  
 Danville CA 94526  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Bay Valley Medical Group Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 16 / 2013  
**Transaction ID : SA11AI.5453**  
 Amount of Each Receipt this Period  
 500.00

**C. Dr. Roland Wong MD**  
 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 Urologist  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 16 / 2013  
**Transaction ID : SA11AI.5454**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00  
**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 29 OF 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Betty Yu MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16525 Oak Circle

City Fountain Valley	State CA	Zip Code 92708
-------------------------	-------------	-------------------

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

Name of Employer Edinger Medical Group	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 10 / 2013  
**Transaction ID : SA11AI.5455**

Amount of Each Receipt this Period  
 500.00

**B. Dr. Michael Yu MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16852 Harvest Lane

City Huntington Beach	State CA	Zip Code 92649
--------------------------	-------------	-------------------

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

Name of Employer Greater Newport Physicians	Occupation Physician
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 17 / 2013  
**Transaction ID : SA11AI.5456**

Amount of Each Receipt this Period  
 1000.00

**C. Kenneth Zuckerman MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16300 Sand Canyon Ave #704

City Irvine	State CA	Zip Code 92618
----------------	-------------	-------------------

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

Name of Employer Greater Newport Physicians	Occupation Physician
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 24 / 2013  
**Transaction ID : SA11AI.5457**

Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	49050.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Intuit Payment Solutions**

Mailing Address 21215 Burbank Blvd  
Suite 100

City Woodland Hills State CA Zip Code 91367

Purpose of Disbursement  
Credit card transaction fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 31 / 2013

Transaction ID : SB21B.5473

Amount of Each Disbursement this Period

90.41

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Intuit Payment Solutions**

Mailing Address 21215 Burbank Blvd  
Suite 100

City Woodland Hills State CA Zip Code 91367

Purpose of Disbursement  
Credit card transaction fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 17 / 2013

Transaction ID : SB21B.5474

Amount of Each Disbursement this Period

85.85

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Intuit Payment Solutions**

Mailing Address 21215 Burbank Blvd  
Suite 100

City Woodland Hills State CA Zip Code 91367

Purpose of Disbursement  
Credit card transaction fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2013

Transaction ID : SB21B.5475

Amount of Each Disbursement this Period

223.04

Category/  
Type

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

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

399.30

399.30

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. BECERRA FOR CONGRESS**

Mailing Address P.O. Box 261060

City Los Angeles State CA Zip Code 90026

Purpose of Disbursement

Candidate Name  
**XAVIER BECERRA**

Office Sought:  House  
 Senate  
 President  
State: CA District: 31

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	1	3

Transaction ID : **SB23.5354**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. BERA FOR CONGRESS**

Mailing Address Post Office Box 582496

City Elk Grove State CA Zip Code 95758

Purpose of Disbursement

Candidate Name  
**AMERISH BERA**

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	7		2	0	1	3

Transaction ID : **SB23.5336**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. DR. RAUL RUIZ FOR CONGRESS**

Mailing Address PO BOX 6116

City LA QUINTA State CA Zip Code 92248

Purpose of Disbursement

Candidate Name  
**RAUL DR. RUIZ**

Office Sought:  House  
 Senate  
 President  
State: CA District: 36

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	6		2	0	1	3

Transaction ID : **SB23.5348**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

3	0	0	0	0	0	0	0	0	0
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF CONGRESSMAN GEORGE MILLER**

Mailing Address P.O. Box 5864

City State Zip Code  
Concord CA 94524

Purpose of Disbursement

Candidate Name  
**GEORGE MILLER**

Office Sought:  House  
 Senate  
 President  
State: CA District: 07

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	1	3

**Transaction ID : SB23.5337**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF JOE PITTS**

Mailing Address PO BOX 775

City State Zip Code  
UNIONVILLE PA 19375

Purpose of Disbursement

Candidate Name  
**JOSEPH R. PITTS**

Office Sought:  House  
 Senate  
 President  
State: PA District: 16

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	3

**Transaction ID : SB23.5338**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF MAX BAUCUS**

Mailing Address PO BOX 586

City State Zip Code  
HELENA MT 59624

Purpose of Disbursement

Candidate Name  
**MAX BAUCUS**

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	7		2	0	1	3

**Transaction ID : SB23.5341**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0

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

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

7	0	0	0	0	0	0	0	0	0




**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. KIND FOR CONGRESS COMMITTEE**

Mailing Address 205 5TH AVENUE SOUTH

City LA CROSSE State WI Zip Code 54601

Purpose of Disbursement

Candidate Name  
**RONALD JAMES KIND**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: WI District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
03			29			2013			

**Transaction ID : SB23.5351**

Amount of Each Disbursement this Period

1000.00
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Full Name (Last, First, Middle Initial)

**B. MIKE THOMPSON FOR CONGRESS**

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement

Candidate Name  
**MIKE MR. THOMPSON**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: CA District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
06			16			2013			

**Transaction ID : SB23.5344**

Amount of Each Disbursement this Period

5000.00
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Full Name (Last, First, Middle Initial)

**C. RYAN FOR CONGRESS, INC.**

Mailing Address PO BOX 1488

City JANESVILLE State WI Zip Code 53547

Purpose of Disbursement

Candidate Name  
**PAUL D. RYAN**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: WI District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
06			26			2013			

**Transaction ID : SB23.5345**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

8500.00
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18500.00
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