

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 90017-2658

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 [MM] / [DD] / [YYYY] 07 / 01 / 2023 through [MM] / [DD] / [YYYY] 12 / 31 / 2023

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

Signature of Treasurer Eberhardt, Garrett, , Mr., Date [MM] / [DD] / [YYYY] 01 / 22 / 2024

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)

Write or Type Committee Name

America's Physician Groups PAC

Report Covering the Period: From: 07 / 01 / 2023 To: 12 / 31 / 2023

Table with 2 columns: COLUMN A This Period, COLUMN B Calendar Year-to-Date. Rows include: 6. (a) Cash on Hand January 1, 2023 (144076.43); (b) Cash on Hand at Beginning of Reporting Period (143881.93); (c) Total Receipts (from Line 19) (2801.79 / 3016.79); (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) (146683.72 / 147093.22); 7. Total Disbursements (from Line 31) (12235.50 / 12645.00); 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) (134448.22 / 134448.22); 9. Debts and Obligations Owed TO the Committee (0.00); 10. Debts and Obligations Owed BY the Committee (0.00).

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

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

America's Physician Groups PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2500.00	2500.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	2500.00	2500.00
(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)	2500.00	2500.00
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.).....	301.79	516.79
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)).....▶	2801.79	3016.79
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	2801.79	3016.79

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	735.50	1145.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	735.50	1145.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11500.00	11500.00
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)) ..	12235.50	12645.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12235.50	12645.00

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)	2500.00	2500.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2500.00	2500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	735.50	1145.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	735.50	1145.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 6 OF 11
(check only one)	
<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Cohen, Ken, , ,

Mailing Address 952 Arrow Wood Dr

City Golden	State CO	Zip Code 80401-9230
----------------	-------------	------------------------

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

Name of Employer (for Individual) New West Physicians	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
11		04		2023

Transaction ID : AA6406468CC0F4448B31

Amount of Each Receipt this Period
2500.00

Memo Item

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
-----	---	-----	---	---------

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
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

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

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 7 OF 11
<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 ▼
 516.79

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : A2551B8274EEE46E3B2A
 Amount of Each Receipt this Period
 301.79
 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 M / D 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 M / D D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	301.79
TOTAL This Period (last page this line number only).....▶	301.79

**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. Aristotle

Mailing Address 205 Pennsylvania Ave SE

City
Washington

State
DC

Zip Code
20003-1164

Purpose of Disbursement

Credit Card Processing Fees

Candidate Name

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	4		2	0	2	3

FEC Identification Number

C []

Transaction ID : BFA38A2C31

Amount of Each Disbursement this Period

[] 125.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Merrill Lynch

Mailing Address 100 Spectrum Center Dr
Ste 1100

City
Irvine

State
CA

Zip Code
92618-4978

Purpose of Disbursement

Bank Fees

Candidate Name

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	2	3

FEC Identification Number

C []

Transaction ID : BA0D6B0FAF

Amount of Each Disbursement this Period

[] 610.50

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

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

[] 735.50

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

[] 735.50

**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. CATHY MCMORRIS RODGERS FOR CONGRESS

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		0	3		2	0	2	3		

Mailing Address 410 1st St SE Fl 2
c/o The Elevated Group

City Washington State DC Zip Code 20003-1867

FEC Identification Number

C C00390476

Transaction ID : BC24033A6D

Amount of Each Disbursement this Period

1500.00

Memo Item

Purpose of Disbursement

Contribution to Committee

Category/Type

Candidate Name

McMorris Rodgers, Cathy, , Rep.,

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify) ▼

State: WA District: 05

Full Name (Last, First, Middle Initial)

B. MICHAEL BURGESS FOR CONGRESS

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		0	3		2	0	2	3		

Mailing Address PO Box 40323

City Washington State DC Zip Code 20016-0323

FEC Identification Number

C C00372532

Transaction ID : BC9A011D37

Amount of Each Disbursement this Period

2000.00

Memo Item

Purpose of Disbursement

Contribution to Committee

Category/Type

Candidate Name

Burgess, Michael, C., Rep.,

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify) ▼

State: TX District: 26

Full Name (Last, First, Middle Initial)

C. DELBENE FOR CONGRESS

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		2	6		2	0	2	3		

Mailing Address 499 South Capitol Street SW
Suite 420

City Washington State DC Zip Code 20003-4027

FEC Identification Number

C C00459099

Transaction ID : B5D8167CEC

Amount of Each Disbursement this Period

1000.00

Memo Item

Purpose of Disbursement

Contribution to Committee

Category/Type

Candidate Name

DelBene, Suzan, , Rep.,

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify) ▼

State: WA District: 01

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

4500.00

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)

Grid for line numbers 21b-30b with checkboxes, where 23 is checked.

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NAME OF COMMITTEE (In Full)

America's Physician Groups PAC

Full Name (Last, First, Middle Initial)

A. LAUREN UNDERWOOD FOR CONGRESS

Mailing Address 13400 S ROUTE 59 STE 116 BOX 248

City PLAINFIELD State IL Zip Code 60585

Purpose of Disbursement Contribution to Committee

Candidate Name Underwood, Lauren, , Rep.,

Office Sought: [X] House [] Senate [] President Disbursement For: 2024 [X] Primary [] General [] Other (specify) State: IL District: 14

Date of Disbursement

Date field: MM/DD/YYYY = 07/13/2023

FEC Identification Number

C00652719

Transaction ID : BE69A3CF54

Amount of Each Disbursement this Period

Amount field: 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. BUCSHON FOR CONGRESS

Mailing Address PO BOX 40323

City Washington State DC Zip Code 20016-0323

Purpose of Disbursement Contribution to Committee

Candidate Name Bucshon, Larry, , Rep.,

Office Sought: [X] House [] Senate [] President Disbursement For: 2024 [X] Primary [] General [] Other (specify) State: IN District: 08

Date of Disbursement

Date field: MM/DD/YYYY = 10/31/2023

FEC Identification Number

C00468256

Transaction ID : B36971C5BB1

Amount of Each Disbursement this Period

Amount field: 2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. LAHOOD FOR CONGRESS

Mailing Address 5827 Colfax Ave c/o Mike England

City Alexandria State VA Zip Code 22311-1013

Purpose of Disbursement Contribution to Committee

Candidate Name LaHood, Darin, , Rep.,

Office Sought: [X] House [] Senate [] President Disbursement For: 2024 [X] Primary [] General [] Other (specify) State: IL District: 16

Date of Disbursement

Date field: MM/DD/YYYY = 11/01/2023

FEC Identification Number

C00575050

Transaction ID : B9C1F40207

Amount of Each Disbursement this Period

Amount field: 2000.00

Memo Item

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

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

Amount field: 5000.00

Amount field: (blank)

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)

Grid for line numbers 21b-30b with checkboxes, where 23 is checked.

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NAME OF COMMITTEE (In Full)

America's Physician Groups PAC

Full Name (Last, First, Middle Initial)

A. DARREN SOTO FOR CONGRESS

Mailing Address PO BOX 421349

City KISSIMMEE State FL Zip Code 34742

Purpose of Disbursement Contribution to Committee

Candidate Name

Soto, Darren, , Rep.,

Office Sought: [X] House [] Senate [] President State: FL District: 09

Disbursement For: 2024 [X] Primary [] General [] Other (specify) ▼

Category/Type

Date of Disbursement

Date of Disbursement: 07 / 12 / 2023

FEC Identification Number

C C00581074

Transaction ID : B800C960B4

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period: 1000.00

[] Memo Item

Full Name (Last, First, Middle Initial)

B. WHITEHOUSE VICTORY FUND 2024

Mailing Address 750 First Street NE, Suite 1070

City Washington State DC Zip Code 20002-8008

Purpose of Disbursement Contribution to Committee

Candidate Name

WHITEHOUSE VICTORY FUND 2024

Office Sought: [] House [] Senate [] President State: District:

Disbursement For: 2023 [] Primary [] General [X] Other (specify) Other

Category/Type

Date of Disbursement

Date of Disbursement: 11 / 09 / 2023

FEC Identification Number

C C00830885

Transaction ID : B5D7C208DA

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period: 1000.00

[] Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: [] House [] Senate [] President State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

Date of Disbursement: / /

FEC Identification Number

C

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period:

[] Memo Item

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

2000.00

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

11500.00