

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 [MM] / [DD] / [YYYY] in the State of []
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [01] / [01] / [2019] through [06] / [30] / [2019]

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, Ms.,
Type or Print Name of Treasurer

Signature of Treasurer Robinette, Shelley, Ms. [Electronically Filed] Date [07] / [22] / [2019]

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="2019"/>		144510.71
(b) Cash on Hand at Beginning of Reporting Period.....	144510.71	
(c) Total Receipts (from Line 19)	55121.69	55121.69
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	199632.40	199632.40
7. Total Disbursements (from Line 31).....	16143.00	16143.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	183489.40	183489.40
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

America's Physician Groups PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
01 / 01 / 2019 To: M M / D D / Y Y Y Y Y Y
06 / 30 / 2019

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).....	54250.00	54250.00
(ii) Unitemized	400.00	400.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	54650.00	54650.00
(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)	54650.00	54650.00
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.).....	471.69	471.69
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)).....▶	55121.69	55121.69
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	55121.69	55121.69

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	2643.00	2643.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2643.00	2643.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	13500.00	13500.00
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)) ..	16143.00	16143.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16143.00	16143.00

DETAILED SUMMARY PAGE
of Disbursements

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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)	54650.00	54650.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	54650.00	54650.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2643.00	2643.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2643.00	2643.00

**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 22
<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

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. Hine, Chad, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1538 Cliff Dr
 City Santa Barbara State CA Zip Code 93109-1776
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sansum Clinic Occupation (for Individual) COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 11 / 2019
Transaction ID : A1974019EEBAE4BD78A1
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Mantei, Mark, , , FACHE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13898 NE 28th St Ste A100
 City Vancouver State WA Zip Code 98682-8841
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Vancouver Clinic, Inc., P.S. Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 11 / 2019
Transaction ID : A414D5631B64E46878B9
 Amount of Each Receipt this Period
 2500.00
 Memo Item

C. Sicaeros, Laurie, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17360 Brookhurst St Ste 220
 City Fountain Valley State CA Zip Code 92708-3720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MemorialCare Medical Group Occupation (for Individual) COO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 11 / 2019
Transaction ID : ADA4A2A2341AD48CFA47
 Amount of Each Receipt this Period
 2500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	5500.00
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 22
	<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)
America's Physician Groups PAC

A. Cohen, Kenneth, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1687 Cole Blvd
 Ste 155
 City Lakewood State CO Zip Code 80401-3325
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) New West Physicians, P.C. Occupation (for Individual) Chief Medical Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **04 / 11 / 2019**
Transaction ID : A5A7E5AC4AF6046EA9B6
 Amount of Each Receipt this Period 2500.00
 Memo Item

B. Mast, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3654 Holboro Dr
 City Los Angeles State CA Zip Code 90027-1432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Facey Medical Foundation Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **04 / 11 / 2019**
Transaction ID : A77BE43DF637B4E6D8FF
 Amount of Each Receipt this Period 2500.00
 Memo Item

C. Joyner, David, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2409 Camino Ramon
 City San Ramon State CA Zip Code 94583-4285
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hill Physicians Medical Group Occupation (for Individual) Chief Operating Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **04 / 11 / 2019**
Transaction ID : A6F28BA20AEA64C34918
 Amount of Each Receipt this Period 2500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	7500.00
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 8 OF 22
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
America's Physician Groups PAC

A. Ransohoff, Kurt, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3748 Lincoln Rd
 City Santa Barbara State CA Zip Code 93110-1532
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sansum Clinic Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 04 / 11 / 2019
Transaction ID : A3FC1EB96149A4F07976
 Amount of Each Receipt this Period 2500.00
 Memo Item

B. Asner, Bart, S, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 Technology Dr
 City Irvine State CA Zip Code 92618-2302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Monarch Healthcare Occupation (for Individual) President, OptumCare Southern Califor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 04 / 11 / 2019
Transaction ID : A650C03CA82A642A69EB
 Amount of Each Receipt this Period 2500.00
 Memo Item

C. Jenrette, John, E., Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 451 N Harper Ave
 City Los Angeles State CA Zip Code 90048-2220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cedars-Sinai Medical Group Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 04 / 11 / 2019
Transaction ID : AA1F48711F55F4663BF5
 Amount of Each Receipt this Period 2500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 7500.00
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 22
<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)
America's Physician Groups PAC

A. Bloom, Frederick, J., Jr. MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Guthrie Sq
 City Sayre State PA Zip Code 18840-1625
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Guthrie Medical Group, P.C. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **04 / 11 / 2019**
Transaction ID : A2D1693AA9837446980D
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Hutchins, Leigh, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3990 Concours Ste 500
 City Ontario State CA Zip Code 91764-7983
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NAMM California Occupation (for Individual) President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **04 / 11 / 2019**
Transaction ID : A2F6EC8C28580400285D
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Solomon, Adam, , Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17330 Brookhurst St
 City Fountain Valley State CA Zip Code 92708-3759
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Greater Newport Physicians Medical Gro Occupation (for Individual) CMO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **04 / 11 / 2019**
Transaction ID : A011EF30A58214D4CB55
 Amount of Each Receipt this Period 250.00
 Memo Item

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 10 OF 22
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
America's Physician Groups PAC

A. Chan, Raymond, , , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1908 Orange Tree Ln
Ste 103

City Redlands State CA Zip Code 92374-2823

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

Name of Employer (for Individual) Beaver Medical Group, L.P. Occupation (for Individual) Chief Medical Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
04 / 11 / 2019
Transaction ID : A5A2DC14280964C95B36

Amount of Each Receipt this Period
2500.00

Memo Item

B. Wilson, Fiona, , , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 153 Townsend St

City San Francisco State CA Zip Code 94107-1925

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

Name of Employer (for Individual) Brown & Toland Physicians Occupation (for Individual) Chief of Clinical Transformation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
04 / 17 / 2019
Transaction ID : AEA78128794B14247A17

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 2358 Genoa St

City Danville State CA Zip Code 94506-1961

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

Name of Employer (for Individual) Brown & Toland Physicians Occupation (for Individual) CEO

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
04 / 17 / 2019
Transaction ID : A30646CFA963546E8B8F

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 4500.00

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 OF 22
<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)
America's Physician Groups PAC

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

Mailing Address 76059 Via Montelena

City Indian Wells	State CA	Zip Code 92210-8692
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Prospect Medical Group	Occupation (for Individual) Senior Vice President, CMO
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	17	/	2019

Transaction ID : A3301BF5F58154F11B09

Amount of Each Receipt this Period
2500.00

Memo Item

B. Montalvo, Raul F, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 350 Chardon Avenue Suite 500

City San Juan	State PR	Zip Code 00908
------------------	-------------	-------------------

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

Name of Employer (for Individual) MSO of Puerto Rico	Occupation (for Individual) President
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	17	/	2019

Transaction ID : A7A0D8F26E10C4B1AA6E

Amount of Each Receipt this Period
2500.00

Memo Item

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

Mailing Address 20 S Virgil Ave #507

City Los Angeles	State CA	Zip Code 90020
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Seoul Medical Group - California	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	17	/	2019

Transaction ID : A0DF7EC098C2D447FB3A

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	6000.00
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 12 OF 22
	<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)
America's Physician Groups PAC

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

Mailing Address 9302 Pittsburg Avenue, Suite 220

City Rancho Cucamonga	State CA	Zip Code 91730
--------------------------	-------------	-------------------

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

Name of Employer (for Individual) Prospect Medical Group	Occupation (for Individual) President
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	17	/	2019

Transaction ID : A62D2F9F7A78743D1B44

Amount of Each Receipt this Period
2500.00

Memo Item

B. Shinto, Richard, , , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 350 Chardon Avenue Suite 500

City San Juan	State PR	Zip Code 00908
------------------	-------------	-------------------

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

Name of Employer (for Individual) MSO of Puerto Rico	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	17	/	2019

Transaction ID : A5271775272774333A00

Amount of Each Receipt this Period
2500.00

Memo Item

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

Mailing Address 1601 Ygnacio Valley Rd

City Walnut Creek	State CA	Zip Code 94598-3122
----------------------	-------------	------------------------

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

Name of Employer (for Individual) John Muir Medical Group	Occupation (for Individual) SVP/CFO John Muir Medical Group
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	17	/	2019

Transaction ID : A092047499688455BB1A

Amount of Each Receipt this Period
2500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	7500.00
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 13 OF 22
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
America's Physician Groups PAC

A. Crane, Donald, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10717 Independence Ave
 City Chatsworth State CA Zip Code 91311-1557
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) APG Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 04 / 17 / 2019
Transaction ID : ADCD8B6CCAE4B4A2980
 Amount of Each Receipt this Period 2500.00
 Memo Item

B. Millie, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1330 Rockefeller Ave
 City Everett State WA Zip Code 98201-1684
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Everett Clinic, P.S. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 04 / 17 / 2019
Transaction ID : A873B862AD3434020B64
 Amount of Each Receipt this Period 2500.00
 Memo Item

C. Phillips, Jamie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3990 Concours St #500
 City Ontario State CA Zip Code 91764-7983
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NAMM California Occupation (for Individual) President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 04 / 17 / 2019
Transaction ID : AA3281B5356DF4FB4A37
 Amount of Each Receipt this Period 2500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 7500.00
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 14 OF 22
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
America's Physician Groups PAC

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

Mailing Address 2742 Dow Ave

City Tustin State CA Zip Code 92780-7242

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

Name of Employer (for Individual) MemorialCare Medical Group Occupation (for Individual) CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 04 / 17 / 2019
Transaction ID : A2FCBD40D71C14904B98

Amount of Each Receipt this Period 2500.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Chicoine, Ray, , Mr.,

Mailing Address 7 Technology Dr

City Irvine State CA Zip Code 92618-2302

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

Name of Employer (for Individual) Monarch Healthcare Occupation (for Individual) President, Monarch HealthCare

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 04 / 17 / 2019
Transaction ID : A740924F8EBB54317B40

Amount of Each Receipt this Period 2500.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Teng, Deeling, , Dr., MD

Mailing Address 17360 Brookhurst St

City Fountain Valley State CA Zip Code 92708-3720

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

Name of Employer (for Individual) Greater Newport Physicians Medical Gro Occupation (for Individual) Senior Medical Director

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 05 / 2019
Transaction ID : A46838885B71641D3BC2

Amount of Each Receipt this Period 1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	6000.00
TOTAL This Period (last page this line number only).....	54250.00

**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 15 OF 22
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
America's Physician Groups PAC

A. Merrill Lynch

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

Mailing Address 100 Spectrum Center Dr
Ste 1100

City Irvine State CA Zip Code 92618-4978

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 ▼
211.09

Date of Receipt
03 / 31 / 2019
Transaction ID : ADD8174F468844C76B36

Amount of Each Receipt this Period
68.59

Memo Item
Interest

B. Merrill Lynch

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

Mailing Address 100 Spectrum Center Dr
Ste 1100

City Irvine State CA Zip Code 92618-4978

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 ▼
292.89

Date of Receipt
04 / 30 / 2019
Transaction ID : A5F2B24CB59FB474D9D9

Amount of Each Receipt this Period
81.80

Memo Item
Interest

C. Merrill Lynch

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

Mailing Address 100 Spectrum Center Dr
Ste 1100

City Irvine State CA Zip Code 92618-4978

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 ▼
387.77

Date of Receipt
05 / 31 / 2019
Transaction ID : A351A5BA0853E478DAAA

Amount of Each Receipt this Period
94.88

Memo Item
Interest

SUBTOTAL of Receipts This Page (optional).....	245.27
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 16 OF 22
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
America's Physician Groups PAC

A. Merrill Lynch

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

Mailing Address 100 Spectrum Center Dr
Ste 1100

City Irvine State CA Zip Code 92618-4978

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 ▼
471.69

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2019

Transaction ID : A257D5AD713414A31AD0

Amount of Each Receipt this Period
83.92

Memo Item
Interest

B.

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

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).....▶	83.92
TOTAL This Period (last page this line number only).....▶	329.19

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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. Evo Payments International		Date of Disbursement MM / DD / YYYY 01 / 01 / 2019	
Mailing Address 515 Broadhollow Rd		FEC Identification Number C [REDACTED] Transaction ID : B06F8E1C60 Amount of Each Disbursement this Period [REDACTED] 1.75	
City Melville	State NY	Zip Code 11747-3705	Category/ Type [REDACTED]
Purpose of Disbursement Credit Card Processing Fee		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. Evo Payments International		Date of Disbursement MM / DD / YYYY 02 / 01 / 2019	
Mailing Address 515 Broadhollow Rd		FEC Identification Number C [REDACTED] Transaction ID : BA9D8FAAA: Amount of Each Disbursement this Period [REDACTED] 1.75	
City Melville	State NY	Zip Code 11747-3705	Category/ Type [REDACTED]
Purpose of Disbursement Credit Card Processing Fee		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. Evo Payments International		Date of Disbursement MM / DD / YYYY 03 / 01 / 2019	
Mailing Address 515 Broadhollow Rd		FEC Identification Number C [REDACTED] Transaction ID : BF41EF5A66 Amount of Each Disbursement this Period [REDACTED] 1.75	
City Melville	State NY	Zip Code 11747-3705	Category/ Type [REDACTED]
Purpose of Disbursement Credit Card Processing Fee		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 5.25
TOTAL This Period (last page this line number only).....▶	[REDACTED]

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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. Evo Payments International		Date of Disbursement MM / DD / YYYY 04 / 01 / 2019
Mailing Address 515 Broadhollow Rd		FEC Identification Number C [] Transaction ID : BCC0D28875 Amount of Each Disbursement this Period [] 1.75
City Melville	State NY	Zip Code 11747-3705
Purpose of Disbursement Credit Card Processing Fee		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Aristotle		Date of Disbursement MM / DD / YYYY 04 / 30 / 2019
Mailing Address 205 Pennsylvania Ave SE		FEC Identification Number C [] Transaction ID : B5ABD01B50 Amount of Each Disbursement this Period [] 2557.50
City Washington	State DC	Zip Code 20003-1164
Purpose of Disbursement Credit Card Processing Fee		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Evo Payments International		Date of Disbursement MM / DD / YYYY 05 / 01 / 2019
Mailing Address 515 Broadhollow Rd		FEC Identification Number C [] Transaction ID : B1B0A0C304 Amount of Each Disbursement this Period [] 1.75
City Melville	State NY	Zip Code 11747-3705
Purpose of Disbursement Credit Card Processing Fee		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 2561.00
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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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. Evo Payments International		Date of Disbursement MM / DD / YYYY 06 / 01 / 2019	
Mailing Address 515 Broadhollow Rd		FEC Identification Number C [] Transaction ID : BD10C4EA96 Amount of Each Disbursement this Period [] 26.75	
City Melville	State NY	Zip Code 11747-3705	Category/ Type []
Purpose of Disbursement Credit Card Processing Fee		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. Aristotle		Date of Disbursement MM / DD / YYYY 06 / 30 / 2019	
Mailing Address 205 Pennsylvania Ave SE		FEC Identification Number C [] Transaction ID : BCF3442E9F1 Amount of Each Disbursement this Period [] 50.00	
City Washington	State DC	Zip Code 20003-1164	Category/ Type []
Purpose of Disbursement Credit Card Processing Fee		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY [] / [] / []	
Mailing Address		FEC Identification Number C [] Amount of Each Disbursement this Period []	
City	State	Zip Code	Category/ Type []
Purpose of Disbursement		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 76.75
TOTAL This Period (last page this line number only).....▶	[] 2643.00

**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. SHAHEEN FOR SENATE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	01	/	2019

Mailing Address PO BOX 75357

FEC Identification Number

C C00457325

Transaction ID : B58D768D69:
Amount of Each Disbursement this Period

1000.00

Memo Item

City WASHINGTON State DC Zip Code 20013

Purpose of Disbursement
Contribution to Committee

Candidate Name
Shaheen, Jeanne, , Sen.,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼

State: NH District:

Full Name (Last, First, Middle Initial)
B. WHITEHOUSE FOR SENATE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	21	/	2019

Mailing Address P.O. BOX 40280

FEC Identification Number

C C00410803

Transaction ID : B6FB71D20D:
Amount of Each Disbursement this Period

2500.00

Memo Item

City PROVIDENCE State RI Zip Code 02940

Purpose of Disbursement
Contribution to Committee

Candidate Name
Whitehouse, Sheldon, , Sen.,

Office Sought: House Senate President
Disbursement For: 2024 Primary General Other (specify)

State: RI District:

Full Name (Last, First, Middle Initial)
C. MCCONNELL SENATE COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	08	/	2019

Mailing Address PO BOX 1496

FEC Identification Number

C C00193342

Transaction ID : BA3F04AB9:
Amount of Each Disbursement this Period

2500.00

Memo Item

City LOUISVILLE State KY Zip Code 40201

Purpose of Disbursement
Contribution to Committee

Candidate Name
Mcconnell, Mitch, , Sen.,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼

State: KY District:

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

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

6000.00

**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. TEXANS FOR SENATOR JOHN CORNYN INC		Date of Disbursement MM / DD / YYYY 04 / 29 / 2019
Mailing Address 1020 North Fairfax Street, Suite 2		FEC Identification Number C C00369033 Transaction ID : B79E4237667
City Alexandria	State VA	Zip Code 22314-2068
Purpose of Disbursement Contribution to Committee		Amount of Each Disbursement this Period 1000.00
Candidate Name Cornyn, John, , Sen., III		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: TX	District:	

Full Name (Last, First, Middle Initial) B. BELIEVE IN AMERICA PAC		Date of Disbursement MM / DD / YYYY 05 / 02 / 2019
Mailing Address PO Box 390		FEC Identification Number C C00691154 Transaction ID : B5022C7DF9
City Alexandria	State VA	Zip Code 22313-0390
Purpose of Disbursement Contribution to Committee		Amount of Each Disbursement this Period 2500.00
Candidate Name BELIEVE IN AMERICA PAC		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State:	District:	Other

Full Name (Last, First, Middle Initial) C. HEARTLAND VALUES PAC		Date of Disbursement MM / DD / YYYY 02 / 21 / 2019
Mailing Address PO BOX 505		FEC Identification Number C C00409003 Transaction ID : BEA4A62422
City SIOUX FALLS	State SD	Zip Code 57101
Purpose of Disbursement Contribution to Committee		Amount of Each Disbursement this Period 1500.00
Candidate Name HEARTLAND VALUES PAC		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State:	District:	Other

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

Full Name (Last, First, Middle Initial) A. CRAPO VICTORY COMMITTEE		Date of Disbursement MM / DD / YYYY 04 / 29 / 2019
Mailing Address 228 S. WASHINGTON ST. STE. 115		FEC Identification Number C 000649574 Transaction ID : B5F57189885 Amount of Each Disbursement this Period 1000.00
City Alexandria	State VA	Zip Code 22314-5404
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: 2019 <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. LEADERSHIP AND ACCOUNTABILITY ARE NATIONAL KEYS PAC		Date of Disbursement MM / DD / YYYY 05 / 08 / 2019
Mailing Address 1111 19th Street NW, Suite 1100		FEC Identification Number C 000492058 Transaction ID : B36BCA7BCE Amount of Each Disbursement this Period 1500.00
City Washington	State DC	Zip Code 20036
Purpose of Disbursement Contribution to Committee		Category/ Type
Candidate Name LEADERSHIP AND ACCOUNTABILITY ARE NATIONAL KEYS PAC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2019 <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.		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	13500.00