

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 SVB Financial Group PAC

ADDRESS (number and street) 3005 Tasman Dr Santa Clara CA 95054

2. FEC IDENTIFICATION NUMBER C C00333658 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 07/01/2015 through 07/31/2015

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 Rebecca Olson

Signature of Treasurer Rebecca Olson [Electronically Filed] Date 08/12/2015

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

SVB Financial Group PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="16197.51"/>	<input type="text" value="16197.51"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="35349.17"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="883.49"/>	<input type="text" value="25735.15"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="36232.66"/>	<input type="text" value="41932.66"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="2500.00"/>	<input type="text" value="8200.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="33732.66"/>	<input type="text" value="33732.66"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

SVB Financial Group 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).....	345.00	21545.00
(ii) Unitemized	538.49	3190.15
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	883.49	24735.15
(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)	883.49	24735.15
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	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	883.49	25735.15
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	883.49	25735.15

DETAILED SUMMARY PAGE

of Disbursements

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II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2500.00	8200.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2500.00	8200.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2500.00	8200.00

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)	883.49	24735.15
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	883.49	24735.15
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 OF 10
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
SVB Financial Group PAC

A. Julie Haga
 Full Name (Last, First, Middle Initial)
 Mailing Address 3003 Tasman Dr
 City Santa Clara State CA Zip Code 95054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SVB Financial Group Occupation Director, IT
 Receipt For: 2015
 Primary General
 Other (specify) **Calendar Year**
 Aggregate Year-to-Date **650.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 02 / 2015
Transaction ID : 11AI-869
 Amount of Each Receipt this Period
 50.00

B. Julie Haga
 Full Name (Last, First, Middle Initial)
 Mailing Address 3003 Tasman Dr
 City Santa Clara State CA Zip Code 95054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SVB Financial Group Occupation Director, IT
 Receipt For: 2015
 Primary General
 Other (specify) **Calendar Year**
 Aggregate Year-to-Date **650.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 02 / 2015
Transaction ID : 11AI-879
 Amount of Each Receipt this Period
 50.00

C. Julie Haga
 Full Name (Last, First, Middle Initial)
 Mailing Address 3003 Tasman Dr
 City Santa Clara State CA Zip Code 95054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SVB Financial Group Occupation Director, IT
 Receipt For: 2015
 Primary General
 Other (specify) **Calendar Year**
 Aggregate Year-to-Date **650.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 21 / 2015
Transaction ID : 11AI-889
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... **150.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 10
<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)
SVB Financial Group PAC

A. Christie Ma
Full Name (Last, First, Middle Initial)
Mailing Address 3003 Tasman Dr
City Santa Clara State CA Zip Code 95054
FEC ID number of contributing federal political committee. **C**
Name of Employer SVB Financial Group Occupation Attorney
Receipt For: 2015
 Primary General
 Other (specify) Calendar Year
Aggregate Year-to-Date **260.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 02 / 2015
Transaction ID : 11AI-870
Amount of Each Receipt this Period
20.00

B. Christie Ma
Full Name (Last, First, Middle Initial)
Mailing Address 3003 Tasman Dr
City Santa Clara State CA Zip Code 95054
FEC ID number of contributing federal political committee. **C**
Name of Employer SVB Financial Group Occupation Attorney
Receipt For: 2015
 Primary General
 Other (specify) Calendar Year
Aggregate Year-to-Date **260.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 02 / 2015
Transaction ID : 11AI-880
Amount of Each Receipt this Period
20.00

C. Christie Ma
Full Name (Last, First, Middle Initial)
Mailing Address 3003 Tasman Dr
City Santa Clara State CA Zip Code 95054
FEC ID number of contributing federal political committee. **C**
Name of Employer SVB Financial Group Occupation Attorney
Receipt For: 2015
 Primary General
 Other (specify) Calendar Year
Aggregate Year-to-Date **260.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 21 / 2015
Transaction ID : 11AI-890
Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional)..... **60.00**
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 8 OF 10
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
SVB Financial Group PAC

A. Robert Marks
 Full Name (Last, First, Middle Initial)
 Mailing Address 3003 Tasman Dr
 City Santa Clara State CA Zip Code 95054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SVB Financial Group Occupation EUS Manager
 Receipt For: 2015
 Primary General
 Other (specify) Calendar Year

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 02 / 2015
Transaction ID : 11AI-871
 Amount of Each Receipt this Period
 25.00
 Aggregate Year-to-Date ▼
 295.00

B. Robert Marks
 Full Name (Last, First, Middle Initial)
 Mailing Address 3003 Tasman Dr
 City Santa Clara State CA Zip Code 95054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SVB Financial Group Occupation EUS Manager
 Receipt For: 2015
 Primary General
 Other (specify) Calendar Year

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 02 / 2015
Transaction ID : 11AI-882
 Amount of Each Receipt this Period
 25.00
 Aggregate Year-to-Date ▼
 295.00

C. Robert Marks
 Full Name (Last, First, Middle Initial)
 Mailing Address 3003 Tasman Dr
 City Santa Clara State CA Zip Code 95054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SVB Financial Group Occupation EUS Manager
 Receipt For: 2015
 Primary General
 Other (specify) Calendar Year

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 21 / 2015
Transaction ID : 11AI-891
 Amount of Each Receipt this Period
 25.00
 Aggregate Year-to-Date ▼
 295.00

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 10
<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)
SVB Financial Group PAC

Full Name (Last, First, Middle Initial) A. Robert Vogelsang		Date of Receipt MM / DD / YYYY 07 / 02 / 2015 Transaction ID : 11AI-876
Mailing Address 3005 Tasman Dr		Amount of Each Receipt this Period 20.00
City Santa Clara State CA Zip Code 95054	FEC ID number of contributing federal political committee. C	
Name of Employer SVB Financial Group Occupation Senior Advisor	Receipt For: 2015 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Calendar Year	Aggregate Year-to-Date 260.00

Full Name (Last, First, Middle Initial) B. Robert Vogelsang		Date of Receipt MM / DD / YYYY 07 / 02 / 2015 Transaction ID : 11AI-885
Mailing Address 3005 Tasman Dr		Amount of Each Receipt this Period 20.00
City Santa Clara State CA Zip Code 95054	FEC ID number of contributing federal political committee. C	
Name of Employer SVB Financial Group Occupation Senior Advisor	Receipt For: 2015 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Calendar Year	Aggregate Year-to-Date 260.00

Full Name (Last, First, Middle Initial) C. Robert Vogelsang		Date of Receipt MM / DD / YYYY 07 / 21 / 2015 Transaction ID : 11AI-894
Mailing Address 3005 Tasman Dr		Amount of Each Receipt this Period 20.00
City Santa Clara State CA Zip Code 95054	FEC ID number of contributing federal political committee. C	
Name of Employer SVB Financial Group Occupation Senior Advisor	Receipt For: 2015 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Calendar Year	Aggregate Year-to-Date 260.00

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	345.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input 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)
SVB Financial Group PAC

Full Name (Last, First, Middle Initial)

A. Friends of Pat Toomey

Mailing Address 499 South Capitol Street SW, Suite

City Washington State DC Zip Code 20003

Purpose of Disbursement
Political Contribution

011

Category/
Type

Candidate Name
Pat Toomey

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: PA District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7		0	7		2	0	1	5		

Transaction ID : 23-78

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

2	5	0	0	.	0	0
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2	5	0	0	.	0	0
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