



**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="2018"/>		147126.48
(b) Cash on Hand at Beginning of Reporting Period.....	170316.40	
(c) Total Receipts (from Line 19) .....	12752.18	80342.60
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	183068.58	227469.08
7. Total Disbursements (from Line 31).....	22417.75	66818.25
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	160650.83	160650.83
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. 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 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: 07 / 01 / 2018 To: 09 / 30 / 2018

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	12500.00	77250.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	12500.00	77250.00
(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) .....	12500.00	77250.00
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	2500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	252.18	592.60
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)).....▶	12752.18	80342.60
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	12752.18	80342.60

**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 .....	917.75	4018.25
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	917.75	4018.25
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	21000.00	62300.00
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 .....	500.00	500.00
(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)).....	500.00	500.00
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)) ..	22417.75	66818.25
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	22417.75	66818.25

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	12500.00	77250.00
34. Total Contribution Refunds (from Line 28(d)) .....	500.00	500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	12000.00	76750.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	917.75	4018.25
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	917.75	4018.25

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 16
	<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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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. Hutchins, Leigh, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3990 Concours Ste 500  
 City Ontario State CA Zip Code 91764-7983  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NAMM California Occupation (for Individual) President and Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 23 / 2018  
**Transaction ID : A380B270FFBC9491E833**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Zdunek, Jay, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4515 Seton Center Pkwy  
 City Austin State TX Zip Code 78759-5290  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Austin Regional Clinic Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 07 / 30 / 2018  
**Transaction ID : A56CE37090E77413FA65**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item

**C. Durr, Paul, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8695 Spectrum Center Blvd  
 City San Diego State CA Zip Code 92123-1489  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sharp Community Medical Group Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 17 / 2018  
**Transaction ID : A8AF0CB1A639B4F288A2**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4000.00
<b>TOTAL</b> 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 16
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 76059 Via Montelena

City Indian Wells	State CA	Zip Code 92210-8692
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2018

**Transaction ID : AB1A3B2F9645E486D8B0**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B. Bier, Alan, , Dr., MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2929 Health Center Dr

City San Diego	State CA	Zip Code 92123-2762
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Sharp Rees-Stealy Medical Group	Occupation (for Individual) President
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2018

**Transaction ID : A804FE6ABB7304B2397F**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C. Lipeles, Richard, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 600 City Pkwy W  
Ste 400

City Orange	State CA	Zip Code 92868-2900
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Heritage Provider Network	Occupation (for Individual) COO
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2018

**Transaction ID : A5E5CED3943FD4679B41**

Amount of Each Receipt this Period  
2500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4500.00
<b>TOTAL</b> 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 16
<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. Hrontas, Stacey, , Mrs.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 Rees-Stealy Medical Group	Occupation (for Individual) CEO
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2018

**Transaction ID : A90120B93A1C7416ABF8**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address 1538 Cliff Drive

City Santa Barbara	State CA	Zip Code 93109-1776
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Sansum Clinic	Occupation (for Individual) COO
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2018

**Transaction ID : AF88822495FE647EBA52**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 1425 Madison Ave

City New York	State NY	Zip Code 10029-6514
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Mount Sinai Health System	Occupation (for Individual) EVP and Chief Population Health Office
--	---

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
09	/	23	/	2018

**Transaction ID : A09CAAD7F79724A5CBA3**

Amount of Each Receipt this Period  
2500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4000.00
<b>TOTAL</b> This Period (last page this line number only).....	12500.00



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 OF 16  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Merrill Lynch**

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 ▼  
592.60

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 30 / 2018

Transaction ID : **A98147C0C6E8C460EBD4**

Amount of Each Receipt this Period  
252.18

Memo Item  
Interest

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

Mailing Address

City State Zip Code

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	252.18
<b>TOTAL</b> This Period (last page this line number only).....▶	252.18

**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) <b>A. Merrill Lynch</b>			Date of Disbursement MM / DD / YYYY 07 / 17 / 2018	
Mailing Address 100 Spectrum Center Dr Ste 1100			FEC Identification Number C [REDACTED] <b>Transaction ID : B90E81A0081</b>	
City Irvine	State CA	Zip Code 92618-4978	Amount of Each Disbursement this Period [REDACTED] 300.00	
Purpose of Disbursement Bank Fee		Category/ Type [REDACTED]	Memo Item <input type="checkbox"/>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Evo Payments International</b>			Date of Disbursement MM / DD / YYYY 07 / 27 / 2018	
Mailing Address 515 Broadhollow Rd			FEC Identification Number C [REDACTED] <b>Transaction ID : B2CEC20FB3</b>	
City Melville	State NY	Zip Code 11747-3705	Amount of Each Disbursement this Period [REDACTED] 1.75	
Purpose of Disbursement Credit Card Processing Fees		Category/ Type [REDACTED]	Memo Item <input type="checkbox"/>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Evo Payments International</b>			Date of Disbursement MM / DD / YYYY 08 / 01 / 2018	
Mailing Address 515 Broadhollow Rd			FEC Identification Number C [REDACTED] <b>Transaction ID : B60AD44084</b>	
City Melville	State NY	Zip Code 11747-3705	Amount of Each Disbursement this Period [REDACTED] 1.75	
Purpose of Disbursement Credit Card Processing Fees		Category/ Type [REDACTED]	Memo Item <input type="checkbox"/>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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

[REDACTED] 303.50

**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**

**A. Evo Payments International**

Full Name (Last, First, Middle Initial)

Mailing Address 515 Broadhollow Rd

City Melville State NY Zip Code 11747-3705

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: 09 / 04 / 2018

FEC Identification Number: C

Transaction ID : BA0057FDE7

Amount of Each Disbursement this Period: 1.75

Memo Item

**B. Aristotle**

Full Name (Last, First, Middle Initial)

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: 09 / 30 / 2018

FEC Identification Number: C

Transaction ID : BCC8344D04

Amount of Each Disbursement this Period: 612.50

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	614.25
<b>TOTAL</b> This Period (last page this line number only).....▶	917.75

**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 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) <b>A. ROSKAM FOR CONGRESS COMMITTEE</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2018
Mailing Address 1919 BRIARCLIFFE BLVD		FEC Identification Number C C00330043 <b>Transaction ID : B6F0EC15A4</b> Amount of Each Disbursement this Period 1000.00
City WHEATON	State IL	Zip Code 60187
Purpose of Disbursement Contribution to Committee		Category/ Type
Candidate Name <b>Roskam, Peter, J., Rep.,</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL	District: 06	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF JOHN THUNE</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2018
Mailing Address PO BOX 841		FEC Identification Number C C00409581 <b>Transaction ID : BDA2B8EFB1</b> Amount of Each Disbursement this Period 2000.00
City SIOUX FALLS	State SD	Zip Code 57101
Purpose of Disbursement Contribution to Committee		Category/ Type
Candidate Name <b>Thune, John, , Sen.,</b>		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: SD	District:	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. BUCSHON FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 08 / 21 / 2018
Mailing Address PO BOX 40323		FEC Identification Number C C00468256 <b>Transaction ID : BDFC55064</b> Amount of Each Disbursement this Period 1000.00
City Washington	State DC	Zip Code 20016-0323
Purpose of Disbursement Contribution to Committee		Category/ Type
Candidate Name <b>Bucshon, Larry, D., Rep.,</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IN	District: 08	
		<input type="checkbox"/> Memo Item

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

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

4000.00

**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. TIM SCOTT FOR SENATE**

Date of Disbursement  
MM / DD / YYYY  
08 / 15 / 2018

Mailing Address 1405 ASHLEY RIVER RD

FEC Identification Number  
**C** C00540302  
**Transaction ID : B0ACE1786F**  
Amount of Each Disbursement this Period  
1500.00

City CHARLESTON State SC Zip Code 29407

Purpose of Disbursement  
Contribution to Committee

Candidate Name  
**Scott, Tim, E., Sen.,**

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

Memo Item

Full Name (Last, First, Middle Initial)  
**B. PORTMAN FOR SENATE COMMITTEE**

Date of Disbursement  
MM / DD / YYYY  
08 / 07 / 2018

Mailing Address 1111 19th Street NW, Suite 1100

FEC Identification Number  
**C** C00458463  
**Transaction ID : BF93CB5C84**  
Amount of Each Disbursement this Period  
2500.00

City Washington State DC Zip Code 20036-3621

Purpose of Disbursement  
Contribution to Committee

Candidate Name  
**Portman, Rob, J., Sen.,**

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

Memo Item

Full Name (Last, First, Middle Initial)  
**C. HUDSON FOR CONGRESS**

Date of Disbursement  
MM / DD / YYYY  
08 / 20 / 2018

Mailing Address 611 Pennsylvania Ave SE, #396

FEC Identification Number  
**C** C00504522  
**Transaction ID : B09782B702**  
Amount of Each Disbursement this Period  
1000.00

City Washington State DC Zip Code 20003-4303

Purpose of Disbursement  
Contribution to Committee

Candidate Name  
**Hudson, Richard, L., Rep., Jr.**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: NC District: 08

Memo Item

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

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

5000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)  
**A. BOB CASEY FOR SENATE INC**

Mailing Address 750 First Street NE, Suite 1070

City Washington State DC Zip Code 20002-8008

Purpose of Disbursement  
Contribution to Committee

Candidate Name  
**Casey, Bob, , Sen.,**

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

State: PA District:

Date of Disbursement

/  /

FEC Identification Number

**C** C00431056

**Transaction ID : BE2795A63C**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)  
**B. PALLONE FOR CONGRESS**

Mailing Address PO BOX 3176

City Long Branch State NJ Zip Code 07740-3176

Purpose of Disbursement  
Contribution to Committee

Candidate Name  
**Pallone, Frank, J., Rep., Jr.**

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

State: NJ District: 06

Date of Disbursement

/  /

FEC Identification Number

**C** C00226928

**Transaction ID : BB8A5E4AB5**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)  
**C. MIKE KELLY FOR CONGRESS**

Mailing Address PO BOX 476

City LYNDORA State PA Zip Code 16045

Purpose of Disbursement  
Contribution to Committee

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

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

State: PA District: 03

Date of Disbursement

/  /

FEC Identification Number

**C** C00474189

**Transaction ID : BDE613F5A2**  
Amount of Each Disbursement this Period

Memo Item

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

**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 NELSON FOR U S SENATE**

Date of Disbursement  

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	0		2	0	1	8

Mailing Address 972 W WHITMIRE DRIVE

FEC Identification Number  
**C** C00344051  
**Transaction ID : B5B051218C**  
 Amount of Each Disbursement this Period  
 2500.00

City MELBOURNE	State FL	Zip Code 32935
Purpose of Disbursement Contribution to Committee		Category/ Type
Candidate Name <b>Nelson, Bill, , Sen.,</b>		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL	District:	

Memo Item

Full Name (Last, First, Middle Initial)  
**B. CATHY MCMORRIS RODGERS FOR CONGRESS**

Date of Disbursement  

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	1	8

Mailing Address BOX 137

FEC Identification Number  
**C** C00390476  
**Transaction ID : B8BC9C057B**  
 Amount of Each Disbursement this Period  
 1000.00

City SPOKANE	State WA	Zip Code 99210
Purpose of Disbursement Contribution to Committee		Category/ Type
Candidate Name <b>Cathy, Mcmorris, Rodgers, Rep.,</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WA	District: 05	

Memo Item

Full Name (Last, First, Middle Initial)  
**C. GRASSLEY COMMITTEE INC**

Date of Disbursement  

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	8		2	0	1	8

Mailing Address 1020 North Fairfax Street, Suite 2

FEC Identification Number  
**C** C00230482  
**Transaction ID : B0C4065712**  
 Amount of Each Disbursement this Period  
 2500.00

City Alexandria	State VA	Zip Code 22314-2068
Purpose of Disbursement Contribution to Committee		Category/ Type
Candidate Name <b>Grassley, Chuck, , Sen.,</b>		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IA	District:	

Memo Item

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

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

6000.00
21000.00

**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 checked="" 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. Zuckerman, Kenneth, , Dr., MD**

Full Name (Last, First, Middle Initial)

Mailing Address 16300 Sand Canyon Ave  
Ste 704

City Irvine State CA Zip Code 92618-3707

Purpose of Disbursement Refund of 6/14/18 Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
07 / 30 / 2018

FEC Identification Number: C

Transaction ID : BA9EF8E125

Amount of Each Disbursement this Period: 500.00

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) ▼

Date of Disbursement: MM / DD / YYYY

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) ▼

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	500.00