

# 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

The Doctors Company Federal PAC (DOCPAC)

ADDRESS (number and street) 185 Greenwood Road  
 Check if different than previously reported. (ACC) Napa CA 94558

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00300376 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 Year-End Report (YE)
  - July 31 Mid-Year Report (Non-election Year Only) (MY)
  - Termination Report (TER)

- (b) Monthly Report Due On:
- |                                      |                                      |                                       |   |
|--------------------------------------|--------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11)<br><small>(Non-Election Year Only)</small>            |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input checked="" type="checkbox"/> Dec 20 (M12)<br><small>(Non-Election Year Only)</small> |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)  |

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

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12S)	

Election on M M M / D D D / Y Y Y Y Y Y in the State of   

(d) 30-Day POST-Election Report for the:

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
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Election on M M M / D D D / Y Y Y Y Y Y in the State of   

5. Covering Period M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2013 through M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Mr. Harry Dasinger

Signature of Treasurer Mr. Harry Dasinger [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 12 / 19 / 2013

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

Office Use Only								
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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

The Doctors Company Federal PAC (DOCPAC)

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		130957.25
(b) Cash on Hand at Beginning of Reporting Period.....	225793.15	
(c) Total Receipts (from Line 19) .....	14152.86	151376.82
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	239946.01	282334.07
7. Total Disbursements (from Line 31).....	14533.13	56921.19
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	225412.88	225412.88
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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**The Doctors Company Federal PAC (DOCPAC)**

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).....	1125.00	2771.96
(ii) Unitemized .....	13027.86	126353.99
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	14152.86	129125.95
(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) .....	14152.86	129125.95
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.).....	0.00	22250.87
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))..... ▶	14152.86	151376.82
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	14152.86	151376.82

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	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.....	14500.00	54750.00
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 .....	33.13	171.19
(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)).....	33.13	171.19
29. Other Disbursements .....	0.00	2000.00
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)) ..	14533.13	56921.19
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14533.13	56921.19

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

<b>III. Net Contributions/Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	14152.86	129125.95
34. Total Contribution Refunds (from Line 28(d)) .....	33.13	171.19
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	14119.73	128954.76
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: (check only one)	PAGE 6 OF 13
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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)  
**The Doctors Company Federal PAC (DOCPAC)**

Full Name (Last, First, Middle Initial) <b>A. Edna S Arteaga-Hernandez</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 15 / 2013
Mailing Address 1550 Mohave Dr		<b>Transaction ID : A05662CC01AB3427A8D9</b>
City Colton	State CA	Zip Code 92324-4803
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 150.00	
Name of Employer Self-Employed	Occupation Doctor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>B. Edna S Arteaga-Hernandez</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 15 / 2013
Mailing Address 1550 Mohave Dr		<b>Transaction ID : A7074401853FE4517B08</b>
City Colton	State CA	Zip Code 92324-4803
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00	
Name of Employer Self-Employed	Occupation Doctor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. John P Heine MD</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 19 / 2013
Mailing Address 1999 Mowry Ave, Suite 2m		<b>Transaction ID : ABC58A8675D304AA1A3E</b>
City Fremont	State CA	Zip Code 94538-1706
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 150.00	
Name of Employer Self-Employed	Occupation Doctor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	350.00
<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 7 OF 13
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The Doctors Company Federal PAC (DOCPAC)**

**A. Dr. John P Heine MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1999 Mowry Ave, Suite 2m

City Fremont	State CA	Zip Code 94538-1706
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed	Occupation Doctor
-----------------------------------	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	19	/	2013

**Transaction ID : A63EF8938780542E6800**

Amount of Each Receipt this Period  
450.00

**B. Gene K Hodges Md**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2860 Channing Way

City Idaho Falls	State ID	Zip Code 83404-7531
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed	Occupation Doctor
-----------------------------------	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
262.50

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	13	/	2013

**Transaction ID : A198E1C1AD3954D50AB2**

Amount of Each Receipt this Period  
75.00

**C. Victor S Hogen Jr, Md**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11550 Indian Hills Rd Suite 330

City Mission Hills	State CA	Zip Code 91345
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed	Occupation Doctor
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
316.67

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	18	/	2013

**Transaction ID : A1EFC28EA005147ED867**

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	575.00
<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 8 OF 13
	(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)  
**The Doctors Company Federal PAC (DOCPAC)**

**A. Victor S Hogen Jr, Md**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11550 Indian Hills Rd Suite 330  
 City Mission Hills State CA Zip Code 91345  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Doctor  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **316.67**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 18 / 2013  
**Transaction ID : A2FA1B53B7A9B42D3BC7**  
 Amount of Each Receipt this Period  
**150.00**

**B. Allen B Weiner Md**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 116 N. Robertson Blvd Suite 805  
 City Los Angeles State CA Zip Code 90048  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Doctor  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **212.50**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 25 / 2013  
**Transaction ID : A0079966432904B3FB5C**  
 Amount of Each Receipt this Period  
**50.00**

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>200.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>1125.00</b>



**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)  
**The Doctors Company Federal PAC (DOCPAC)**

Full Name (Last, First, Middle Initial)

**A. CHARLES BOUSTANY JR. MD FOR CONGRESS, INC.**

Mailing Address P.O. Box 80128

City Lafayette State LA Zip Code 70598-0128

Purpose of Disbursement  
Political Contribution

Candidate Name  
**Rep. Charles W. Boustany Jr.**

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		22		2013

Transaction ID : B35B70422C47F4FEBB60

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. CONGRESSMAN WAXMAN CAMPAIGN COMMITTEE**

Mailing Address 6380 Wilshire Blvd. #1612

City Los Angeles State CA Zip Code 90048

Purpose of Disbursement  
Political Contribution

Candidate Name  
**Rep. HENRY A. WAXMAN**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: CA District: 33

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		21		2013

Transaction ID : BAED1D00B7EB649C89CC

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. DENHAM FOR CONGRESS**

Mailing Address 2150 RIVER PLAZA DR., #150

City SACRAMENTO State CA Zip Code 95833

Purpose of Disbursement  
Political Contribution

Candidate Name  
**Rep. Jeff Denham**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: CA District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		20		2013

Transaction ID : BA02E029C9F4A408AA5F

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

3000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**The Doctors Company Federal PAC (DOCPAC)**

Full Name (Last, First, Middle Initial)

**A. DR MONICA WEHBY FOR US SENATE**

Mailing Address PO BOX 3375

City PORTLAND State OR Zip Code 97208

Purpose of Disbursement  
Political Contribution

Candidate Name

**Monica Wehby**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OR District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			18			2013			

**Transaction ID : B6267BC5642004A93984**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. DR. RAUL RUIZ FOR CONGRESS**

Mailing Address PO BOX 6116

City La Quinta State CA Zip Code 92248-6116

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Raul Ruiz**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 36

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2013			

**Transaction ID : B1FCFB312C8D24BB9B2C**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

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

Mailing Address PO BOX 6116

City La Quinta State CA Zip Code 92248-6116

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Raul Ruiz**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 36

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			21			2013			

**Transaction ID : B63EC5054E75B49F3B97**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3000.00
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**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**The Doctors Company Federal PAC (DOCPAC)**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF LOIS CAPPES**

Mailing Address P.O. BOX 23940

City State Zip Code  
SANTA BARBARA CA 93121

Purpose of Disbursement  
Political Contribution

Candidate Name  
**Rep. Lois Capps**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: CA District: 24

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2013			

Transaction ID : **BD4DF7D4DF2294F3F892**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. GLORIA NEGRETE MCLEOD FOR CONGRESS**

Mailing Address 5415 FRANCIS AVE

City State Zip Code  
CHINO CA 91710

Purpose of Disbursement  
Political Contribution

Candidate Name  
**Rep. Gloria Negrete Mcleod**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: CA District: 35

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			22			2013			

Transaction ID : **B10363F6A54914E18BA8**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Kevin McCarthy for Congress**

Mailing Address P.O. Box 12667

City State Zip Code  
Bakersfield CA 93389-2667

Purpose of Disbursement  
Political Contribution

Candidate Name  
**Rep. Kevin McCarthy**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: CA District: 23

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			20			2013			

Transaction ID : **B39C984CC7E2C43EA958**

Amount of Each Disbursement this Period

1500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

3500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**The Doctors Company Federal PAC (DOCPAC)**

Full Name (Last, First, Middle Initial)

**A. MARCO RUBIO FOR US SENATE**

Mailing Address 4031 SOUTH LE JEUNE ROAD

City State Zip Code  
CORAL GABLES FL 33146

Purpose of Disbursement  
Political Contribution

Candidate Name  
**Sen. MARCO RUBIO**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: FL District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			22			2013					

Transaction ID : **BD8C0557546FD43DD8F4**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. MCNERNEY FOR CONGRESS**

Mailing Address P.O. BOX 690371

City State Zip Code  
STOCKTON CA 95269

Purpose of Disbursement  
Political Contribution

Candidate Name  
**Rep. Jerry McNerney**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: CA District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			22			2013					

Transaction ID : **BE4CA722BA4E84AB9AC1**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. TOOMEY FOR SENATE COMMITTEE**

Mailing Address 2720 JORDAN ROAD

City State Zip Code  
OREFIELD PA 18069

Purpose of Disbursement  
Political Contribution

Candidate Name  
**Patrick 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
11			22			2013					

Transaction ID : **BA094205FB4E948F0AE7**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3000.00
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**TOTAL** This Period (last page this line number only)..... ▶

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

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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)  
**The Doctors Company Federal PAC (DOCPAC)**

Full Name (Last, First, Middle Initial)

**A. VALADAO FOR CONGRESS**

Mailing Address 504 VAN NESS

City FRESNO State CA Zip Code 93721

Purpose of Disbursement  
Political Contribution

Candidate Name  
**Rep. David G. Valadao**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: CA District: 21

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 21 / 2013

Transaction ID : B5E579C4C5F974EBEA3D

Amount of Each Disbursement this Period

1000.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. VARGAS FOR CONGRESS**

Mailing Address 5429 MADISON AVE

City Sacramento State CA Zip Code 95841-3111

Purpose of Disbursement  
Political Contribution

Candidate Name  
**Juan C Vargas**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: CA District: 51

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 21 / 2013

Transaction ID : BA2C7343BDE5141FBB6D

Amount of Each Disbursement this Period

1000.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

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

Category/  
Type

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

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

2000.00

14500.00