PAGE 1 / 22

FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	For Other Than An Auth	onzea Committee		Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M	5
America's Physician G	roups PAC			
ADDRESS (number and street)	915 WILSHIRE BLVD SUITE	1620		
▼ Check if different				
than previously reported. (ACC)	LOS ANGELES		CA _	90017
2. FEC IDENTIFICATION N	JMBER ▼ CITY	<b>₹</b> ▲	STATE A	ZIP CODE ▲
C C00461756	3. IS	THIS NEW (N) OR		ENDED
4. TYPE OF REPORT (Choose One)	Report Due On:	20 (M2) May 20 (M5		Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Mar 2	20 (M3) Jun 20 (M6		20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (0		20 (M4) Jul 20 (M7)	Oct 2	20 (M10) Jan 31 (YE)
July 15 Quarterly Report (0	(C) 12-Day	Primary (12P)	General (	12G) Runoff (12R)
October 15 Quarterly Report (0	Report for the:	Convention (12C)	Special (1	12S)
January 31 Year-End Report (Y	Floation	n on	Y W Y W Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day	General (30G)	Runoff (3	0R) Special (30S)
Termination Report (TER)		n on/	Y I Y I Y I Y	in the State of
5. Covering Period 0		through 06	30/	2019
I certify that I have examined the Type or Print Name of Treasure	Robinette, Shelley, , Ms.,	my knowledge and belief it is	true, correct and	complete.
	nette, Shelley, , Ms.,	[Electronically Filed]	Date 07	/ 22 / Y Y Y Y Y Y Y Y Y Y 2019
NOTE: Submission of false, erron	eous, or incomplete information	may subject the person signing	this Report to th	e penalties of 52 U.S.C. § 3010
Office Use				FEC FORM 3X Rev. 05/2016

## SUMMARY PAGE OF RECEIPTS AND DISRUPSEMENTS

O FEC <b>Form 3X</b> (Rev. 05/2016)	F RECEIPTS AND DISBURSEMENTS	Page <b>2</b>
Write or Type Committee Name		<del>-</del>
America's Physician Groups PAC		
Report Covering the Period: From: 01	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	To: 06 / 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 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 <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
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 multican	ndidate committee. (see FEC FORM 1M)	
F	or 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

01 2019 06 30 2019 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 54250.00 54250.00 (i) Itemized (use Schedule A)..... 400.00 400.00 (ii) Unitemized ..... (iii) TOTAL (add 54650.00 54650.00 Lines 11(a)(i) and (ii).....▶ 0.00 0.00 (b) Political Party Committees ..... (c) Other Political Committees 0.00 0.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 54650.00 54650.00 Totals to Line 33, page 5) .....▶ 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees..... 0.00 0.00 13. All Loans Received..... 0.00 0.00 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... 0.00 0.00 17. Other Federal Receipts 471.69 (Dividends, Interest, etc.)..... 471.69 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 (from Schedule H3)..... 0.00 0.00 0.00 (b) Levin Funds (from Schedule H5) ....... (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 55121.69 55121.69 (subtract Line 18(c) from Line 19) .......▶

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
. 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		
Transfers to Affiliated/Other Party Committees	0.00	0.00		
Contributions to Federal Candidates/Committees and Other Political Committees	13500.00	13500.00		
Independent Expenditures (use Schedule E)	0.00	0.00		
Coordinated Parfy Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00		
<u> </u>	4 4	4 4 4		
Loan Repayments Made	0.00	0.00		
Loans Made  Refunds of Contributions To:  (a) Individuals/Persons Other	0.00	0.00		
Than Political Committees	0.00	0.00		
(b) Political Party Committees	0.00	0.00		
(such as PACs)(d) Total Contribution Refunds	0.00	0.00		
(add Lines 28(a), (b), and (c))	0.00	0.00		
Other Disbursements (Including Non-Federal Donations)	0.00	0.00		
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(b) Federal Election Activity Paid	0.00	0.00		
Entirely With Federal Funds	0.00	0.00		
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00		
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))				
	16143.00	16143.00		
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

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)	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)

FOR LINE NUMBER: PAGE 6 OF Use separate schedule(s)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X   11a
	d Statements may not be sold or used by any per the name and address of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) America's Physician Groups I	PAC	
Full Name of Individual (Last, First, Middle Hine, Chad, , ,  Mailing Address 1538 Cliff Dr  City Santa Barbara  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Sansum Clinic  Receipt For:  Primary General Other (specify)	Initial) or Full Organization Name  State Zip Code 93109-1776  C  Occupation (for Individual) COO  Aggregate Year-to-Date ▼  500.00	Date of Receipt  O4 11 2019  Transaction ID : A1974019EEBAE4BD78A1  Amount of Each Receipt this Period  500.00  Memo Item
Full Name of Individual (Last, First, Middle Mantei, Mark, , , FACHE  Mailing Address 13898 NE 28th St Ste A100  City Vancouver  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) The Vancouver Clinic, Inc., P.S.  Receipt For: Primary General Other (specify)	Initial) or Full Organization Name  State Zip Code 98682-8841  C  Occupation (for Individual) Administrator  Aggregate Year-to-Date ▼	Date of Receipt  O4 11 2019  Transaction ID : A414D5631B64E46878B9  Amount of Each Receipt this Period  2500.00  Memo Item
Full Name of Individual (Last, First, Middle Sicaeros, Laurie, , Ms.,  Mailing Address 17360 Brookhurst St Ste 220  City Fountain Valley  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  MemorialCare Medical Group  Receipt For:  Primary General Other (specify)	Initial) or Full Organization Name  State Zip Code CA 92708-3720  C  Occupation (for Individual) COO  Aggregate Year-to-Date ▼	Date of Receipt  O4
SUBTOTAL of Receipts This Page (optional)		5500.00
TOTAL This Period (last page this line numb	per only)	

FOR LINE NUMBER: PAGE 7 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12

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Detailed Summary Page 13 14 15 16 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Cohen, Kenneth, , , MD Date of Receipt Mailing Address 1687 Cole Blvd Ste 155 2019 City Zip Code State Transaction ID: A5A7E5AC4AF6046EA9B6 CO Lakewood 80401-3325 Amount of Each Receipt this Period FEC ID number of contributing C 2500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Chief Medical Officer New West Physicians, P.C. Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Mast, David, , , Date of Receipt Mailing Address 3654 Holboro Dr 04 2019 City State Zip Code Transaction ID: A77BE43DF637B4E6D8FF CA Los Angeles 90027-1432 Amount of Each Receipt this Period FEC ID number of contributing 2500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Facey Medical Foundation Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 2500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Joyner, David, S., Date of Receipt Mailing Address 2409 Camino Ramon 11 2019 City State Zip Code Transaction ID: A6F28BA20AEA64C34918 CA San Ramon 94583-4285 Amount of Each Receipt this Period FEC ID number of contributing C 2500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Hill Physicians Medical Group **Chief Operating Officer** Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) 7500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

22 FOR LINE NUMBER: PAGE 8 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page

13 14 15 16 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Ransohoff, Kurt, , , Date of Receipt Mailing Address 3748 Lincoln Rd 2019 City Zip Code State Transaction ID: A3FC1EB96149A4F07976 CA Santa Barbara 93110-1532 Amount of Each Receipt this Period FEC ID number of contributing C 2500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Sansum Clinic Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Asner, Bart, S, Dr., MD Date of Receipt Mailing Address 7 Technology Dr 04 2019 City State Zip Code Transaction ID: A650C03CA82A642A69EB CA Irvine 92618-2302 Amount of Each Receipt this Period FEC ID number of contributing 2500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Monarch Healthcare President, OptumCare Southern Califor Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 2500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Jenrette, John, E., Dr., MD Date of Receipt Mailing Address 451 N Harper Ave 2019 City State Zip Code Transaction ID: AA1F48711F55F4663BF5 CA Los Angeles 90048-2220 Amount of Each Receipt this Period FEC ID number of contributing C 2500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Cedars-Sinai Medical Group CEO Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) 7500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 9 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12

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Detailed Summary Page 13 14 15 16 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Bloom, Frederick, J., , Jr. MD Date of Receipt Mailing Address 1 Guthrie Sq 2019 City Zip Code State Transaction ID: A2D1693AA9837446980D PA Sayre 18840-1625 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Guthrie Medical Group, P.C. Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Hutchins, Leigh, , , Date of Receipt Mailing Address 3990 Concours 04 2019 Ste 500 City State Zip Code Transaction ID: A2F6EC8C28580400285D CA Ontario 91764-7983 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NAMM California President and Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Solomon, Adam, , Dr., MD Date of Receipt Mailing Address 17330 Brookhurst St 2019 City State Zip Code Transaction ID: A011EF30A58214D4CB55 CA Fountain Valley 92708-3759 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Greater Newport Physicians Medical Gro CMO Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 2250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

22 FOR LINE NUMBER: PAGE 10 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page 13 14 15 16

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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Chan, Raymond, , , MD Date of Receipt Mailing Address 1908 Orange Tree Ln Ste 103 2019 City State Zip Code Transaction ID: A5A2DC14280964C95B36 CA Redlands 92374-2823 Amount of Each Receipt this Period FEC ID number of contributing C 2500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Chief Medical Officer Beaver Medical Group, L.P. Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Wilson, Fiona, , , MD Date of Receipt Mailing Address 153 Townsend St 04 17 2019 City State Zip Code Transaction ID : AEA78128794B14247A17 CA San Francisco 94107-1925 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Brown & Toland Physicians Chief of Clinical Transformation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Robison, Kelly, A, Date of Receipt Mailing Address 2358 Genoa St 2019 City Zip Code State Transaction ID: A30646CFA963546E8B8F CA Danville 94506-1961 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Brown & Toland Physicians CEO Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 4500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 11 OF Use separate schedule(s) (check only one) **X** 11a 11b 12 11c

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for each category of the Detailed Summary Page 13 14 15 16 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Serota, Martin, , Dr., MD Date of Receipt Mailing Address 76059 Via Montelena 2019 City Zip Code State Transaction ID: A3301BF5F58154F11B09 CA Indian Wells 92210-8692 Amount of Each Receipt this Period FEC ID number of contributing C 2500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Prospect Medical Group Senior Vice President, CMO Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Montalvo, Raul F, , , MD Date of Receipt Mailing Address 350 Chardon Avenue 04 17 2019 Suite 500 City State Zip Code Transaction ID: A7A0D8F26E10C4B1AA6E PR San Juan 00908 Amount of Each Receipt this Period FEC ID number of contributing 2500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MSO of Puerto Rico President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 2500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Young Cha, Min, , , Date of Receipt Mailing Address 20 S Virgil Ave #507 2019 City State Zip Code Transaction ID: A0DF7EC098C2D447FB3A CA Los Angeles 90020 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Seoul Medical Group - California Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 6000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 12 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c 12

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for each category of the Detailed Summary Page 13 14 15 16 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Prasad, Jeereddi, , Dr., MD Date of Receipt Mailing Address 9302 Pittsberg Avenue, Suite 220 2019 City Zip Code State Transaction ID: A62D2F9F7A78743D1B44 CA Rancho Cucamonga 91730 Amount of Each Receipt this Period FEC ID number of contributing 2500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Prospect Medical Group President Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Shinto, Richard, , , MD Date of Receipt Mailing Address 350 Chardon Avenue 04 17 2019 Suite 500 City State Zip Code Transaction ID: A5271775272774333A00 PR San Juan 00908 Amount of Each Receipt this Period FEC ID number of contributing 2500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MSO of Puerto Rico Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 2500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Hundal, Ravi, , , MD Date of Receipt Mailing Address 1601 Ygnacio Valley Rd 2019 City State Zip Code Transaction ID: A092047499688455BB1A CA Walnut Creek 94598-3122 Amount of Each Receipt this Period FEC ID number of contributing C 2500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) John Muir Medical Group SVP/CFO John Muir Medical Group Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) 7500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

22 FOR LINE NUMBER: PAGE 13 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 12 11c Detailed Summary Page

13 14 15 16 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Crane, Donald, , , Date of Receipt Mailing Address 10717 Independence Ave 2019 City Zip Code State Transaction ID: ADCD8B6CCAE4B4A2980/ CA Chatsworth 91311-1557 Amount of Each Receipt this Period FEC ID number of contributing C 2500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) CEO **APG** Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Millie, Michael, , , Date of Receipt Mailing Address 1330 Rockefeller Ave 04 2019 City State Zip Code Transaction ID : A873B862AD3434020B64 WA **Everett** 98201-1684 Amount of Each Receipt this Period FEC ID number of contributing 2500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) The Everett Clinic, P.S. Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 2500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Phillips, Jamie, , , Date of Receipt Mailing Address 3990 Concours St #500 2019 City State Zip Code Transaction ID: AA3281B5356DF4FB4A37 CA Ontario 91764-7983 Amount of Each Receipt this Period FEC ID number of contributing C 2500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NAMM California President Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) 7500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

FOR LINE NUMBER: PAGE (check only one) **X** 11a 11b 11c

22 14 OF Use separate schedule(s) for each category of the 12 Detailed Summary Page 13 14 15 16 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Schafer, Mark, , Dr., MD Date of Receipt Mailing Address 2742 Dow Ave 2019 City Zip Code State Transaction ID: A2FCBD40D71C14904B98 CA Tustin 92780-7242 Amount of Each Receipt this Period FEC ID number of contributing C 2500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MemorialCare Medical Group CEO Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Chicoine, Ray, , Mr., Date of Receipt Mailing Address 7 Technology Dr 04 2019 City State Zip Code Transaction ID: A740924F8EBB54317B40 CA Irvine 92618-2302 Amount of Each Receipt this Period FEC ID number of contributing 2500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Monarch Healthcare President, Monarch HealthCare Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 2500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Teng, Deeling, , Dr., MD Date of Receipt Mailing Address 17360 Brookhurst St 05 2019 City State Zip Code Transaction ID: A46838885B71641D3BC2 CA Fountain Valley 92708-3720 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Greater Newport Physicians Medical Gro Senior Medical Director Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 6000.00 SUBTOTAL of Receipts This Page (optional)..... 54250.00 TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 15 OF 22 (check only one)					
TEMIZED RECEIPTS	for each category of the Detailed Summary Page	11a 11b 11c 12					
Any information copied from such Reports and S	itatements may not be sold or used by any p	erson for the purpose of soliciting contributions					
or for commercial purposes, other than using the	name and address of any political committee	e to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) America's Physician Groups PA	C						
Full Name of Individual (Last, First, Middle Init  Merrill Lynch	tial) or Full Organization Name	Date of Receipt					
Mailing Address 100 Spectrum Center Dr Ste 1100 City	State Zip Code	03 31 2019					
Irvine	CA 92618-4978	Transaction ID : ADD8174F468844C76B36  Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	68.59					
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  211.09						
Full Name of Individual (Last, First, Middle Init  3. Merrill Lynch	tial) or Full Organization Name	Date of Receipt					
Mailing Address 100 Spectrum Center Dr Ste 1100	Ta landa de la companya de la compan	04 30 2019					
City Irvine	State         Zip Code           CA         92618-4978	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	81.80					
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item Interest					
Receipt For:  Primary  General	Aggregate Year-to-Date ▼						
Other (specify) ▼	292.89						
Full Name of Individual (Last, First, Middle Init	tial) or Full Organization Name	Date of Receipt					
Mailing Address 100 Spectrum Center Dr Ste 1100	Chata Zin Codo	05 31 2019					
City Irvine	State Zip Code CA 92618-4978	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С	94.88					
Name of Employer (for Individual)	Occupation (for Individual)	Interest					
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 387.77						
SUBTOTAL of Receipts This Page (optional)		245.27					
TOTAL This Period (last page this line number of	only)						

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s)	FOR LINE NUMBER: PAGE 16 OF 22 (check only one)							
		for each category of the Detailed Summary Page	11a 11b 11c 12 13 14 15 16 <b>X</b> 17							
Any information copied from such Reports or for commercial purposes, other than us	and Statements maing the name and a	ay not be sold or used by any paddress of any political committe	person for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) America's Physician Group	s PAC									
Full Name of Individual (Last, First, Mic  A. Merrill Lynch	Idle Initial) or Full C	Organization Name	Date of Receipt							
Mailing Address 100 Spectrum Center E Ste 1100			06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
City Irvine	State CA	Zip Code 92618-4978	Transaction ID : A257D5AD713414A31AD0  Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		83.92							
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item Interest							
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 471.69	1							
Full Name of Individual (Last, First, Mic B.		Organization Name	Date of Receipt							
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Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item							
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼								
Full Name of Individual (Last, First, Mic	Idle Initial) or Full C	Organization Name	Data of Receipt							
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FEC ID number of contributing federal political committee.	С		The state of East Receipt the Forest							
Name of Employer (for Individual)		upation (for Individual)	Memo Item							
Receipt For:  Primary General Other (specify)	Aggregate	Year-to-Date ▼								
SUBTOTAL of Receipts This Page (option	nal)	)	83.92							
TOTAL This Period (last page this line nu	umber only)		329.19							

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SCHEDULE B (FEC Form 3X)	lles		Iula(a)   TOTT EINE NOMBETT.				17 0	F 22		
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NAME OF COMMITTEE (In Full)										
America's Physician Groups PAC										
Full Name (Last, First, Middle Initial)										
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City	State	Zip Code		FF	C Iden	tification	n Num	her		
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			Category/ Type	All	Junt 0	Lacii	וומפום	, SCITIEI		-
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B. Evo Payments International				Da	te of D	Disburse	ment			
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Mailing Address 515 Broadhollow Rd					02	0	1		2019	
City Melville	State NY	Zip Code 11747-3705		FE	C Iden	tification	n Num	ber		
Purpose of Disbursement	141	11/4/-3/05			C					
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SUBTOTAL of Disbursements This Page (optional)			·····••		_				5.2	5
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	City Melville	State NY	Zip Code 11747-3705			FEC Id	entifica	ation	Nur	nber		
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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 purpose, 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  Full Name (Last, First, Middel Initial)  A. Evo Payments International  Mailing Address 518 Broadhollow Rd  City Melville Purpose of Disbursement Credit Card Processing Fee Candidate Name  City Markington State: District  Full Name (Last, First, Middel Initial)  B. Aristotle  Mailing Address 205 Pennsylvania Ave SE  City Washington  Credit Card Processing Fee Candidate Name  Category/ Type  District  Full Name (Last, First, Middel Initial)  B. Aristotle  Mailing Address 205 Pennsylvania Ave SE  City Washington  Credit Card Processing Fee Candidate Name  Category/ Type  Transaction 10: BCF3442E9F Amount of Each Disbursement Inis Penod  Category/ Type  FEC Identification Number  Crandidate Name  Category/ Type  Firmacy General  District  Full Name (Last, First, Middel Initial)  C.  Mailing Address  City State: District  Full Name (Last, First, Middel Initial)  C.  Mailing Address  City State: District  Full Name (Last, First, Middel Initial)  C.  State: District  Full Name (Last, First, Middel Initial)  C.  State: District  Full Name (Last, First, Middel Initial)  C.  State: District  Full Name (Last, First, Middel Initial)  C.  State: District  Full Name (Last, First, Middel Initial)  C.  Category/ Type  FEC Identification Number  Category/ Type  FEC Identif						]								
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Category/ Office Sought: House Disbursement For: Senate President State: District:  Full Name (Last, First, Middle Initial)  B. Aristotle  Mailing Address 205 Pennsylvania Ave SE  City Washington DC 2003-1164  Purpose of Disbursement For: Senate Primary General Office Sought: House Disbursement For: Senate Primary General Office Sought: House Disbursement For: Senate President Office Sought: District:  Full Name (Last, First, Middle Initial)  Category/ Type  Transaction ID: BD10C4EAS6 Amount of Each Disbursement  Date of Disbursement  FEC Identification Number  Category/ Type  Transaction ID: BCF3442E9FI Amount of Each Disbursement this Period  FEC Identification Number  Category/ Type  Date of Disbursement this Period  Transaction ID: BCF3442E9FI Amount of Each Disbursement this Period  FEC Identification Number  Category/ Type  Date of Disbursement  Category/ Type  Date of Disbursement  Category/ Type  Date of Disbursement this Period  FEC Identification Number  Category/ Type  Date of Disbursement this Period  Memo Item  Substate: District:  Substate: District: Memo Item  Substate: District: Memo Item  Substate: District: Memo Item  Amount of Each Disbursement this Period  Memo Item  FEC Identification Number  Category/ Type  Memo Item  Amount of Each Disbursement this Period  Memo Item  Substate: District: Memo Item				11747-3703			C							
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City State Zip Code FEC Identification Number  Candidate Name Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼  Subtotal of Disbursements This Page (optional)		Full Name (Last, First, Middle Initial)					Doto o	f Diabura	omont					
City State Zip Code FEC Identification Number  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼  State: District:  Substitute Disbursement For: Senate Other (specify) ▼  Substitute Disbursements This Page (optional)	C.							_			V V V			
Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General President State: District:  Substrict: Memo Item  Tec Identification Number  Category/ Type  Amount of Each Disbursement this Period  Memo Item  Tec Identification Number  Category/ Type  Amount of Each Disbursement this Period  Memo Item	N	Mailing Address								L				
Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify)  State: District:  Substract: Memo Item  76.75	Ċ	Dity	State	Zip Code			FEC Id	entification	on Num	nber				
Office Sought: House Disbursement For: Senate Primary General Other (specify)  State: District:  SUBTOTAL of Disbursements This Page (optional)	F	Purpose of Disbursement				$\exists$	С							
Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼  SUBTOTAL of Disbursements This Page (optional)	Ō	Candidate Name				ry/	Amoun	t of Each	າ Disbu	rseme	ent this Perio	od		
State: District: Other (specify)   SUBTOTAL of Disbursements This Page (optional)	ō	Office Sought: House Disburse	ment For:		iype	-								
State: District: Memo Item  SUBTOTAL of Disbursements This Page (optional)		Senate	Primary	General						7	- 45	-		
SUBTOTAL of Disbursements This Page (optional)	_		Other (spe	ecify) 🔻			Me	mo Item						
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2042.00	su	BTOTAL of Disbursements This Page (optional).				•				<del></del>	76.75			
TOTAL This Period (last page this line number only)	H						-	,	_		2643.00	一		

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 20 OF 22
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(orlook orliny	
	Detailed Summary Page	21b 28a	22 <b>x</b> 23 26 27 28b 28c 29 30b
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or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)			
America's Physician Groups PAC			
/			
Full Name (Last, First, Middle Initial)			Date of Dishumannant
A. SHAHEEN FOR SENATE			Date of Disbursement
Mailing Address PO BOX 75357			05 01 2019
Maining Address 1 of 2 of A 1 cool.			
City	State Zip Code		FEC Identification Number
WASHINGTON	DC 20013		
Purpose of Disbursement Contribution to Committee			C C00457325
Candidate Name		Ontonout	Transaction ID : B58D768D69
Shaheen, Jeanne, , Sen.,		Category/ Type	Amount of Each Disbursement this Period
	nent For: 2020		1000.00
[**]	Primary General		<del></del>
	Other (specify) ▼		Memo Item
State: NH District:			
Full Name (Last, First, Middle Initial)  B. WHITEHOUSE FOR SENATE			Date of Disbursement
WHITEHOUSE FOR SENATE			M M / D D / Y Y Y Y
Mailing Address P.O. BOX 40280			02 21 2019
,	State Zip Code RI 02940		FEC Identification Number
PROVIDENCE Purpose of Disbursement	RI 02940		C C00410803
Contribution to Committee			
Candidate Name		Category/	Transaction ID : B6FB71D20D  Amount of Each Disbursement this Period
Whitehouse, Sheldon, , Sen.,		Type	
	nent For: 2024		2500.00
	Primary General Other (specify)		
State: RI District:	Other (specify)		Memo Item
Full Name (Last, First, Middle Initial)			
C. MCCONNELL SENATE COMMITT	EE		Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address PO BOX 1496			05 08 2019
City	State Zip Code		
LOUISVILLE	KY 40201		FEC Identification Number
Purpose of Disbursement			C C00193342
Contribution to Committee			Transaction ID : BA3F04AB92
Candidate Name		Category/	Amount of Each Disbursement this Period
Mcconnell, Mitch, , Sen.,  Office Sought: House Disbursen	nent For: 2020	Туре	2500.00
	Primary General		4 4
<u>"</u>   <del>X</del>	Other (specify) ▼		Memo Item
State: KY District:			Wellio Relli
SUBTOTAL of Disbursements This Page (optional)		······································	6000.00
TOTAL This Period (last page this line number only)			
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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 2				
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only				
	for each category of the Detailed Summary Page	21b	22 <b>x</b> 23 26 27			
	, ,	28a	28b 28c 29 30b			
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NAME OF COMMITTEE (In Full)						
America's Physician Groups PAC						
Full Name (Last, First, Middle Initial)						
<sup>A.</sup> TEXANS FOR SENATOR JOHN C	ORNYN INC		Date of Disbursement			
Mailing Address 1020 North Fairfax Street, Suite 2			04 29 2019			
City	State Zip Code		FFC Identification Number			
Alexandria	VA 22314-2068		FEC Identification Number			
Purpose of Disbursement Contribution to Committee			C C00369033  Transaction ID: B79E4237667			
Candidate Name	,	Category/	Amount of Each Disbursement this Period			
Cornyn, John, , Sen., III		Type				
	nent For: 2020		1000.00			
	Primary General		=			
State: TX District:	Other (specify) ▼		Memo Item			
Full Name (Last, First, Middle Initial)						
B. BELIEVE IN AMERICA PAC			Date of Disbursement			
			M M / D D / Y Y Y Y			
Mailing Address PO Box 390			05 02 2019			
,	State Zip Code		FEC Identification Number			
Alexandria Purpose of Disbursement	VA 22313-0390					
Contribution to Committee			C C00691154			
Candidate Name	l	Cotogony	Transaction ID: B5022C7DF9( Amount of Each Disbursement this Period			
BELIEVE IN AMERICA PAC		Category/ Type	Amount of Each dispulsement this Feriod			
Office Sought: House Disburser	nent For: 2019		2500.00			
	Primary General					
	Other (specify)		Memo Item			
State: District:	Other					
Full Name (Last, First, Middle Initial)  C. HEARTLAND VALUES PAC			Date of Disbursement			
- ILANILAND VALUES FAC			M M / D D / Y Y Y Y			
Mailing Address PO BOX 505			02 21 2019			
,	State Zip Code		FEC Identification Number			
SIOUX FALLS	SD 57101					
Purpose of Disbursement Contribution to Committee	1		C C00409003			
Candidate Name	I.	2	Transaction ID : BEA4A62422			
HEARTLAND VALUES PAC		Category/ Type	Amount of Each Disbursement this Period			
	nent For: 2019		1500.00			
Senate	Primary General					
	Other (specify) ▼		Memo Item			
State: District:	Other					
SUBTOTAL of Disbursements This Page (optional)		······	5000.00			
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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
Mailing Address 228 S. WASHINGTON ST. STE. 115			04 29 2019
City Alexandria Purpose of Disbursement	State Zip Code VA 22314-5404		FEC Identification Number
Contribution to Committee  Candidate Name		Category/	C C00649574  Transaction ID: B5F57189885  Amount of Each Disbursement this Period
CRAPO VICTORY COMMITTEE  Office Sought: House Disbursement For: 2019  Senate Primary General		1000.00	
President State: District:			Memo Item
Full Name (Last, First, Middle Initial)  B. LEADERSHIP AND ACCOUNTABILITY ARE NATIONAL KEYS PAC			Date of Disbursement
Mailing Address 1111 19th Street NW, Suite 1100  City	State Zip Code		05 08 2019
Washington Purpose of Disbursement Contribution to Committee	DC 20036		FEC Identification Number  C C00492058
Candidate Name LEADERSHIP AND ACCOUNTABILITY ARE NATIONAL KEYS PAC Type			Transaction ID: B36BCA7BCE Amount of Each Disbursement this Period
Senate President	ement For: 2019 Primary General Other (specify)		1500.00 Memo Item
State: District:  Full Name (Last, First, Middle Initial)	Other		Date of Disbursement
Mailing Address			M M / D D / Y Y Y Y
City	State Zip Code		FEC Identification Number
Purpose of Disbursement  Candidate Name  Category/			Amount of Each Disbursement this Period
Office Sought: House Disburse Senate	ement For:  Primary General  Other (specify)	Туре	
President			