

**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: / / 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.....	183489.40	
(c) Total Receipts (from Line 19)	8157.57	63279.26
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	191646.97	207789.97
7. Total Disbursements (from Line 31).....	17003.50	33146.50
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	174643.47	174643.47
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

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).....	6650.00	60900.00
(ii) Unitemized	1210.00	1610.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	7860.00	62510.00
(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)	7860.00	62510.00
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.).....	297.57	769.26
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)).....▶	8157.57	63279.26
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	8157.57	63279.26

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	1493.50	4136.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1493.50	4136.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15500.00	29000.00
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).....	10.00	10.00
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)) ..	17003.50	33146.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	17003.50	33146.50

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)	7860.00	62510.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7860.00	62510.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1493.50	4136.50
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1493.50	4136.50

**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 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Richards, Timothy, , ,

Mailing Address 1636 Banbury Dr

City San Ramon	State CA	Zip Code 94582-5783
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Hill Physicians Medical Group	Occupation (for Individual) CFO
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 10 / 2019

Transaction ID : A69F144E0A6EA4A99830

Amount of Each Receipt this Period
400.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Wendel, Robert, , ,

Mailing Address 3377 Barberrry Lane

City Sacramento	State CA	Zip Code 95864-5031
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Hill Physicians Medical Group	Occupation (for Individual) MD
--	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2019

Transaction ID : AF8774C985F9841AAB80

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 9301 Oakdale Ave
Ste 200

City Chatsworth	State CA	Zip Code 91311-6538
--------------------	-------------	------------------------

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

Name of Employer (for Individual) HealthCare Partners (CA)	Occupation (for Individual) Physician
---	--

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
 07 / 31 / 2019

Transaction ID : AB5FB0FED85614018BFF

Amount of Each Receipt this Period
2500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	3150.00
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 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
America's Physician Groups PAC

A. Cave, Colin, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 2171
 City Lake Oswego State OR Zip Code 97035-0650
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Northwest Permanente, P.C. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 08 / 05 / 2019
Transaction ID : AB8A9BEFECF3342FDA9F
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Daghestani, Anas, , Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4515 Seton Center Pkwy Ste 215
 City Austin State TX Zip Code 78759-5785
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Austin Regional Clinic Occupation (for Individual) President and CEO
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 11 / 14 / 2019
Transaction ID : AC74DE448A2574C81895
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Durr, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2128 Hills Lake Drive
 City El Cajon State CA Zip Code 92020-1020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sharp Community Medical Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 11 / 19 / 2019
Transaction ID : A288DC3A95C044B29AAC
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2500.00
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 8 OF 20
<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hrontas, Stacey, , Mrs.,

Mailing Address **2020 Genesee Ave**

City San Diego	State CA	Zip Code 92123-4219
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
12 / 03 / 2019

Transaction ID : A6CD6F3670DEF457E83C

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address

City	State	Zip Code
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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

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	6650.00

**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 9 OF 20
<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 ▼
746.03

Date of Receipt
11 / 30 / 2019
Transaction ID : A9A5B6F1DD199496C837

Amount of Each Receipt this Period
21.18

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 ▼
570.94

Date of Receipt
07 / 31 / 2019
Transaction ID : ACE4C08A8ED4B41D9BEE

Amount of Each Receipt this Period
99.25

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 ▼
724.85

Date of Receipt
10 / 31 / 2019
Transaction ID : A225DDA9ED40043FB814

Amount of Each Receipt this Period
38.27

Memo Item
Interest

SUBTOTAL of Receipts This Page (optional).....	158.70
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 20
<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 ▼
686.58

Date of Receipt
09 / 30 / 2019

Transaction ID : A44A1CF0F9FB949099EB

Amount of Each Receipt this Period
53.98

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 ▼
769.26

Date of Receipt
12 / 31 / 2019

Transaction ID : A93105F54EFA44744AE4

Amount of Each Receipt this Period
23.23

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 ▼
632.60

Date of Receipt
08 / 31 / 2019

Transaction ID : A7EE83591473241239B1

Amount of Each Receipt this Period
61.66

Memo Item
Interest

SUBTOTAL of Receipts This Page (optional).....	138.87
TOTAL This Period (last page this line number only).....	297.57

**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. Merrill Lynch			Date of Disbursement MM / DD / YYYY 07 / 01 / 2019	
Mailing Address 100 Spectrum Center Dr Ste 1100			FEC Identification Number C [REDACTED] Transaction ID : B8B7939099E Amount of Each Disbursement this Period [REDACTED] 326.75	
City Irvine	State CA	Zip Code 92618-4978	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Bank Fee		Category/ Type [REDACTED]	Memo Item <input type="checkbox"/>	
Candidate Name			Memo Item <input type="checkbox"/>	
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:			Memo Item <input type="checkbox"/>	

Full Name (Last, First, Middle Initial) B. Aristotle			Date of Disbursement MM / DD / YYYY 07 / 31 / 2019	
Mailing Address 205 Pennsylvania Ave SE			FEC Identification Number C [REDACTED] Transaction ID : BC795830B3I Amount of Each Disbursement this Period [REDACTED] 62.50	
City Washington	State DC	Zip Code 20003-1164	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Credit Card Processing Fee		Category/ Type [REDACTED]	Memo Item <input type="checkbox"/>	
Candidate Name			Memo Item <input type="checkbox"/>	
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:			Memo Item <input type="checkbox"/>	

Full Name (Last, First, Middle Initial) C. Merrill Lynch			Date of Disbursement MM / DD / YYYY 08 / 01 / 2019	
Mailing Address 100 Spectrum Center Dr Ste 1100			FEC Identification Number C [REDACTED] Transaction ID : B9BEC5BAC Amount of Each Disbursement this Period [REDACTED] 26.75	
City Irvine	State CA	Zip Code 92618-4978	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Bank Fee		Category/ Type [REDACTED]	Memo Item <input type="checkbox"/>	
Candidate Name			Memo Item <input type="checkbox"/>	
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:			Memo Item <input type="checkbox"/>	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 416.00
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. 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

MM / DD / YYYY
08 / 31 / 2019

FEC Identification Number

C
Transaction ID : B1C4891CB5
Amount of Each Disbursement this Period
185.00

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 Fee

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 03 / 2019

FEC Identification Number

C
Transaction ID : BA76399D6E
Amount of Each Disbursement this Period
26.75

Memo Item

Full Name (Last, First, Middle Initial)

C. 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

MM / DD / YYYY
09 / 30 / 2019

FEC Identification Number

C
Transaction ID : B1E3700FEE
Amount of Each Disbursement this Period
10.00

Memo Item

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

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

221.75

**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. Merrill Lynch		Date of Disbursement MM / DD / YYYY 10 / 01 / 2019
Mailing Address 100 Spectrum Center Dr Ste 1100		FEC Identification Number C Transaction ID : B6A3E5891F! Amount of Each Disbursement this Period 26.75
City Irvine	State CA	
Zip Code 92618-4978	Purpose of Disbursement Bank Fee	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
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:		

Full Name (Last, First, Middle Initial) B. Merrill Lynch		Date of Disbursement MM / DD / YYYY 11 / 01 / 2019
Mailing Address 100 Spectrum Center Dr Ste 1100		FEC Identification Number C Transaction ID : BBBA30E5B0 Amount of Each Disbursement this Period 26.75
City Irvine	State CA	
Zip Code 92618-4978	Purpose of Disbursement Bank Fee	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
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:		

Full Name (Last, First, Middle Initial) C. Aristotle		Date of Disbursement MM / DD / YYYY 11 / 30 / 2019
Mailing Address 205 Pennsylvania Ave SE		FEC Identification Number C Transaction ID : BFE5DF62F5 Amount of Each Disbursement this Period 75.50
City Washington	State DC	
Zip Code 20003-1164	Purpose of Disbursement Credit Card Processing Fees	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....▶	129.00
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. Merrill Lynch		Date of Disbursement MM / DD / YYYY 12 / 01 / 2019
Mailing Address 100 Spectrum Center Dr Ste 1100		FEC Identification Number C Transaction ID : B4784FB28A Amount of Each Disbursement this Period 26.75
City Irvine	State CA	
Zip Code 92618-4978	Purpose of Disbursement Bank Fee	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
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:		

Full Name (Last, First, Middle Initial) B. Ahlstrom & Baker CPAs		Date of Disbursement MM / DD / YYYY 12 / 17 / 2019
Mailing Address 10621 Calle Lee Ste 153		FEC Identification Number C Transaction ID : B83251117AE Amount of Each Disbursement this Period 650.00
City Los Alamitos	State CA	
Zip Code 90720-8501	Purpose of Disbursement APG PAC 2018 Tax Prep	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
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:		

Full Name (Last, First, Middle Initial) C. Aristotle		Date of Disbursement MM / DD / YYYY 12 / 31 / 2019
Mailing Address 205 Pennsylvania Ave SE		FEC Identification Number C Transaction ID : BF19D42DBI Amount of Each Disbursement this Period 50.00
City Washington	State DC	
Zip Code 20003-1164	Purpose of Disbursement Credit Card Processing Fees	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....▶	726.75
TOTAL This Period (last page this line number only).....▶	1493.50

**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

A. GUTHRIE FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 9639

City BOWLING GREEN State KY Zip Code 42102

Purpose of Disbursement
Contribution to Committee

Candidate Name
Guthrie, Brett, , Rep.,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: KY District: 02

Date of Disbursement

MM / DD / YYYY
12 / 16 / 2019

FEC Identification Number

C C00445023
Transaction ID : BAE97A93EE
Amount of Each Disbursement this Period
1000.00

Memo Item

B. FRIENDS OF PAT TOOMEY

Full Name (Last, First, Middle Initial)

Mailing Address 300 New Jersey Ave, NW Suite 900

City Washington State DC Zip Code 20001-2271

Purpose of Disbursement
Contribution to Committee

Candidate Name
Toomey, Pat, J., Sen.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼
State: PA District:

Date of Disbursement

MM / DD / YYYY
10 / 29 / 2019

FEC Identification Number

C C00461046
Transaction ID : B674971B7D2
Amount of Each Disbursement this Period
1000.00

Memo Item

C. BRIAN HIGGINS FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address 415 New Jersey Avenue SE, Unit 1

City Washington State DC Zip Code 20003-4036

Purpose of Disbursement
Contribution to Committee

Candidate Name
Higgins, Brian, M., Rep.,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: NY District: 26

Date of Disbursement

MM / DD / YYYY
08 / 28 / 2019

FEC Identification Number

C C00401034
Transaction ID : BF743B2DAI
Amount of Each Disbursement this Period
1000.00

Memo Item

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

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

3000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. KIND FOR CONGRESS COMMITTEE

Mailing Address 233 Pennsylvania Avenue, SE
Second Floor

City Washington State DC Zip Code 20003-1121

Purpose of Disbursement
Contribution to Committee

Candidate Name
Kind, Ron, J., Rep.,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: WI District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2019			

FEC Identification Number

C C00312017
Transaction ID : B62C37AEFE
Amount of Each Disbursement this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. DR. RAUL RUIZ FOR CONGRESS

Mailing Address PO Box 15096
c/o Amy Strathdee

City Washington State DC Zip Code 20003-0096

Purpose of Disbursement
Contribution to Committee

Candidate Name
Ruiz, Raul, , Rep.,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: CA District: 36

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
08			02			2019			

FEC Identification Number

C C00502575
Transaction ID : B4315FBF8B/
Amount of Each Disbursement this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. PEOPLE FOR PATTY MURRAY

Mailing Address 1602 Belle View Boulevard #510
Attn: Tracey Buckman

City Alexandria State VA Zip Code 22307-6531

Purpose of Disbursement
Contribution to Committee

Candidate Name
Murray, Patty, , Sen.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼
State: WA District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
07			21			2019			

FEC Identification Number

C C00257642
Transaction ID : B97272C289/
Amount of Each Disbursement this Period
2500.00

Memo Item

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

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

4500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. MIKE KELLY FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 325 7th Street, NW Suite 400

M M M	/	D D D	/	Y Y Y Y Y
10		29		2019

City Washington State DC Zip Code 20004-2834

FEC Identification Number

Purpose of Disbursement
Contribution to Committee

C	C00474189
---	-----------

Candidate Name
Kelly, Mike, , Rep., Jr.

Category/
Type

Transaction ID : B782D20599/

Amount of Each Disbursement this Period

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

1000.00

State: PA District: 16

Memo Item

B. RICHARD E NEAL FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

Date of Disbursement

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

M M M	/	D D D	/	Y Y Y Y Y
10		01		2019

City Washington State DC Zip Code 20003-4036

FEC Identification Number

Purpose of Disbursement
Contribution to Committee

C	C00226522
---	-----------

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

Category/
Type

Transaction ID : BA607CB5FA

Amount of Each Disbursement this Period

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

1000.00

State: MA District: 01

Memo Item

C. KATHERINE CLARK FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 159

M M M	/	D D D	/	Y Y Y Y Y
07		26		2019

City BELMONT State MA Zip Code 02478

FEC Identification Number

Purpose of Disbursement
Contribution to Committee

C	C00541888
---	-----------

Candidate Name
Clark, Katherine, M., Rep.,

Category/
Type

Transaction ID : BDDC0F7463

Amount of Each Disbursement this Period

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

1000.00

State: MA District: 05

Memo Item

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

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. BARRAGAN FOR CONGRESS		Date of Disbursement MM / DD / YYYY 07 / 21 / 2019
Mailing Address 1840 SOUTH GAFFEY STREET #421		FEC Identification Number C C00577353 Transaction ID : BA90DE1C3C Amount of Each Disbursement this Period 1000.00
City SAN PEDRO	State CA	Zip Code 90731
Purpose of Disbursement Contribution to Committee		Category/ Type
Candidate Name Barragan, Nanette, Diaz, Rep.,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 44	
<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. GRASSLEY COMMITTEE INC		Date of Disbursement MM / DD / YYYY 10 / 28 / 2019
Mailing Address 1020 North Fairfax Street, Suite 2		FEC Identification Number C C00230482 Transaction ID : BE04556991C Amount of Each Disbursement this Period 1000.00
City Alexandria	State VA	Zip Code 22314-2068
Purpose of Disbursement Contribution to Committee		Category/ Type
Candidate Name Grassley, Chuck, , Sen.,		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IA	District:	
<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. TONY CARDENAS FOR CONGRESS		Date of Disbursement MM / DD / YYYY 08 / 02 / 2019
Mailing Address PO BOX 15320		FEC Identification Number C C00498873 Transaction ID : B8E0EEFF13 Amount of Each Disbursement this Period 1000.00
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement Contribution to Committee		Category/ Type
Candidate Name Cardenas, Tony, , Rep.,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 29	
<input type="checkbox"/> Memo Item		

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)
A. BILL CASSIDY FOR US SENATE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2019			

Mailing Address PO BOX 80505

City
BATON ROUGE

State
LA

Zip Code
70898

FEC Identification Number

C C00543983

Transaction ID : BDB6F00834

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Contribution to Committee

Candidate Name
Cassidy, Bill, , Sen.,

Category/
Type

Office Sought: House Senate President

Disbursement For: 2020 Primary General Other (specify) ▼

State: LA District:

Memo Item

Full Name (Last, First, Middle Initial)
B. WARNER VICTORY FUND

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			05			2019			

Mailing Address 750 First Street NE, Suite 1070

City
Washington

State
DC

Zip Code
20002-8008

FEC Identification Number

C C00693473

Transaction ID : BE5DE89EAF

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Contribution to Committee

Candidate Name
WARNER VICTORY FUND

Category/
Type

Office Sought: House Senate President

Disbursement For: 2019 Primary General Other (specify) Other

State: District:

Memo Item

Full Name (Last, First, Middle Initial)
C.

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Mailing Address

City

State

Zip Code

FEC Identification Number

C

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Memo Item

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

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

2000.00
15500.00

**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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. America's Physician Groups

Full Name (Last, First, Middle Initial)

Mailing Address 915 Wilshire Blvd
Ste 1620

City Los Angeles State CA Zip Code 90017-2658

Purpose of Disbursement Transfer of mis-deposited contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2019
 Primary General
 Other (specify) Other

Category/Type

Date of Disbursement: 11 / 25 / 2019

FEC Identification Number: C

Transaction ID : BB92CABA8

Amount of Each Disbursement this Period: 10.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

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

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify)

Category/Type

Date of Disbursement

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....	10.00
TOTAL This Period (last page this line number only).....	10.00