

# 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  
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** C00461756  
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 Donald H. Crane

Signature of Treasurer Electronically Filed by Donald H. Crane Date 04 15 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**

Write or Type Committee Name

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

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 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		0.00
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	11100.18									
(c) Total Receipts (from Line 19) .....	117585.57	128685.75								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	128685.75	128685.75								
7. Total Disbursements (from Line 31) .....	60836.76	60836.76								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	67848.99	67848.99								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

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

Report Covering the Period: From:    To:

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) .....	105535.00	116535.00
(ii) Unitemized .....	12025.00	12125.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	117560.00	128660.00
(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) .....	117560.00	128660.00
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.) .....	25.57	25.75
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)) .....	117585.57	128685.75
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	117585.57	128685.75

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	436.76	436.76
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	436.76	436.76
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	60400.00	60400.00
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.....	0.00	0.00
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))..	60836.76	60836.76
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	60836.76	60836.76

**DETAILED SUMMARY PAGE**  
of Disbursements

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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) .....	117560.00	128660.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	117560.00	128660.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	436.76	436.76
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	436.76	436.76

**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 6 / 78
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Nazli Ahmed, MD		Date of Receipt MM / DD / YYYY 08 / 05 / 2009		
	Mailing Address 29 Decente		<b>Transaction ID:</b> SA11AI.4745		
	City Irvine	State CA	Zip Code 92614	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Greater Newport Physicians	Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B.</b>	Full Name (Last, First, Middle Initial) William Allen, MD		Date of Receipt MM / DD / YYYY 08 / 10 / 2009		
	Mailing Address 912 Crest Vista Dr.		<b>Transaction ID:</b> SA11AI.4553		
	City Monterey Park	State CA	Zip Code 91754	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer HealthCare Partners	Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C.</b>	Full Name (Last, First, Middle Initial) Kenneth Alpern, MD		Date of Receipt MM / DD / YYYY 07 / 02 / 2009		
	Mailing Address 1665 Scenic Avenue Suite 100		<b>Transaction ID:</b> SA11AI.4589		
	City Costa Mesa	State CA	Zip Code 92626	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Talbert Medical Group	Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1050.00
<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 7 / 78  
(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)

<p><b>A.</b> Full Name (Last, First, Middle Initial) Stan Arnold, MD</p> <p>Mailing Address 11301 Dannen Drive</p> <p>City State Zip Code Santa Ana CA 92705</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Edinger Medical Group</p> <p>Occupation Physician</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">500.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">08 / 05 / 2009</span></p> <p><b>Transaction ID:</b> SA11AI.4675</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">500.00</span></p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Bart Asner, MD</p> <p>Mailing Address 11 Technology Drive</p> <p>City State Zip Code Irvine CA 92618</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Monarch Healthcare</p> <p>Occupation CEO</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">1000.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">10 / 30 / 2009</span></p> <p><b>Transaction ID:</b> SA11AI.4576</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">1000.00</span></p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Trina Austin, MD</p> <p>Mailing Address 2590 Park Ave # 1</p> <p>City State Zip Code Laguna Beach CA 92651</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Talbert Medical Group</p> <p>Occupation Physician</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">08 / 31 / 2009</span></p> <p><b>Transaction ID:</b> SA11AI.4629</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">250.00</span></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">1750.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# 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 8 / 78
	<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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CA ASSOCIATION OF PHYSICIAN GROUPS FEDERAL POLITICAL ACTION COMMITTEE (CAPG FEDERAL PAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) Joel Axelrod		Date of Receipt MM / DD / YYYY 08 / 12 / 2009
	Mailing Address 1201 Winston Ave.		<b>Transaction ID:</b> SA11AI.4539
	City San Marino	State CA	Zip Code 91108
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1250.00
	Name of Employer HealthCare Partners	Occupation Physician Assistant (PAC)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Rama Bathala, MD		Date of Receipt MM / DD / YYYY 07 / 21 / 2009
	Mailing Address 9930 Talbert Ave		<b>Transaction ID:</b> SA11AI.4681
	City Fountain Valley	State CA	Zip Code 92708
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Talbert Medical Group	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Steven Beal		Date of Receipt MM / DD / YYYY 10 / 07 / 2009
	Mailing Address 12524 Avocado Way		<b>Transaction ID:</b> SA11AI.4559
	City Riverside	State CA	Zip Code 92503
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
	Name of Employer Talbert Medical Group	Occupation CIO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 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 9 / 78
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Steven Beanes, MD		Date of Receipt MM / DD / YYYY 07 / 21 / 2009	
	Mailing Address 834 Sonora RD		<b>Transaction ID:</b> SA11AI.4590	
	City	State	Zip Code	Amount of Each Receipt this Period
	Costa Mesa	CA	92626	500.00
	FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Greater Newport Physicians		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Barry Behrstock, MD		Date of Receipt MM / DD / YYYY 08 / 10 / 2009	
	Mailing Address 1190 Baker Street Ste 103		<b>Transaction ID:</b> SA11AI.4592	
	City	State	Zip Code	Amount of Each Receipt this Period
	Costa Mesa	CA	92626	1000.00
	FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Greater Newport Physicians		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Ali Behzadnia, MD		Date of Receipt MM / DD / YYYY 08 / 10 / 2009	
	Mailing Address 275 Victoria St. #1-D		<b>Transaction ID:</b> SA11AI.4604	
	City	State	Zip Code	Amount of Each Receipt this Period
	Costa Mesa	CA	92627	300.00
	FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Greater Newport Physicians		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1800.00
<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 10 / 78  
(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.** Full Name (Last, First, Middle Initial)  
 Alan Beyer, MD  
 Mailing Address 10 Rodingham Dr  
 City State Zip Code  
 Newport Beach CA 92660  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 21 2009  
**Transaction ID:** SA11AI.4634  
 Amount of Each Receipt this Period  
 1000.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Greater Newport Physicians Physician  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

**B.** Full Name (Last, First, Middle Initial)  
 Robert Blackman, MD  
 Mailing Address 1025 W. Olympic Blvd  
 City State Zip Code  
 Los Angeles CA 90015  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 05 2009  
**Transaction ID:** SA11AI.4412  
 Amount of Each Receipt this Period  
 1000.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HealthCare Partners Physician  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

**C.** Full Name (Last, First, Middle Initial)  
 Kimberly Blue  
 Mailing Address 1665 Scenic Avenue #100  
 City State Zip Code  
 Costa Mesa CA 90755  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 05 2009  
**Transaction ID:** SA11AI.4503  
 Amount of Each Receipt this Period  
 250.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Talbert Medical Group Director of HCS  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2250.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 78
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Nancy Boerner		Date of Receipt
	Mailing Address 7 Technology Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Irvine	CA	92618
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.4577
Name of Employer Monarch Healthcare		Occupation Senior Medical Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Matthew Boone, MD		Date of Receipt
	Mailing Address 9900 Talbert Suite 302		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Fountain Valley	CA	92708
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.4683
Name of Employer Edinger Medical Group		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Anita Boorman, DO		Date of Receipt
	Mailing Address 9071 Suva St		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Downey	CA	90240
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.4422
Name of Employer Talbert Medical Group		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 300.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1300.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 12 / 78  
(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.** Full Name (Last, First, Middle Initial)  
Richard Boos, MD

Mailing Address 601 Torrance Blvd.

City State Zip Code  
Redondo Beach CA 90277

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 ▼  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 02 / 2009

**Transaction ID:** SA11AI.4449

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Elliott Brunner

Mailing Address 19191 S. Vermont

City State Zip Code  
Torrance CA 90502

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 ▼  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 02 / 2009

**Transaction ID:** SA11AI.4465

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Barbara Bruton, MD

Mailing Address 502 Torrance Blvd

City State Zip Code  
Redondo Beach CA 90277

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 ▼  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 05 / 2009

**Transaction ID:** SA11AI.4450

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1000.00**

**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 13 / 78
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Zan Calhoun		Date of Receipt
	Mailing Address 63 Eastfield Dr.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 08 / 10 / 2009
	City	State	Zip Code
	Rolling Hills	CA	90274
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.4731
Name of Employer HealthCare Partners		Occupation Sr VP IS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Catherine Campion-Ritz, MD		Date of Receipt
	Mailing Address 29 Sweet Bay		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 08 / 05 / 2009
	City	State	Zip Code
	Irvine	CA	92603
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.4560
Name of Employer Greater Newport Physicians		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Shelley Chacon, MD		Date of Receipt
	Mailing Address 5952 Littlefield Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 07 / 21 / 2009
	City	State	Zip Code
	Huntington Beach	CA	92648
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.4616
Name of Employer Edinger Medical Group		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1750.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 14 / 78  
(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.** Full Name (Last, First, Middle Initial)  
Weston Chandler, MD

Mailing Address 510 Superior Ave Suite 290

City State Zip Code  
Newport Beach CA 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: 08 / 05 / 2009  
**Transaction ID:** SA11AI.4644  
 Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)  
Ratul Chatterjee

Mailing Address 19582 Beach Blvd Suite 102

City State Zip Code  
Huntington Beach CA 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: 08 / 10 / 2009  
**Transaction ID:** SA11AI.4618  
 Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
Raymond Chicoine

Mailing Address 11 Technology Drive

City State Zip Code  
Irvine CA 92618

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

Name of Employer Monarch Healthcare Occupation Chief Operating Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 30 / 2009  
**Transaction ID:** SA11AI.4578  
 Amount of Each Receipt this Period: 1000.00

**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 15 / 78
	<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)**

<b>A.</b>	Full Name (Last, First, Middle Initial) William Chin, MD		Date of Receipt MM / DD / YYYY 07 / 02 / 2009
	Mailing Address 19191 S. Vermont Avenue; s-200		<b>Transaction ID:</b> SA11AI.4466
	City Torrance	State CA	Zip Code 90502
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1250.00
	Name of Employer HealthCare Partners Medical Group	Occupation Executive Medical Director	Aggregate Year-to-Date 1250.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Ming Chong, MD		Date of Receipt MM / DD / YYYY 07 / 02 / 2009
	Mailing Address 1323 Vandyke Rd.		<b>Transaction ID:</b> SA11AI.4540
	City San Marino	State CA	Zip Code 91108
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
	Name of Employer HealthCare Partners	Occupation Physician	Aggregate Year-to-Date 250.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Colleen Coleman, MD		Date of Receipt MM / DD / YYYY 08 / 05 / 2009
	Mailing Address 1407 Avocado Ave #303		<b>Transaction ID:</b> SA11AI.4635
	City Newport Beach	State CA	Zip Code 92660
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
	Name of Employer Greater Newport Physicians	Occupation Physician	Aggregate Year-to-Date 300.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1800.00</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 16 / 78
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Daniel Cusator, MD		Date of Receipt MM / DD / YYYY 10 / 02 / 2009
	Mailing Address 330 Placentia Ave Ste 270		<b>Transaction ID:</b> SA11AI.4645
	City Newport Beach	State CA	Zip Code 92663
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
	Name of Employer Nautilus / Greater Newport Physicians	Occupation Chief Medical Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Nasrin Damoui, MD		Date of Receipt MM / DD / YYYY 08 / 05 / 2009
	Mailing Address 9930 Talbert Ave.		<b>Transaction ID:</b> SA11AI.4684
	City Fountain Valley	State CA	Zip Code 92708
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
	Name of Employer Talbert Medical Group	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Raffaele Davidovich, MD		Date of Receipt MM / DD / YYYY 07 / 22 / 2009
	Mailing Address 19066 Magnolia Ave		<b>Transaction ID:</b> SA11AI.4607
	City Huntington Beach	State CA	Zip Code 92646
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
	Name of Employer Talbert Medical Group	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	750.00
<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 17 / 78  
(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.** Full Name (Last, First, Middle Initial)  
John Debenham, MD

Mailing Address 540 Dalewood Drive

City State Zip Code  
Orinda CA 94563

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

Name of Employer Berkeley Orthopaedic 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  
 08 / 05 / 2009

**Transaction ID:** SA11AI.4712

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Lori DeBold, MD

Mailing Address 9930 Talbert Ave

City State Zip Code  
Fountain Valley CA 92708

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

Name of Employer Talbert Medical Group      Occupation Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 31 / 2009

**Transaction ID:** SA11AI.4685

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
Paulina De Quiroz, MD

Mailing Address 1665 Scenic Ave. Suite 100

City State Zip Code  
Costa Mesa CA 92626

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

Name of Employer Talbert Medical Group      Occupation Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 05 / 2009

**Transaction ID:** SA11AI.4594

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1050.00**

**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 / 78  
(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.** Full Name (Last, First, Middle Initial)  
 Karen Don, MD  
 Mailing Address 9900 Talbert Ave #302  
 City State Zip Code  
 Fountain Valley CA 92708  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 05 / 2009  
**Transaction ID:** SA11AI.4686  
 Amount of Each Receipt this Period  
 500.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Edinger Medical Group Physician  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

**B.** Full Name (Last, First, Middle Initial)  
 S. Ian Drew, MD  
 Mailing Address 8510 Balboa Blvd. #295  
 City State Zip Code  
 Northridge CA 91325  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 30 / 2009  
**Transaction ID:** SA11AI.4548  
 Amount of Each Receipt this Period  
 1000.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Heritage Provider Network Physiciahn  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

**C.** Full Name (Last, First, Middle Initial)  
 Thomas Duralde, MD  
 Mailing Address 452 27th St.  
 City State Zip Code  
 Manhattan Beach CA 90266  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 21 / 2009  
**Transaction ID:** SA11AI.4428  
 Amount of Each Receipt this Period  
 250.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HealthCare Partners Medical Group Physician  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

**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 19 / 78
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) David Eppard, MD		Date of Receipt MM / DD / YYYY 08 / 05 / 2009		
	Mailing Address 3565 Del Amo Blvd		<b>Transaction ID:</b> SA11AI.4477		
	City Torrance	State CA	Zip Code 90503	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer HealthCare Partners Medical Group	Occupation Physician / Cardiologist	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) Robert Eppley, MD		Date of Receipt MM / DD / YYYY 08 / 10 / 2009		
	Mailing Address 2999 Regent St. Suite 225		<b>Transaction ID:</b> SA11AI.4726		
	City Berkeley	State CA	Zip Code 94705	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Cal Sports and Orthopaedic Institute I	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>C.</b>	Full Name (Last, First, Middle Initial) Amelia Erickson		Date of Receipt MM / DD / YYYY 08 / 18 / 2009		
	Mailing Address 2901 Coleridge Drive		<b>Transaction ID:</b> SA11AI.4496		
	City Los Alamitos	State CA	Zip Code 90720	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Talbert Medical Group	Occupation Physician / Talbert BOD	Aggregate Year-to-Date 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<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 / 78  
(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.** Full Name (Last, First, Middle Initial)  
 Tim Ferguson, MD  
 Mailing Address 210 S. Grand Ave #400  
 City State Zip Code  
 Glendora CA 91741  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 05 / 2009  
**Transaction ID:** SA11AI.4551  
 Amount of Each Receipt this Period  
 500.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Family Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

**B.** Full Name (Last, First, Middle Initial)  
 Ronald Fischman, MD  
 Mailing Address 3300 E. South St. #308  
 City State Zip Code  
 Long Beach CA 90805  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 10 / 2009  
**Transaction ID:** SA11AI.4514  
 Amount of Each Receipt this Period  
 1000.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Southland Management Group Inc. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

**C.** Full Name (Last, First, Middle Initial)  
 Austin Fite, MD  
 Mailing Address 1474 Paseo De Oro  
 City State Zip Code  
 Pacific Palisades CA 90272  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 05 / 2009  
**Transaction ID:** SA11AI.4431  
 Amount of Each Receipt this Period  
 1000.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HealthCare Partners Med Grp Occupation Physician / Internist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 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: PAGE 21 / 78  
(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.** Full Name (Last, First, Middle Initial)  
 Tamara Fogarty, MD  
 Mailing Address 24782 Red Lodge Pl  
 City Laguna Hills State CA Zip Code 92653  
 Date of Receipt 07 / 21 / 2009  
**Transaction ID:** SA11AI.4632  
 Amount of Each Receipt this Period 500.00  
 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

**B.** Full Name (Last, First, Middle Initial)  
 Baruch Fogel, MD  
 Mailing Address 3333 Michelson Drive Suite 735  
 City Irvine State CA Zip Code 92612  
 Date of Receipt 08 / 05 / 2009  
**Transaction ID:** SA11AI.4570  
 Amount of Each Receipt this Period 1000.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Western Medical Management LLC Occupation Managing Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 1000.00

**C.** Full Name (Last, First, Middle Initial)  
 Stewart Fordham, MD  
 Mailing Address 1025 W. Olympic Blvd  
 City Los Angeles State CA Zip Code 90015  
 Date of Receipt 10 / 13 / 2009  
**Transaction ID:** SA11AI.4413  
 Amount of Each Receipt this Period 625.00  
 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 625.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2125.00  
**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: <span style="float: right;">PAGE 22 / 78</span> (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)

<p><b>A.</b> Full Name (Last, First, Middle Initial) Michael Forsling, MD</p> <p>Mailing Address 3547 Burritt Way</p> <p>City State Zip Code La Crescenta CA 91214</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: HealthCare Partners Medical Group Occupation: Podiatrist</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">10 / 07 / 2009</span></p> <p><b>Transaction ID:</b> SA11AI.4543</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">250.00</span></p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Annemary Franks, MD</p> <p>Mailing Address 1650 Walnut St.</p> <p>City State Zip Code Berkeley CA 94709</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: Berkeley Pediatric Medical Group / ABM Occupation: Pediatrician/Assoc Med Directo</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">1000.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">08 / 10 / 2009</span></p> <p><b>Transaction ID:</b> SA11AI.4728</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">1000.00</span></p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Mark Fredrick, MD</p> <p>Mailing Address 19866 Magnolia</p> <p>City State Zip Code Huntington Beach CA 92646</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: Talbert Medical Group Occupation: Physician</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">500.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">07 / 02 / 2009</span></p> <p><b>Transaction ID:</b> SA11AI.4608</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">500.00</span></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">1750.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

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

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

FOR LINE NUMBER: PAGE 23 / 78  
(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.** Full Name (Last, First, Middle Initial)  
Michael Gam

Mailing Address 1665 Scenic Ave

City State Zip Code  
 Costa Mesa CA 92626

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

Name of Employer Talbert Medical Group Occupation CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 05 / 2009

**Transaction ID:** SA11AI.4595

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
Vinod Ghai, MD

Mailing Address 1951 Saleroso Dr.

City State Zip Code  
 Rowland Heights CA 91748

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 ▼ 625.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 30 / 2009

**Transaction ID:** SA11AI.4552

Amount of Each Receipt this Period  
 625.00

**C.** Full Name (Last, First, Middle Initial)  
Jay Goland, MD

Mailing Address 600 Saint Vincent

City State Zip Code  
 Irvine CA 92618

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

Name of Employer Talbert Medical Group Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 21 / 2009

**Transaction ID:** SA11AI.4580

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1375.00**

**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 24 / 78  
(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)

**A.**

Full Name (Last, First, Middle Initial)  
Less Granow

Mailing Address 955 Overland Ct

City State Zip Code  
San Diego CA 91773

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

Name of Employer Arcadian Management Services  
Occupation CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
07 / 21 / 2009

Transaction ID: SA11AI.4556

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Valerie Green-Amos, MD

Mailing Address 35 Linden Ave Unit 507

City State Zip Code  
Long Beach CA 90802

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

Name of Employer Talbert Medical Group  
Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
08 / 10 / 2009

Transaction ID: SA11AI.4507

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Catou Greenberg, MD

Mailing Address 1441 Avocado Ave Ste 503

City State Zip Code  
Newport Beach CA 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 ▼  
750.00

Date of Receipt  
MM / DD / YYYY  
08 / 05 / 2009

Transaction ID: SA11AI.4636

Amount of Each Receipt this Period  
750.00

**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: PAGE 25 / 78  
(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)

**A.**

Full Name (Last, First, Middle Initial)  
Elaine Grodin, MD

Mailing Address 3611 Bellflower Blvd

City State Zip Code  
Long Beach CA 90808

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  
MM / DD / YYYY  
07 / 21 / 2009

**Transaction ID:** SA11AI.4522

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Guy Guarige

Mailing Address 200 Powell St. Suite 830

City State Zip Code  
Emeryville CA 94608

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

Name of Employer Occupation  
Alta Bates Medical Group Chief Operating Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
07 / 02 / 2009

**Transaction ID:** SA11AI.4715

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Cynthia Guzman

Mailing Address 4909 Lakewood Blvd

City State Zip Code  
Lakewood CA 90712

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

Name of Employer Occupation  
Coast Healthcare Management CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
10 / 13 / 2009

**Transaction ID:** SA11AI.4488

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 26 / 78
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Ted Halkias		Date of Receipt MM / DD / YYYY 08 / 05 / 2009		
	Mailing Address 2612 Vista Dr.		<b>Transaction ID:</b> SA11AI.4429		
	City Manhattan Beach	State CA	Zip Code 90266	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer HealthCare Partners	Occupation Sr. VP Finance			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Ruth Hamad, MD		Date of Receipt MM / DD / YYYY 10 / 02 / 2009		
	Mailing Address 3385 Hawthorn Avenue		<b>Transaction ID:</b> SA11AI.4739		
	City Chino Hills	State CA	Zip Code 91709	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Richard Hart, MD		Date of Receipt MM / DD / YYYY 10 / 02 / 2009		
	Mailing Address 15275 Friends St.		<b>Transaction ID:</b> SA11AI.4432		
	City Pacific Palisades	State CA	Zip Code 90272	Amount of Each Receipt this Period 625.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer HealthCare Partners	Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 625.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1375.00
<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 27 / 78  
(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)

**A.**

Full Name (Last, First, Middle Initial)  
David Hartenbower, MD

Mailing Address 11980 San Vicente

City State Zip Code  
Los Angeles CA 90049

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

Name of Employer Occupation  
UCLA Health Systems Medical Director COO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
07 / 02 / 2009

Transaction ID: SA11AI.4416

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Ronald Hartman, MD

Mailing Address 3300 E. South St. #105

City State Zip Code  
Long Beach CA 90805

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

Name of Employer Occupation  
Lakewood Eye Physicians Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
07 / 21 / 2009

Transaction ID: SA11AI.4515

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Cambria Hembree, MD

Mailing Address 210 1/2 Glendora Ave

City State Zip Code  
Long Beach CA 90803

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  
MM / DD / YYYY  
08 / 05 / 2009

Transaction ID: SA11AI.4511

Amount of Each Receipt this Period  
500.00

**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: PAGE 28 / 78  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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.**

Full Name (Last, First, Middle Initial)  
John Hirschleifer, MD

Mailing Address 2000 Powell St. Suite 200

City State Zip Code  
Emeryville CA 94608

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

Name of Employer Occupation  
Alta Bates Medical Group Medical Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 08 / 10 / 2009  
**Transaction ID: SA11AI.4717**  
Amount of Each Receipt this Period: 250.00

**B.**

Full Name (Last, First, Middle Initial)  
James Hobbs, MD

Mailing Address 4859 W. Slauson Avenue #409

City State Zip Code  
Los Angeles CA 90056

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 ▼ 625.00

Date of Receipt: 08 / 10 / 2009  
**Transaction ID: SA11AI.4417**  
Amount of Each Receipt this Period: 625.00

**C.**

Full Name (Last, First, Middle Initial)  
Ken Holt, MD

Mailing Address 6201 Picardie Rd.

City State Zip Code  
Rancho Palos Verde CA 90275

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

Name of Employer Occupation  
HealthCare Partners (Unified IPA) Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 / 02 / 2009  
**Transaction ID: SA11AI.4444**  
Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1125.00**

**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 29 / 78  
(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.** Full Name (Last, First, Middle Initial)  
George Hong, MD

Mailing Address 9930 Talbert Ave

City State Zip Code  
 Fountain Valley CA 92708

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

Name of Employer Occupation  
 Talbert 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  
 08 / 03 / 2009

**Transaction ID:** SA11AI.4687

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
John Hoying, MD

Mailing Address 1524 2nd St.

City State Zip Code  
 Manhattan Beach CA 90266

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 ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 21 / 2009

**Transaction ID:** SA11AI.4430

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
Yenjean Hwang, MD

Mailing Address 1 Country Club Plaza

City State Zip Code  
 Orinda CA 94563

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

Name of Employer Occupation  
 Bay Infectious Disease Med Grp Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 13 / 2009

**Transaction ID:** SA11AI.4713

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1000.00**

**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 30 / 78
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) John Jacomo, MD		Date of Receipt MM / DD / YYYY 08 / 05 / 2009		
	Mailing Address 9930 Talbert		<b>Transaction ID:</b> SA11AI.4688		
	City Fountain Valley	State CA	Zip Code 92708	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Talbert Medical Group	Occupation Physician	Aggregate Year-to-Date 250.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Hooshang Javaheri, MD		Date of Receipt MM / DD / YYYY 08 / 05 / 2009		
	Mailing Address 1236 N. Magnolia		<b>Transaction ID:</b> SA11AI.4704		
	City Anaheim	State CA	Zip Code 92801	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Talbert Medical Group	Occupation Physician	Aggregate Year-to-Date 250.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Vinod Jivrajka, MD		Date of Receipt MM / DD / YYYY 07 / 02 / 2009		
	Mailing Address 6131 Orangethorpe Ave Sute 280		<b>Transaction ID:</b> SA11AI.4427		
	City Buena Park	State CA	Zip Code 90260	Amount of Each Receipt this Period 5000.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer AppleCare Medical Management	Occupation President/CEO	Aggregate Year-to-Date 5000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>5500.00</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 31 / 78
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) John Johnson, MD		Date of Receipt MM / DD / YYYY 07 / 02 / 2009		
	Mailing Address 502 Torrance Blvd.		<b>Transaction ID:</b> SA11AI.4451		
	City Redondo Beach	State CA	Zip Code 90277	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer HealthCare Partners Medical Group	Occupation Physician	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) Kathryn Johnson, MD		Date of Receipt MM / DD / YYYY 10 / 02 / 2009		
	Mailing Address 8 Deerhill Dr.		<b>Transaction ID:</b> SA11AI.4433		
	City Rolling Hills Est.	State CA	Zip Code 90274	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer HealthCare Partners	Occupation Physician	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>C.</b>	Full Name (Last, First, Middle Initial) Patrick Kapsner		Date of Receipt MM / DD / YYYY 07 / 02 / 2009		
	Mailing Address 2742 Dow Ave.		<b>Transaction ID:</b> SA11AI.4697		
	City Tustin	State CA	Zip Code 92780	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Bristol Park Medical Group Inc.	Occupation Chief Executive Officer	Aggregate Year-to-Date 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<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: PAGE 32 / 78  
(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)

**A.**

Full Name (Last, First, Middle Initial)  
Naim Kassar, MD

Mailing Address 4735 Valley Center

City San Dimas State CA Zip Code 91773

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

Name of Employer Self Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 02 / 2009

Transaction ID: SA11AI.4741

Amount of Each Receipt this Period 500.00

**B.**

Full Name (Last, First, Middle Initial)  
Ronald Katz

Mailing Address 11 Tiburon Bay Dr

City Corona Del Mar State CA Zip Code 92625

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

Name of Employer Nautilus / Greater Newport Physicians Occupation Board Secretary

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 22 / 2009

Transaction ID: SA11AI.4587

Amount of Each Receipt this Period 1000.00

**C.**

Full Name (Last, First, Middle Initial)  
David Kaufman, DO

Mailing Address 18 Endeavor Suite 204

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 08 / 05 / 2009

Transaction ID: SA11AI.4582

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 33 / 78  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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.**

Full Name (Last, First, Middle Initial)  
Aaron Kern, MD

Mailing Address 5750 Downey Ave #100

City State Zip Code  
Lakewood CA 90712

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

Name of Employer Occupation  
Lakewood Primary Care Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
08 / 14 / 2009

Transaction ID: SA11AI.4490

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Jason Kim, MD

Mailing Address 6454 Parklynn Dr.

City State Zip Code  
Rancho Palos Verde CA 90275

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

Name of Employer Occupation  
HealthCare Partners Medical Group Associate Medical Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
08 / 05 / 2009

Transaction ID: SA11AI.4446

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
John Kirk

Mailing Address 17777 Center Court Dr. Suite 400

City State Zip Code  
Cerritos CA 90703

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 ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
08 / 05 / 2009

Transaction ID: SA11AI.4487

Amount of Each Receipt this Period  
500.00

**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 34 / 78
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Andrius Kirsonis		Date of Receipt MM / DD / YYYY 07 / 02 / 2009		
	Mailing Address 1025 W. Olympic Blvd		<b>Transaction ID:</b> SA11AI.4414		
	City Los Angeles	State CA	Zip Code 90015	Amount of Each Receipt this Period 625.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer HealthCare Partners	Occupation Physician	Aggregate Year-to-Date 625.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Mark Kislinger, MD		Date of Receipt MM / DD / YYYY 08 / 05 / 2009		
	Mailing Address 19191 So. Vermont Ave Ste. 200		<b>Transaction ID:</b> SA11AI.4468		
	City Torrance	State CA	Zip Code 90502	Amount of Each Receipt this Period 700.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer HealthCare Partners	Occupation Physician	Aggregate Year-to-Date 700.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Lalita Komanapalli, MD		Date of Receipt MM / DD / YYYY 08 / 05 / 2009		
	Mailing Address 9930 Talbert Ave		<b>Transaction ID:</b> SA11AI.4689		
	City Fountain Valley	State CA	Zip Code 92708	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Talbert Medical Group	Occupation Physician	Aggregate Year-to-Date 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1575.00
<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 35 / 78  
(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)

**A.**

Full Name (Last, First, Middle Initial)  
Renato Labog, MD

Mailing Address 421 So. Sierra Bonita Ave.

City Pasadena State CA Zip Code 91106

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 ▼ 625.00

Date of Receipt: 07 / 02 / 2009  
**Transaction ID:** SA11AI.4737  
 Amount of Each Receipt this Period: 625.00

**B.**

Full Name (Last, First, Middle Initial)  
Diane Laird

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 ▼ 260.00

Date of Receipt: 08 / 05 / 2009  
**Transaction ID:** SA11AI.4649  
 Amount of Each Receipt this Period: 260.00

**C.**

Full Name (Last, First, Middle Initial)  
Diane Laird

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 ▼ 1260.00

Date of Receipt: 08 / 10 / 2009  
**Transaction ID:** SA11AI.4648  
 Amount of Each Receipt this Period: 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1885.00**

**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 36 / 78

(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)

**A.**

Full Name (Last, First, Middle Initial)  
Steven Leven

Mailing Address 2925 Palo Verde Ave

City State Zip Code  
Long Beach CA 90815

FEC ID number of contributing federal political committee. C

Name of Employer Talbert Medical Group Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 05 / 2009

**Transaction ID:** SA11AI.4523

Amount of Each Receipt this Period 250.00

**B.**

Full Name (Last, First, Middle Initial)  
Stuart Levine, MD

Mailing Address 540 So. Helberta Ave

City State Zip Code  
Redondo Beach CA 90277

FEC ID number of contributing federal political committee. C

Name of Employer HealthCare Partners Occupation Corporate Medical Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 02 / 2009

**Transaction ID:** SA11AI.4453

Amount of Each Receipt this Period 250.00

**C.**

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

Mailing Address 116 14th St.

City State Zip Code  
Seal Beach CA 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 ▼ 250.00

Date of Receipt 07 / 02 / 2009

**Transaction ID:** SA11AI.4501

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... 750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 78
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Richard Lipeles		Date of Receipt MM / DD / YYYY 07 / 21 / 2009
	Mailing Address 12062 Valley View St.		<b>Transaction ID:</b> SA11AI.4708
	City Garden Grove	State CA	Zip Code 92845
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
	Name of Employer Heritage Development Organization	Occupation COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Jeffrey Litow, MD		Date of Receipt MM / DD / YYYY 07 / 02 / 2009
	Mailing Address 25650 Mullholland Hwy		<b>Transaction ID:</b> SA11AI.4544
	City Calabasas	State CA	Zip Code 91302
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 625.00
	Name of Employer HealthCare Partners	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 625.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) George Madanat		Date of Receipt MM / DD / YYYY 08 / 03 / 2009
	Mailing Address 22835 Rioge Line Road		<b>Transaction ID:</b> SA11AI.4555
	City Diamond Bar	State CA	Zip Code 91765
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
	Name of Employer Self	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2125.00
<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 38 / 78
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Paul Mahood, MD		Date of Receipt MM / DD / YYYY 07 / 02 / 2009		
	Mailing Address 3000 Corte Hermosa		<b>Transaction ID:</b> SA11AI.4638		
	City Newport Beach	State CA	Zip Code 92660	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Talbert Medical Group	Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B.</b>	Full Name (Last, First, Middle Initial) Haig Manjikian, MD		Date of Receipt MM / DD / YYYY 07 / 02 / 2009		
	Mailing Address 1435 Old House Rd.		<b>Transaction ID:</b> SA11AI.4535		
	City Pasadena	State CA	Zip Code 91107	Amount of Each Receipt this Period 625.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer HealthCare Partners	Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C.</b>	Full Name (Last, First, Middle Initial) Robert Margolis, MD		Date of Receipt MM / DD / YYYY 08 / 05 / 2009		
	Mailing Address 19191 S. Vermont #200		<b>Transaction ID:</b> SA11AI.4471		
	City Torrance	State CA	Zip Code 90502	Amount of Each Receipt this Period 1250.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer HealthCare Partners	Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2125.00</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: PAGE 39 / 78  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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.**

Full Name (Last, First, Middle Initial)  
James Mason

Mailing Address 2336 Sylvan Lane

City State Zip Code  
Glendale CA 91208

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

Name of Employer SynerMed Occupation 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  
08 / 10 / 2009

Transaction ID: SA11AI.4542

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Frederick Mayer, MD

Mailing Address 19066 Magnolia Ave

City State Zip Code  
Huntington Beach CA 92646

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

Name of Employer Talbert Medical Group Occupation Physician / DPM

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 30 / 2009

Transaction ID: SA11AI.4609

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Matthew Mazdyasni

Mailing Address 19191 S. Vermont Ave Suite 200

City State Zip Code  
Torrance CA 90502

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 ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 02 / 2009

Transaction ID: SA11AI.4473

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1350.00**

**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 40 / 78  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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.** Full Name (Last, First, Middle Initial)  
Annette Mc Connaughey

Mailing Address 9542 Augusta Ct

City State Zip Code  
Cypress CA 90630

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

Name of Employer Talbert Medical Group Occupation Nurse Midwife

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
08 / 05 / 2009

Transaction ID: SA11AI.4482

Amount of Each Receipt this Period  
250.00

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

Mailing Address 9 Cape Danbury

City State Zip Code  
Newport Beach CA 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  
MM / DD / YYYY  
07 / 02 / 2009

Transaction ID: SA11AI.4639

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Denise McCourt

Mailing Address 7842 Connie Dr

City State Zip Code  
Huntington Beach CA 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  
MM / DD / YYYY  
08 / 14 / 2009

Transaction ID: SA11AI.4621

Amount of Each Receipt this Period  
500.00

**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: PAGE 41 / 78  
(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)

**A.**

Full Name (Last, First, Middle Initial)  
Leslie McMains

Mailing Address 330 Placentia Ave Ste 270

City State Zip Code  
Newport Beach CA 92663

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

Name of Employer: Nautilus / Greater Newport Physicians  
Occupation: CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt: 08 / 05 / 2009  
Transaction ID: SA11AI.4653  
Amount of Each Receipt this Period: 1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Rafael Mendez, MD

Mailing Address 543 Perugia Way

City State Zip Code  
Los Angeles CA 90077

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 ▼  
1250.00

Date of Receipt: 08 / 05 / 2009  
Transaction ID: SA11AI.4419  
Amount of Each Receipt this Period: 1250.00

**C.**

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

Mailing Address 5164 Earl Dr

City State Zip Code  
La Canada Flintrid CA 91011

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: 08 / 05 / 2009  
Transaction ID: SA11AI.4735  
Amount of Each Receipt this Period: 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3250.00**

**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 42 / 78  
(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.** Full Name (Last, First, Middle Initial)  
 Richard Merkin, MD  
 Mailing Address 3115 Ocean Front Walk #301  
 City Marina del Rey State CA Zip Code 90292  
 Date of Receipt 08 / 05 / 2009  
**Transaction ID:** SA11AI.4460  
 Amount of Each Receipt this Period 1000.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Heritage Provider Network Occupation President/CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 1000.00

**B.** Full Name (Last, First, Middle Initial)  
 Jack Middlebrooks, MD  
 Mailing Address 18710 Spruce Circle  
 City Fountain Valley State CA Zip Code 92708  
 Date of Receipt 08 / 05 / 2009  
**Transaction ID:** SA11AI.4690  
 Amount of Each Receipt this Period 500.00  
 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

**C.** Full Name (Last, First, Middle Initial)  
 Lee Ann Moore  
 Mailing Address 7895 Poinsettia Dr.  
 City Buena Park State CA Zip Code 90620  
 Date of Receipt 10 / 30 / 2009  
**Transaction ID:** SA11AI.4479  
 Amount of Each Receipt this Period 1000.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Talbert Medical Group Occupation COO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 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: PAGE 43 / 78  
(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)

**A.**

Full Name (Last, First, Middle Initial)  
John Morey, MD

Mailing Address 10072 Meredith Drive

City State Zip Code  
Huntington Beach CA 92646

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

Name of Employer Occupation  
Newport Huntington Medical Group Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
08 / 05 / 2009

**Transaction ID:** SA11AI.4611

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
Marc Moser

Mailing Address 2936 Via Alvarado

City State Zip Code  
Palos Verdes Estat CA 90274

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

Name of Employer Occupation  
Torrance Hospital IPA CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
07 / 02 / 2009

**Transaction ID:** SA11AI.4435

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Mohinderjit Neelam, MD

Mailing Address 2603 Via Campo

City State Zip Code  
Montebello CA 90640

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 ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
07 / 02 / 2009

**Transaction ID:** SA11AI.4483

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1050.00**

**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 44 / 78
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) David Neer, MD		Date of Receipt MM / DD / YYYY 09 / 18 / 2009		
	Mailing Address 2210 Hill St.		<b>Transaction ID:</b> SA11AI.4461		
	City Santa Monica	State CA	Zip Code 90405	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Lakewood IPA	Occupation Medical Director			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Debra Nemec		Date of Receipt MM / DD / YYYY 08 / 10 / 2009		
	Mailing Address 7677 Center Ave #104		<b>Transaction ID:</b> SA11AI.4614		
	City Huntington Beach	State CA	Zip Code 92647	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Talbert Medical Group	Occupation Clinical Director - RN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Stephen Newman		Date of Receipt MM / DD / YYYY 07 / 22 / 2009		
	Mailing Address 930 River Lane		<b>Transaction ID:</b> SA11AI.4679		
	City Santa Ana	State CA	Zip Code 92706	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Bristol Park Medical Group Inc.	Occupation General Counsel			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 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: PAGE 45 / 78  
(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)

**A.**

Full Name (Last, First, Middle Initial)  
Lionel Ng, MD

Mailing Address 2750 E. Washington Blvd #360

City Pasadena State CA Zip Code 91107

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 ▼ 625.00

Date of Receipt: 07 / 02 / 2009  
**Transaction ID:** SA11AI.4538  
 Amount of Each Receipt this Period: 625.00

**B.**

Full Name (Last, First, Middle Initial)  
Vincent Nguyen, DO

Mailing Address 7 Technology Drive

City Irvine State CA Zip Code 92618

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

Name of Employer Monarch Healthcare Occupation Medical Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 08 / 05 / 2009  
**Transaction ID:** SA11AI.4583  
 Amount of Each Receipt this Period: 500.00

**C.**

Full Name (Last, First, Middle Initial)  
Shanti Nilakanan, MD

Mailing Address 3122 Salmon Dr.

City Los Alamitos State CA Zip Code 90720

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

Name of Employer Talbert Medical Group Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 / 21 / 2009  
**Transaction ID:** SA11AI.4497  
 Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1375.00**

**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 46 / 78
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Joseph Oh, MD		Date of Receipt MM / DD / YYYY 08 / 05 / 2009		
	Mailing Address 3650 E. South St. #405		Transaction ID: SA11AI.4491		
	City Lakewood	State CA	Zip Code 90712	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Lakewood Pediatrics Medical Grp. Inc.	Occupation Physician	Aggregate Year-to-Date 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) Marcia Okawa		Date of Receipt MM / DD / YYYY 08 / 05 / 2009		
	Mailing Address 1665 Scenic Avenue Suite 100		Transaction ID: SA11AI.4598		
	City Costa Mesa	State CA	Zip Code 92626	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Talbert Medical Group	Occupation Certified Nurse Midwife	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>C.</b>	Full Name (Last, First, Middle Initial) Richard Oken, MD		Date of Receipt MM / DD / YYYY 07 / 02 / 2009		
	Mailing Address 2999 Regent St. #325		Transaction ID: SA11AI.4727		
	City Berkeley	State CA	Zip Code 94705	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self / East Bay Pediatrics	Occupation Physician/President ABMG	Aggregate Year-to-Date 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<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 47 / 78  
(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.** Full Name (Last, First, Middle Initial)  
 Patricia Page LaPenn  
 Mailing Address 1100 E. Willow  
 City State Zip Code  
 Signal Hill CA 90755  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 05 / 2009  
**Transaction ID:** SA11AI.4504  
 Amount of Each Receipt this Period  
 1500.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Memorial HealthCare IPA CEO  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1500.00

**B.** Full Name (Last, First, Middle Initial)  
 Larry Pasquali, MD  
 Mailing Address 3300 E. South St. #105  
 City State Zip Code  
 Long Beach CA 90805  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 02 / 2009  
**Transaction ID:** SA11AI.4516  
 Amount of Each Receipt this Period  
 1000.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Lakewood Eye Physicians Physician  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

**C.** Full Name (Last, First, Middle Initial)  
 Thomas Paulsen, MD  
 Mailing Address 19191 South Vermont Ave Suite 200  
 City State Zip Code  
 Torrance CA 90502  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 10 / 2009  
**Transaction ID:** SA11AI.4475  
 Amount of Each Receipt this Period  
 500.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HealthCare Partners Medical Group Executive Medical Director CA  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3000.00  
**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 48 / 78
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Harry Pellman, MD		Date of Receipt MM / DD / YYYY 08 / 05 / 2009		
	Mailing Address 16691 Greenview LN		<b>Transaction ID:</b> SA11AI.4622		
	City Huntington Beach	State CA	Zip Code 92649	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Edinger Medical Group	Occupation Physician	Aggregate Year-to-Date 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) George Perrine Jr, MD		Date of Receipt MM / DD / YYYY 08 / 05 / 2009		
	Mailing Address 1665 Scenic Avenue		<b>Transaction ID:</b> SA11AI.4599		
	City Costa Mesa	State CA	Zip Code 92626	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Talbert Medical Group	Occupation Physician	Aggregate Year-to-Date 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>C.</b>	Full Name (Last, First, Middle Initial) Kathy Porter		Date of Receipt MM / DD / YYYY 08 / 10 / 2009		
	Mailing Address 1236 N. Magnolia Ave		<b>Transaction ID:</b> SA11AI.4485		
	City Anaheim	State CA	Zip Code 90650	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Talbert Medical Group	Occupation Director Center Administrator	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	900.00
<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 49 / 78
	<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.**

Full Name (Last, First, Middle Initial)  
Alan Puzarne

Mailing Address 330 Placentia

City State Zip Code  
Newport Beach CA 92663

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

Name of Employer: Nautilus Healthcare Management Group  
Occupation: COO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
07 / 02 / 2009

**Transaction ID:** SA11AI.4659

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Steven Rapaport, MD

Mailing Address 601 Torrance Blvd

City State Zip Code  
Redondo Beach CA 90277

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

Name of Employer: HealthCare Partners Medical Group  
Occupation: General Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
08 / 05 / 2009

**Transaction ID:** SA11AI.4455

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Karl Rebay

Mailing Address 7 Technology Drive

City State Zip Code  
Irvine CA 92618

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

Name of Employer: Monarch Healthcare  
Occupation: CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
08 / 21 / 2009

**Transaction ID:** SA11AI.4584

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<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 50 / 78
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Donald Rebhun, MD		Date of Receipt MM / DD / YYYY 08 / 05 / 2009		
	Mailing Address 11600 Indian Hills Rd		<b>Transaction ID:</b> SA11AI.4549		
	City Mission Hills	State CA	Zip Code 91345	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer HealthCare Partners	Occupation Physician	Aggregate Year-to-Date 250.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Bruce Rice, MD		Date of Receipt MM / DD / YYYY 07 / 02 / 2009		
	Mailing Address 2316 Dwight Way		<b>Transaction ID:</b> SA11AI.4724		
	City Berkeley	State CA	Zip Code 94704	Amount of Each Receipt this Period 900.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer East Bay Head & Neck Surgery	Occupation Physician	Aggregate Year-to-Date 900.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Carlos Rosales, MD		Date of Receipt MM / DD / YYYY 07 / 21 / 2009		
	Mailing Address 2600 Redondo Ave		<b>Transaction ID:</b> SA11AI.4520		
	City Long Beach	State CA	Zip Code 90806	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer HealthCare Partners	Occupation Physician	Aggregate Year-to-Date 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1400.00</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: PAGE 51 / 78  
(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)

**A.**

Full Name (Last, First, Middle Initial)  
G. Thomas Ruiz, MD

Mailing Address 1665 Scenic Ave

City State Zip Code  
Costa Mesa CA 92626

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

Name of Employer Talbert Medical Group Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 18 / 2009  
Transaction ID: SA11AI.4600  
Amount of Each Receipt this Period: 250.00

**B.**

Full Name (Last, First, Middle Initial)  
Wayne Sass

Mailing Address 1601 Canyon Drive

City State Zip Code  
Fullerton CA 92833

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

Name of Employer Nautilus / Greater Newport Physicians Occupation VP & CIO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 08 / 10 / 2009  
Transaction ID: SA11AI.4707  
Amount of Each Receipt this Period: 300.00

**C.**

Full Name (Last, First, Middle Initial)  
Mark Schafer, MD

Mailing Address 25531 Pacific Hills Drive

City State Zip Code  
Mission Viejo CA 92692

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

Name of Employer Bristol Park Medical Group Occupation Physician/Medical Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 07 / 02 / 2009  
Transaction ID: SA11AI.4673  
Amount of Each Receipt this Period: 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1550.00

**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 52 / 78
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Gordon Schaye, MD	Date of Receipt MM / DD / YYYY 07 / 02 / 2009
	Mailing Address 58 Portuguese Bend Rd	<b>Transaction ID:</b> SA11AI.4436
	City State Zip Code Rolling Hills CA 90274	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer HealthCare Partners Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Gregory Schroff, MD	Date of Receipt MM / DD / YYYY 10 / 02 / 2009
	Mailing Address 1721 Pablo Place	<b>Transaction ID:</b> SA11AI.4438
	City State Zip Code Palos Verdex Estat CA 90274	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer HealthCare Partners Medical Group Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Lauri Seymour, MD	Date of Receipt MM / DD / YYYY 10 / 02 / 2009
	Mailing Address 23301 Via Dorado	<b>Transaction ID:</b> SA11AI.4671
	City State Zip Code Coto de Caza CA 92679	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Edinger Medical Group Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1000.00</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: PAGE 53 / 78  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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.**

Full Name (Last, First, Middle Initial)  
Archana Shah, MD

Mailing Address 1002 N. Fairview

City State Zip Code  
Santa Ana CA 92703

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

Name of Employer Talbert Medical Group Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
08 / 05 / 2009

Transaction ID: SA11AI.4674

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Mansoor Shah, MD

Mailing Address 5750 Downey Ave #100

City State Zip Code  
Lakewood CA 90712

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

Name of Employer Lakewood Primary Medical Group Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
MM / DD / YYYY  
07 / 21 / 2009

Transaction ID: SA11AI.4493

Amount of Each Receipt this Period  
2500.00

**C.**

Full Name (Last, First, Middle Initial)  
Scott Shiffman, MD

Mailing Address 2742 Dow Avenue

City State Zip Code  
Tustin CA 92780

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

Name of Employer Bristol Park Medical Group Occupation Associate Medical Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
07 / 02 / 2009

Transaction ID: SA11AI.4699

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3750.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 / 78  
(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
							17

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

**A.**

Full Name (Last, First, Middle Initial)  
Maziyar Shoae, MD

Mailing Address 2925 N. Palo Verde Ave

City State Zip Code  
Long Beach CA 90815

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

Name of Employer Talbert Medical Group Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 02 / 2009

Transaction ID: SA11AI.4524

Amount of Each Receipt this Period  
350.00

**B.**

Full Name (Last, First, Middle Initial)  
Judy Shubin

Mailing Address 2742 Dow Ave

City State Zip Code  
Tustin CA 92780

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

Name of Employer Bristol Park Medical Group Occupation Sr. VP Contracting

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 02 / 2009

Transaction ID: SA11AI.4700

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
James Slaggert

Mailing Address 2000 Powell St. #830

City State Zip Code  
Emeryville CA 94608

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

Name of Employer Alta Bates Medical Group Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 21 / 2009

Transaction ID: SA11AI.4718

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1850.00**

**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 55 / 78
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Douglas Smith, MD		Date of Receipt MM / DD / YYYY 08 / 05 / 2009		
	Mailing Address 322 Whites LNDG		<b>Transaction ID:</b> SA11AI.4733		
	City Long Beach	State CA	Zip Code 90803	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer HealthCare Partners	Occupation Physician	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) Paul Smith, MD		Date of Receipt MM / DD / YYYY 08 / 05 / 2009		
	Mailing Address 502 Torrance Blvd		<b>Transaction ID:</b> SA11AI.4456		
	City Redondo Beach	State CA	Zip Code 90277	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer HealthCare Partners	Occupation Physician	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>C.</b>	Full Name (Last, First, Middle Initial) John Somers		Date of Receipt MM / DD / YYYY 08 / 05 / 2009		
	Mailing Address 2742 Dow Avenue		<b>Transaction ID:</b> SA11AI.4701		
	City Tustin	State CA	Zip Code 92780	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Bristol Park Medical Group	Occupation Chief Operating Officer	Aggregate Year-to-Date 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<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: PAGE 56 / 78  
(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)

**A.**

Full Name (Last, First, Middle Initial)  
William Somers, MD

Mailing Address 1561 Amberleaf

City State Zip Code  
Costa Mesa CA 92626

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 ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
12 / 04 / 2009

**Transaction ID:** SA11AI.4601

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
Malcolm Sperling, MD

Mailing Address 4661 Los Patos Avenue

City State Zip Code  
Huntington Beach CA 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  
MM / DD / YYYY  
08 / 05 / 2009

**Transaction ID:** SA11AI.4625

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Debra Spindel

Mailing Address 510 Superior Ave Suite 290

City State Zip Code  
Newport Beach CA 92663

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

Name of Employer  
Nautilus / Greater Newport Physicians

Occupation  
Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
08 / 05 / 2009

**Transaction ID:** SA11AI.4662

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1300.00**

**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 57 / 78  
(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
							17

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

**A.**

Full Name (Last, First, Middle Initial)  
Mary Straub

Mailing Address 5661 Littler 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 Office Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 0 5 / 2 0 0 9

**Transaction ID:** SA11AI.4626

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Gary Sutter, MD

Mailing Address 219 Howland Canal

City State Zip Code  
Venice CA 90291

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

Name of Employer Occupation  
HealthCare Partners Medical Group Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 7 / 2 1 / 2 0 0 9

**Transaction ID:** SA11AI.4458

Amount of Each Receipt this Period  
750.00

**C.**

Full Name (Last, First, Middle Initial)  
Daniel Temanka, MD

Mailing Address 710 Pinehurst Dr.

City State Zip Code  
Pasadena CA 91106

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

Name of Employer Occupation  
HealthCare Partners Physician (Retired)

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 1 0 / 2 0 0 9

**Transaction ID:** SA11AI.4533

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2250.00**

**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 58 / 78

(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)

**A.**

Full Name (Last, First, Middle Initial)

Mark Thompson, MD

Mailing Address 2124 Via Estudillo

City State Zip Code  
Palos Verdes Estat CA 90274

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 ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.4440

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

David Townsend

Mailing Address 1717 I Street

City State Zip Code  
Sacramento CA 95814

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

Name of Employer Occupation  
Townsend Raimundo Besler & Usher Partner

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.4729

Amount of Each Receipt this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

Kenneth Tram, MD

Mailing Address 9930 Talbert Ave

City State Zip Code  
Fountain Valley CA 92708

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

Name of Employer Occupation  
Talbert Medical Group Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

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

Transaction ID: SA11AI.4693

Amount of Each Receipt this Period

250.00

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

3000.00

**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 59 / 78
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Nga Tuyet Ha, MD		Date of Receipt MM / DD / YYYY 08 / 05 / 2009
	Mailing Address 2258 Manning Ave.		<b>Transaction ID:</b> SA11AI.4418
	City Los Angeles	State CA	Zip Code 90064
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
	Name of Employer HealthCare Partners	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Phillip Valentine, MD		Date of Receipt MM / DD / YYYY 07 / 02 / 2009
	Mailing Address 3565 Del Amo Blvd		<b>Transaction ID:</b> SA11AI.4478
	City Torrance	State CA	Zip Code 90503
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
	Name of Employer HealthCare Partners Medical Group	Occupation Dermatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mark Van Houten, MD		Date of Receipt MM / DD / YYYY 08 / 05 / 2009
	Mailing Address 361 Hospital Rd # 527		<b>Transaction ID:</b> SA11AI.4664
	City Newport Beach	State CA	Zip Code 92663
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
	Name of Employer Self	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>800.00</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 60 / 78
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Clayton Varga		Date of Receipt MM / DD / YYYY 07 / 02 / 2009
	Mailing Address 1035 So Fair Oaks Ave #104		Transaction ID: SA11AI.4531
	City Pasadena	State CA	Zip Code 91105
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
	Name of Employer Fusion Health	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Tenzing Wangyal, MD		Date of Receipt MM / DD / YYYY 08 / 05 / 2009
	Mailing Address 9930 Talbert Ave.		Transaction ID: SA11AI.4694
	City Fountain Valley	State CA	Zip Code 92708
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Talbert Medical Group	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Ezzat Wassef, MD		Date of Receipt MM / DD / YYYY 07 / 02 / 2009
	Mailing Address 5750 Downey Avenue Suite 308		Transaction ID: SA11AI.4495
	City Lakewood	State CA	Zip Code 90712
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
	Name of Employer E.W. Wassef M.D Inc.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2250.00
<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 61 / 78
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Veronica Whelan, MD		Date of Receipt MM / DD / YYYY 08 / 05 / 2009
	Mailing Address 1665 Scenic Ave. Ste. 100		Transaction ID: SA11AI.4603
	City Costa Mesa	State CA	Zip Code 92626
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 700.00
	Name of Employer Talbert Medical Group	Occupation Phys / Assoc Med Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 700.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) J. Stephen Wikle, MD		Date of Receipt MM / DD / YYYY 08 / 05 / 2009
	Mailing Address 11572 Marble Arch Dr.		Transaction ID: SA11AI.4677
	City Santa Ana	State CA	Zip Code 92705
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
	Name of Employer Greater Newport Physicians	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Lillie Williams, MD		Date of Receipt MM / DD / YYYY 10 / 02 / 2009
	Mailing Address 8031 Ainsworth Lane		Transaction ID: SA11AI.4481
	City La Palma	State CA	Zip Code 90623
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
	Name of Employer Talbert Medical Group	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1450.00
<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 62 / 78
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Burton Willis, MD		Date of Receipt MM / DD / YYYY 10 / 07 / 2009	
	Mailing Address 16074 Bonaire Cr		<b>Transaction ID:</b> SA11AI.4627	
	City	State	Zip Code	Amount of Each Receipt this Period
	Huntington Beach	CA	92649	500.00
	FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Edinger Medical Group		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Keith Wilson, MD		Date of Receipt MM / DD / YYYY 07 / 02 / 2009	
	Mailing Address 18402 Coltman Ave		<b>Transaction ID:</b> SA11AI.4502	
	City	State	Zip Code	Amount of Each Receipt this Period
	Carson	CA	90746	1000.00
	FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Talbert Medical		Occupation President & CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Chris Wing		Date of Receipt MM / DD / YYYY 10 / 02 / 2009	
	Mailing Address 19191 S. Vermont		<b>Transaction ID:</b> SA11AI.4476	
	City	State	Zip Code	Amount of Each Receipt this Period
	Torrance	CA	90502	1000.00
	FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer HealthCare Partners LLC		Occupation EVP / COO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 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: PAGE 63 / 78  
(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)

**A.** Full Name (Last, First, Middle Initial)  
Kenneth Wogensen, MD

Mailing Address 665 W. Naomi Avenue Suite 201

City State Zip Code  
Arcadia CA 91007

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

Name of Employer: Kenneth K. Wogensen MD Inc.  
Occupation: Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt: 07 / 21 / 2009  
Transaction ID: SA11AI.4526  
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Nancy Worthen, MD

Mailing Address 502 Torrance Blvd

City State Zip Code  
Redondo Beach CA 90277

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 ▼  
250.00

Date of Receipt: 07 / 02 / 2009  
Transaction ID: SA11AI.4457  
Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
Albert Yeung, MD

Mailing Address 9882 Vicksburg Drive

City State Zip Code  
Huntington Beach CA 92646

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

Name of Employer: Talbert Medical Group  
Occupation: Pediatrician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt: 07 / 02 / 2009  
Transaction ID: SA11AI.4747  
Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 / 78
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Mary Young		Date of Receipt MM / DD / YYYY 08 / 05 / 2009
	Mailing Address 2526 Encina Way		Transaction ID: SA11AI.4631
	City Laguna Beach	State CA	Zip Code 92651
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
	Name of Employer Monarch Healthcare	Occupation VP Network Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Betty Yu, MD		Date of Receipt MM / DD / YYYY 07 / 02 / 2009
	Mailing Address 16525 Oak Circle		Transaction ID: SA11AI.4695
	City Fountain Valley	State CA	Zip Code 92708
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer Edinger Medical Group	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Michael Yu, MD		Date of Receipt MM / DD / YYYY 07 / 21 / 2009
	Mailing Address 361 Hospital Road #322		Transaction ID: SA11AI.4665
	City Newport Beach	State CA	Zip Code 92663
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer Greater Newport Physicians	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1300.00
<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 65 / 78  
(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.** Full Name (Last, First, Middle Initial)  
Ronald Zent, MD

Mailing Address 1100 E. Willow St.

City State Zip Code  
Signal Hill CA 90755

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

Name of Employer Occupation  
Memorial HealthCare IPA Medical Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
MM / DD / YYYY  
08 / 10 / 2009

**Transaction ID:** SA11AI.4505

Amount of Each Receipt this Period  
1500.00

**B.** Full Name (Last, First, Middle Initial)  
Kenneth Zuckerman, MD

Mailing Address 16300 Sand Canyon Ave #704

City State Zip Code  
Irvine CA 92618

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  
MM / DD / YYYY  
08 / 05 / 2009

**Transaction ID:** SA11AI.4585

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) ..... ► **105535.00**

**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)

PAGE 66 / 78

<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)

A.	Full Name (Last, First, Middle Initial) Merrill Lynch	Transaction ID: SB21B.4852 Date of Disbursement 07 / 31 / 2009
	Mailing Address 2442 Avenida De la Carlota Suite 400	Amount of Each Disbursement this Period 424.86
	City Laguna Hills State CA Zip Code 92653	
	Purpose of Disbursement Bank fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Merrill Lynch	Transaction ID: SB21B.4853 Date of Disbursement 08 / 31 / 2009
	Mailing Address 2442 Avenida De la Carlota Suite 400	Amount of Each Disbursement this Period 11.90
	City Laguna Hills State CA Zip Code 92653	
	Purpose of Disbursement Bank fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

436.76

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

436.76

**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)

<b>A.</b>	Full Name (Last, First, Middle Initial) ANNA ESHOO FOR CONGRESS  Mailing Address 555 Capitol Mall, Suite 1425  City Sacramento State CA Zip Code 95814  Purpose of Disbursement Contribution Candidate Name ANNA ESHOO FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 14 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4378 Date of Disbursement 07 / 22 / 2009  Amount of Each Disbursement this Period 1000.00
<b>B.</b>	Full Name (Last, First, Middle Initial) ANNA ESHOO FOR CONGRESS  Mailing Address 555 Capitol Mall, Suite 1425  City Sacramento State CA Zip Code 95814  Purpose of Disbursement Contribution Candidate Name ANNA ESHOO FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 14 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4381 Date of Disbursement 08 / 28 / 2009  Amount of Each Disbursement this Period 1400.00
<b>C.</b>	Full Name (Last, First, Middle Initial) BECERRA FOR CONGRESS  Mailing Address P.O. Box 261060  City Los Angeles State CA Zip Code 90026  Purpose of Disbursement Contribution Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 31 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4813 Date of Disbursement 07 / 09 / 2009  Amount of Each Disbursement this Period 2000.00

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

4400.00

**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)

<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)

<b>A.</b> Full Name (Last, First, Middle Initial) CITIZENS FOR HARKIN  Mailing Address P O BOX 811  City DES MOINES State IA Zip Code 50304  Purpose of Disbursement Contribution Candidate Name  Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 00  Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4810 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 9  Amount of Each Disbursement this Period 1000.00  Category/ Type
	Full Name (Last, First, Middle Initial) COMMITTEE TO RE-ELECT LINDA SANCHEZ  Mailing Address 1212 S. Victory Blvd SUITE 211  City BURBANK State CA Zip Code 91502  Purpose of Disbursement Contribution Candidate Name  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 39  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) CONGRESSMAN WAXMAN CAMPAIGN COMMITTEE  Mailing Address 6380 Wilshire Blvd. #1612  City Los Angeles State CA Zip Code 90048  Purpose of Disbursement Contribution Candidate Name HENRY A. WAXMAN  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 30  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4766 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 2 / 2 0 0 9  Amount of Each Disbursement this Period 2000.00  Category/ Type

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

4000.00

**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)

<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)

Transaction ID: SB23.4387

DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Date of Disbursement

Mailing Address 430 South Capitol Street, SE  
2nd Floor

/   /

City Washington State DC Zip Code 20003

Amount of Each Disbursement this Period

Purpose of Disbursement  
Contribution

Candidate Name  
DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify)  Other

Full Name (Last, First, Middle Initial)

Transaction ID: SB23.4390

DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE

Date of Disbursement

Mailing Address 120 MARYLAND AVENUE NE

/   /

City WASHINGTON State DC Zip Code 20002

Amount of Each Disbursement this Period

Purpose of Disbursement  
Contribution

Candidate Name  
DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify)  Other

Full Name (Last, First, Middle Initial)

Transaction ID: SB23.4752

EARL POMEROY FOR CONGRESS

Date of Disbursement

Mailing Address Post Office Box 9336

/   /

City Fargo State ND Zip Code 58106

Amount of Each Disbursement this Period

Purpose of Disbursement  
Contribution

Candidate Name  
EARL R. POMEROY

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify)  Other

State: ND District: 00

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

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)

<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)

A.	Full Name (Last, First, Middle Initial) FEINSTEIN FOR SENATE	Transaction ID: SB23.4398 Date of Disbursement 08 / 12 / 2009
	Mailing Address 1212 S VICTORY BLVD	Amount of Each Disbursement this Period 2400.00
	City BURBANK State CA Zip Code 91502	
	Purpose of Disbursement Contribution Candidate Name DIANNE FEINSTEIN Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 00 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type
B.	Full Name (Last, First, Middle Initial) FEINSTEIN FOR SENATE	Transaction ID: SB23.4402 Date of Disbursement 08 / 12 / 2009
	Mailing Address 1212 S VICTORY BLVD	Amount of Each Disbursement this Period 100.00
	City BURBANK State CA Zip Code 91502	
	Purpose of Disbursement Contribution Candidate Name DIANNE FEINSTEIN Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 00 Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type
C.	Full Name (Last, First, Middle Initial) FEINSTEIN FOR SENATE	Transaction ID: SB23.4403 Date of Disbursement 11 / 16 / 2009
	Mailing Address 1212 S VICTORY BLVD	Amount of Each Disbursement this Period 2300.00
	City BURBANK State CA Zip Code 91502	
	Purpose of Disbursement Contribution Candidate Name DIANNE FEINSTEIN Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 00 Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

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

4800.00

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)

<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) FRIENDS FOR HARRY REID	<b>Transaction ID:</b> SB23.4762	
	Mailing Address P.O. BOX 19163	Date of Disbursement 07 / 09 / 2009	
	City LAS VEGAS State NV Zip Code 89132	Amount of Each Disbursement this Period 2400.00	
	Purpose of Disbursement Contribution Candidate Name HARRY REID Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	
<b>B.</b>	Full Name (Last, First, Middle Initial) FRIENDS OF BARBARA BOXER	<b>Transaction ID:</b> SB23.4382	
	Mailing Address PO BOX 411176	Date of Disbursement 07 / 22 / 2009	
	City LOS ANGELES State CA Zip Code 90041	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement Contribution Candidate Name BARBARA BOXER Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	
<b>C.</b>	Full Name (Last, First, Middle Initial) FRIENDS OF DENNIS CARDOZA	<b>Transaction ID:</b> SB23.4393	
	Mailing Address PO Box 2749	Date of Disbursement 07 / 22 / 2009	
	City Merced State CA Zip Code 95340	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement Contribution Candidate Name DENNIS CARDOZA Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 18 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

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

4400.00

**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)

<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>FRIENDS OF DENNIS CARDOZA</b>  Mailing Address <b>PO Box 2749</b>  City <b>Merced</b> State <b>CA</b> Zip Code <b>95340</b>  Purpose of Disbursement Contribution Candidate Name <b>DENNIS CARDOZA</b>  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>CA</b> District: <b>18</b>  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: <b>SB23.4397</b> Date of Disbursement M M / D D / Y Y Y Y <b>09 / 29 / 2009</b>  Amount of Each Disbursement this Period 1000.00
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>FRIENDS OF JANE HARMAN</b>  Mailing Address <b>PO Box 96</b>  City <b>Torrance</b> State <b>CA</b> Zip Code <b>90507</b>  Purpose of Disbursement Contribution Candidate Name  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>CA</b> District: <b>36</b>  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: <b>SB23.4773</b> Date of Disbursement M M / D D / Y Y Y Y <b>10 / 23 / 2009</b>  Amount of Each Disbursement this Period 1000.00
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>FRIENDS OF LOIS CAPPS</b>  Mailing Address <b>PO Box 23940</b>  City <b>Santa Barbara</b> State <b>CA</b> Zip Code <b>93121</b>  Purpose of Disbursement Contribution Candidate Name  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>CA</b> District: <b>23</b>  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: <b>SB23.4785</b> Date of Disbursement M M / D D / Y Y Y Y <b>07 / 22 / 2009</b>  Amount of Each Disbursement this Period 1000.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> 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)

<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)

A.	Full Name (Last, First, Middle Initial) <b>FRIENDS OF LOIS CAPPS</b>	<b>Transaction ID: SB23.4788</b> Date of Disbursement 10 / 22 / 2009
	Mailing Address PO Box 23940	Amount of Each Disbursement this Period 1000.00
	City Santa Barbara State CA Zip Code 93121	
	Purpose of Disbursement Contribution Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 23	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) <b>INSLEE FOR CONGRESS</b>	<b>Transaction ID: SB23.4776</b> Date of Disbursement 10 / 30 / 2009
	Mailing Address PO Box 33027	Amount of Each Disbursement this Period 1000.00
	City Seattle State WA Zip Code 98133	
	Purpose of Disbursement Contribution Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) <b>JACKIE SPEIER FOR CONGRESS</b>	<b>Transaction ID: SB23.4770</b> Date of Disbursement 07 / 22 / 2009
	Mailing Address Post Office Box 112	Amount of Each Disbursement this Period 1000.00
	City Burlingame State CA Zip Code 94011	
	Purpose of Disbursement Contribution Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 12	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**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)

<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)

<b>A.</b> Full Name (Last, First, Middle Initial) KLEIN FOR CONGRESS <hr/> Mailing Address 21301 Powerline Road, Suite 204 <hr/> City Boca Raton State FL Zip Code 33431 Purpose of Disbursement Contribution Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 22 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4805 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00 Category/Type
<b>B.</b> Full Name (Last, First, Middle Initial) MATSUI FOR CONGRESS <hr/> Mailing Address PO BOX 1738 <hr/> City SACRAMENTO State CA Zip Code 95812 Purpose of Disbursement Contribution Candidate Name DORIS MATSUI Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 05 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4404 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 2 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00 Category/Type
<b>C.</b> Full Name (Last, First, Middle Initial) MATSUI FOR CONGRESS <hr/> Mailing Address PO BOX 1738 <hr/> City SACRAMENTO State CA Zip Code 95812 Purpose of Disbursement Contribution Candidate Name DORIS MATSUI Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 05 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4408 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00 Category/Type

**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)

<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>MCNERNEY FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.4779 Date of Disbursement 12 / 02 / 2009	
	Mailing Address 6520 Village Parkway Second Floor		
	City Dublin State CA Zip Code 94568	Amount of Each Disbursement this Period 2500.00	
	Purpose of Disbursement Contribution Candidate Name	Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 11	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>MIKE THOMPSON FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.4789 Date of Disbursement 07 / 22 / 2009	
	Mailing Address 5429 Madison Avenue		
	City Sacramento State CA Zip Code 95841	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement Contribution Candidate Name	Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>NANCY PELOSI FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.4792 Date of Disbursement 10 / 30 / 2009	
	Mailing Address 607 14th Street, NW Suite 800		
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period 2400.00	
	Purpose of Disbursement Contribution Candidate Name	Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 08	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

**5900.00**

**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)

<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)

A.	Full Name (Last, First, Middle Initial) PALLONE FOR CONGRESS	Transaction ID: SB23.4756 Date of Disbursement 07 / 22 / 2009
	Mailing Address PO BOX 3176	Amount of Each Disbursement this Period 1000.00
	City Long Branch State NJ Zip Code 07740	
	Purpose of Disbursement Contribution Candidate Name FRANK JR PALLONE Category/Type	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) PALLONE FOR CONGRESS	Transaction ID: SB23.4760 Date of Disbursement 12 / 03 / 2009
	Mailing Address PO BOX 3176	Amount of Each Disbursement this Period 4000.00
	City Long Branch State NJ Zip Code 07740	
	Purpose of Disbursement Contribution Candidate Name FRANK JR PALLONE Category/Type	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) PALLONE FOR CONGRESS	Transaction ID: SB23.4761 Date of Disbursement 12 / 03 / 2009
	Mailing Address PO BOX 3176	Amount of Each Disbursement this Period 1000.00
	City Long Branch State NJ Zip Code 07740	
	Purpose of Disbursement Contribution Candidate Name FRANK JR PALLONE Category/Type	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

6000.00

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)

<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)

A.	Full Name (Last, First, Middle Initial) <b>PEOPLE FOR PATTY MURRAY</b>	<b>Transaction ID: SB23.4795</b>
	Mailing Address <b>PO BOX 3662</b>	Date of Disbursement 10 / 30 / 2009
	City <b>SEATTLE</b> State <b>WA</b> Zip Code <b>98124</b>	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>WA</b> District: <b>00</b>	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) <b>PETE STARK RE-ELECTION COMMITTEE</b>	<b>Transaction ID: SB23.4798</b>
	Mailing Address <b>P.O. Box 8331</b>	Date of Disbursement 07 / 22 / 2009
	City <b>Fremont</b> State <b>CA</b> Zip Code <b>94537</b>	Amount of Each Disbursement this Period 2400.00
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>CA</b> District: <b>13</b>	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) <b>SOLIDARITY PAC</b>	<b>Transaction ID: SB23.4808</b>
	Mailing Address <b>607 14th Street, NW, Suite 800 Suite 800</b>	Date of Disbursement 12 / 02 / 2009
	City <b>Washington</b> State <b>DC</b> Zip Code <b>20005</b>	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name <b>SOLIDARITY PAC</b>	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

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

**8400.00**

**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)

<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)

A.	Full Name (Last, First, Middle Initial) WELCH FOR CONGRESS	Transaction ID: SB23.4801 Date of Disbursement 07 / 30 / 2009
	Mailing Address PO BOX 1682	Amount of Each Disbursement this Period 1000.00
	City BURLINGTON State VT Zip Code 05402	
	Purpose of Disbursement Contribution Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VT District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) WELCH FOR CONGRESS	Transaction ID: SB23.4804 Date of Disbursement 12 / 15 / 2009
	Mailing Address PO BOX 1682	Amount of Each Disbursement this Period 500.00
	City BURLINGTON State VT Zip Code 05402	
	Purpose of Disbursement Contribution Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VT District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) ZACK SPACE FOR CONGRESS COMMITTEE	Transaction ID: SB23.4816 Date of Disbursement 07 / 30 / 2009
	Mailing Address 726 Sixteenth Street NE	Amount of Each Disbursement this Period 1000.00
	City Massillon State OH Zip Code 44646	
	Purpose of Disbursement Contribution Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 18	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

2500.00

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

60400.00