

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

California Medical Association Political Action Committee - Federal

ADDRESS (number and street)

1201 J Street, Suite 375

☐Check if different
than previously
reported. (ACC)

Sacramento

CA

95814

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00003194

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☒January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

07

01

2009

through

12

31

2009

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

Robert Margolin, MD

Signature of Treasurer

Electronically Filed by Robert Margolin, MD

Date

01

18

2010

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

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name

California Medical Association Political Action Committee - Federal

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1		268935.27
(b) Cash on Hand at Beginning of Reporting Period	142349.66	
(c) Total Receipts (from Line 19)	184.04	615.43
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	142533.70	269550.70
7. Total Disbursements (from Line 31)	43165.00	170182.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	99368.70	99368.70
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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

California Medical Association Political Action Committee - Federal

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	7	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	W	Y
1	2	0	3	2	0	0	9

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)	0.00	0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	0.00	0.00
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.)	184.04	615.43
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 Transfer (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))	184.04	615.43
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	184.04	615.43

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	0.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	0.00	0.00	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7650.00	14150.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (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.....	35515.00	156032.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared 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))..	43165.00	170182.00	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	43165.00	170182.00	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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

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

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

FOR LINE NUMBER: PAGE 6 / 11

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

California Medical Association Political Action Committee - Federal

A.

Full Name (Last, First, Middle Initial)
UBOC

Mailing Address 700 L Street

City State Zip Code
Sacramento CA 95814

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.43

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: INC.A.18729

Amount of Each Receipt this Period

43.21

Interest Income

B.

Full Name (Last, First, Middle Initial)
UBOC

Mailing Address 700 L Street

City State Zip Code
Sacramento CA 95814

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.43

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: INC.A.18730

Amount of Each Receipt this Period

35.80

Interest Income

C.

Full Name (Last, First, Middle Initial)
UBOC

Mailing Address 700 L Street

City State Zip Code
Sacramento CA 95814

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.43

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: INC.A.18731

Amount of Each Receipt this Period

33.91

Interest Income

SUBTOTAL of Receipts This Page (optional)

112.92

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 7 / 11

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

California Medical Association Political Action Committee - Federal

A.

Full Name (Last, First, Middle Initial)
UBOC

Mailing Address 700 L Street

City State Zip Code
Sacramento CA 95814

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.43

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: INC.A.18732

Amount of Each Receipt this Period

25.16

Interest Income

B.

Full Name (Last, First, Middle Initial)
UBOC

Mailing Address 700 L Street

City State Zip Code
Sacramento CA 95814

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.43

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: INC.A.18733

Amount of Each Receipt this Period

24.79

Interest Income

C.

Full Name (Last, First, Middle Initial)
UBOC

Mailing Address 700 L Street

City State Zip Code
Sacramento CA 95814

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.43

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: INC.A.18734

Amount of Each Receipt this Period

21.17

Interest Income

SUBTOTAL of Receipts This Page (optional)

71.12

TOTAL This Period (last page this line number only)

184.04

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)

PAGE 8 / 11

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

California Medical Association Political Action Committee - Federal

A.

Full Name (Last, First, Middle Initial)

Baca, Friends of Joe

Mailing Address 555 Capitol Mall, Suite 1425

City
Sacramento

State
CA

Zip Code
95814

Purpose of Disbursement

011

Category/
Type

Candidate Name
Joe Baca

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 43

Transaction ID: EXP.B.18727

Date of Disbursement

10 / 21 / 2009

Amount of Each Disbursement this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Becerra for Congress

Mailing Address 9869 Easton Drive

City
Beverly Hills

State
CA

Zip Code
90210

Purpose of Disbursement

011

Category/
Type

Candidate Name
Xavier Becerra

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 31

Transaction ID: EXP.B.18724

Date of Disbursement

08 / 13 / 2009

Amount of Each Disbursement this Period

2400.00

C.

Full Name (Last, First, Middle Initial)

Bilbray for Congress, Brian

Mailing Address 970 Seacost Drive, Suite 7

City
Imperial Beach

State
CA

Zip Code
91932

Purpose of Disbursement

011

Category/
Type

Candidate Name
Brian Bilbray

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 50

Transaction ID: EXP.B.18728

Date of Disbursement

12 / 10 / 2009

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

3150.00

TOTAL This Period (last page this line number only)

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)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

California Medical Association Political Action Committee - Federal

A.

Full Name (Last, First, Middle Initial)

Boxer, Friends of Barbara

Mailing Address 5015 Eagle Rock Blvd., Ste. 100

City State Zip Code
Los Angeles CA 90041

Purpose of Disbursement

011

Category/
Type

Candidate Name
Barbara Boxer

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 02

Transaction ID: EXP.B.18726

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Filner for Congress, Bob

Mailing Address 240 Woodlawn Avenue, Suite 7

City State Zip Code
Chula Vista CA 91910

Purpose of Disbursement

011

Category/
Type

Candidate Name
Bob Filner

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 02

Transaction ID: EXP.B.18725

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

L.A. PAC

Mailing Address 6380 Wilshire Blvd., Ste. 1612

City State Zip Code
Los Angeles CA 90048

Purpose of Disbursement

011

Category/
Type

Candidate Name
L.A. PAC

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: EXP.B.18723

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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)

PAGE 10 / 11

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

California Medical Association Political Action Committee - Federal

A.

Full Name (Last, First, Middle Initial)

Schiff for Congress

Mailing Address 15 S. Raymond Ave., Ste. 204

City
Pasadena

State
CA

Zip Code
91105

Purpose of Disbursement

011
Category/
Type

Candidate Name
Adam Schiff

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 29

Transaction ID: EXP.B.18736

Date of Disbursement

MM / DD / YYYY
11 / 10 / 2009

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

7650.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 / 11

☐ 21b	☐ 22	☐ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

California Medical Association Political Action Committee - Federal

A.

Full Name (Last, First, Middle Initial)

JP M & M, Inc.

Mailing Address 921 - 11th Street, Suite 619

City State Zip Code
Sacramento CA 95814

Purpose of Disbursement
Internal Polling

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: EXP.B.18722

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)

Tulchin Research

Mailing Address 180 Second Street, Suite 400

City State Zip Code
San Francisco CA 94105

Purpose of Disbursement
Internal Polling

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: EXP.B.18721

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)