

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**
America's Physician Groups 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 ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C 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 Year-End 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 (12S)
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 [01] / [01] / [2018] through [03] / [31] / [2018]

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

Signature of Treasurer Robinette, Shelley, , , [Electronically Filed] Date [04] / [06] / [2018]

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

America's Physician Groups 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="2018"/>		<input type="text" value="147126.48"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="147126.48"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="3135.93"/>	<input type="text" value="3135.93"/>
(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="150262.41"/>	<input type="text" value="150262.41"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="26145.25"/>	<input type="text" value="26145.25"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="124117.16"/>	<input type="text" value="124117.16"/>
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. 05/2016)

Write or Type Committee Name

America's Physician Groups PAC

Report Covering the Period: From: M M / D D / Y Y Y Y
01 / 01 / 2018 To: M M / D D / Y Y Y Y
03 / 31 / 2018

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).....	3000.00	3000.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	3000.00	3000.00
(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)	3000.00	3000.00
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.).....	135.93	135.93
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)).....▶	3135.93	3135.93
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	3135.93	3135.93

DETAILED SUMMARY PAGE
of Disbursements

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	145.25	145.25
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	145.25	145.25
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	26000.00	26000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	26145.25	26145.25
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	26145.25	26145.25

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	3000.00	3000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3000.00	3000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	145.25	145.25
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	145.25	145.25

**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 11
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
America's Physician Groups PAC

A. Lee, Christopher, , Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 520 Superior Ave
Ste 205

City Newport Beach	State CA	Zip Code 92663-3667
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Greater Newport Physicians	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 03 / 2018

Transaction ID : A8E88945D621A4EF2821

Amount of Each Receipt this Period
500.00

Memo Item

B. Coury, Matt, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3320 Tully Road, Suite 1

City Modesto	State CA	Zip Code 95350-0800
-----------------	-------------	------------------------

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

Name of Employer (for Individual) AllCare IPA	Occupation (for Individual) CEO
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 08 / 2018

Transaction ID : ADF0896C04F6A44D28F7

Amount of Each Receipt this Period
2500.00

Memo Item

C.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

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

Memo Item

SUBTOTAL of Receipts This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	3000.00

**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"/> 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)
America's Physician Groups PAC

Full Name (Last, First, Middle Initial) A. AMI BERA FOR CONGRESS		Date of Disbursement MM / DD / YYYY 02 / 14 / 2018
Mailing Address PO BOX 582496		FEC Identification Number C00461061 Transaction ID : B1C9874D94 Amount of Each Disbursement this Period 2500.00
City ELK GROVE	State CA	Zip Code 95758
Purpose of Disbursement Contribution to Committee		Category/ Type
Candidate Name Bera, Ami, , Rep.,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 07	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. BRIAN HIGGINS FOR CONGRESS		Date of Disbursement MM / DD / YYYY 02 / 15 / 2018
Mailing Address 415 New Jersey Avenue SE, Unit 1		FEC Identification Number C00401034 Transaction ID : BF02E5A340 Amount of Each Disbursement this Period 1000.00
City Washington	State DC	Zip Code 20003-4036
Purpose of Disbursement Contribution to Committee		Category/ Type
Candidate Name Higgins, Brian, M., Rep.,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY	District: 26	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. MCCASKILL FOR MISSOURI		Date of Disbursement MM / DD / YYYY 02 / 08 / 2018
Mailing Address 660 Pennsylvania Ave SE, Ste 201		FEC Identification Number C00431304 Transaction ID : B003B289F0 Amount of Each Disbursement this Period 2500.00
City Washington	State DC	Zip Code 20003-4365
Purpose of Disbursement Contribution to Committee		Category/ Type
Candidate Name McCaskill, Claire, , Sen.,		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MO	District:	<input type="checkbox"/> Memo Item

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"/> 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)
America's Physician Groups PAC

A. TERRI SEWELL FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 499 South Capitol Street SW, Suite

M M M	/	D D D	/	Y Y Y Y Y
03		05		2018

City Washington State DC Zip Code 20003-4028

FEC Identification Number

Purpose of Disbursement
Contribution to Committee

C	C00458976
---	-----------

Candidate Name
Sewell, Terri, A., Rep.,

Category/
Type

Transaction ID : BBF544AEAE

Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: AL District: 07

1000.00

Memo Item

B. DR. RAUL RUIZ FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 15096
c/o Amy Strathdee

M M M	/	D D D	/	Y Y Y Y Y
03		05		2018

City Washington State DC Zip Code 20003-0096

FEC Identification Number

Purpose of Disbursement
Contribution to Committee

C	C00502575
---	-----------

Candidate Name
Ruiz, Raul, , Rep.,

Category/
Type

Transaction ID : BC09BB65AC

Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: CA District: 36

1000.00

Memo Item

C. FRIENDS OF ERIK PAULSEN

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 1006 Pendleton Street

M M M	/	D D D	/	Y Y Y Y Y
02		05		2018

City Alexandria State VA Zip Code 22314-1837

FEC Identification Number

Purpose of Disbursement
Contribution to Committee

C	C00439661
---	-----------

Candidate Name
Paulsen, Erik, , Rep.,

Category/
Type

Transaction ID : B15321D418

Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: MN District: 03

2500.00

Memo Item

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

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

4500.00

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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"/> 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)
America's Physician Groups PAC

A. CROWLEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address 415 New Jersey Avenue SE, Unit 1

City Washington State DC Zip Code 20003-4036

Purpose of Disbursement
Contribution to Committee

Candidate Name
Crowley, Joseph, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: NY District: 14

Date of Disbursement

MM / DD / YYYY
03 / 02 / 2018

FEC Identification Number

C C00338954
Transaction ID : B8D7B9AEB
Amount of Each Disbursement this Period
1000.00

Memo Item

B. RICHARD E NEAL FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

Mailing Address 415 New Jersey Avenue SE, Unit 1
c/o Allison Griner

City Washington State DC Zip Code 20003-4036

Purpose of Disbursement
Contribution to Committee

Candidate Name
Neal, Richard, E., Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: MA District: 01

Date of Disbursement

MM / DD / YYYY
03 / 02 / 2018

FEC Identification Number

C C00226522
Transaction ID : B495E7E2AB
Amount of Each Disbursement this Period
1000.00

Memo Item

C. CARLOS CURBELO CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address 824 S.Milledge Ave
Ste 101

City Athens State GA Zip Code 30605-1332

Purpose of Disbursement
Contribution to Committee

Candidate Name
Curbelo, Carlos, L., Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: FL District: 26

Date of Disbursement

MM / DD / YYYY
01 / 17 / 2018

FEC Identification Number

C C00546846
Transaction ID : B90056E9CC
Amount of Each Disbursement this Period
1000.00

Memo Item

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

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

3000.00

**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"/> 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)
America's Physician Groups PAC

Full Name (Last, First, Middle Initial) A. MCCONNELL FOR MAJORITY LEADER COMMITTEE		Date of Disbursement MM / DD / YYYY 01 / 19 / 2018
Mailing Address PO Box 1496		FEC Identification Number C C00548651 Transaction ID : B06452F8F1F Amount of Each Disbursement this Period 2500.00
City Louisville	State KY	Zip Code 40201-1496
Purpose of Disbursement Contribution to Committee		Category/ Type
Candidate Name MCCONNELL FOR MAJORITY LEADER COMMITTEE		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. NEW PIONEERS PAC		Date of Disbursement MM / DD / YYYY 01 / 29 / 2018
Mailing Address 228 S WASHINGTON ST STE 115		FEC Identification Number C C00459123 Transaction ID : B55CA175D7I Amount of Each Disbursement this Period 1500.00
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement Contribution to Committee		Category/ Type
Candidate Name NEW PIONEERS PAC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. CRAPO VICTORY COMMITTEE		Date of Disbursement MM / DD / YYYY 03 / 14 / 2018
Mailing Address 228 S. WASHINGTON ST. STE. 115		FEC Identification Number C C00649574 Transaction ID : B7FC89C01C Amount of Each Disbursement this Period 1000.00
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement Contribution to Committee		Category/ Type
Candidate Name CRAPO VICTORY COMMITTEE		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: District:	<input type="checkbox"/> Memo Item	

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

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

5000.00

**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"/> 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)
America's Physician Groups PAC

A. SCALISE LEADERSHIP FUND

Full Name (Last, First, Middle Initial)

Mailing Address 317 15TH ST NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
Contribution to Committee

Candidate Name
SCALISE LEADERSHIP FUND

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) Other

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 19 / 2018

FEC Identification Number

C C00568162

Transaction ID : B2883CAEB0

Amount of Each Disbursement this Period

2500.00

Memo Item

B. TEAM MCHENRY

Full Name (Last, First, Middle Initial)

Mailing Address 228 S WASHINGTON ST STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
Contribution to Committee

Candidate Name
TEAM MCHENRY

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) Other

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 19 / 2018

FEC Identification Number

C C00544650

Transaction ID : BFE37C64E8I

Amount of Each Disbursement this Period

5000.00

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

7500.00

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

26000.00