

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 America's Physician Groups PAC

ADDRESS (number and street) 915 WILSHIRE BLVD SUITE 1620 Check if different than previously reported. (ACC) LOS ANGELES CA 90017

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE C C00461756 3. IS THIS REPORT NEW (N) OR AMENDED (A) x

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) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) 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 06 / 05 / 2018 in the State of CA (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on / / in the State of

5. Covering Period 04 / 01 / 2018 through 05 / 16 / 2018

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

Signature of Treasurer Robinette, Shelley, Ms. [Electronically Filed] Date 05 / 24 / 2018

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: / / 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.....	124117.16	
(c) Total Receipts (from Line 19)	57054.53	60190.46
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	181171.69	207316.94
7. Total Disbursements (from Line 31).....	7703.50	33848.75
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	173468.19	173468.19
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).....	54500.00	57500.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	54500.00	57500.00
(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)	54500.00	57500.00
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.....	2500.00	2500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	54.53	190.46
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)).....▶	57054.53	60190.46
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	57054.53	60190.46

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	2703.50	2848.75
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2703.50	2848.75
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	31000.00
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)) ..	7703.50	33848.75
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7703.50	33848.75

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)	54500.00	57500.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	54500.00	57500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2703.50	2848.75
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2703.50	2848.75

**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 18
<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. Le Benger, Jeffrey, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Diamond Hill Road
 Wittman Pavilion
 City Berkeley Heights State NJ Zip Code 07922-2104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Summit Medical Group, PA Occupation (for Individual) Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 04 / 19 / 2018
Transaction ID : ADD648344BA794273B86
 Amount of Each Receipt this Period 2500.00
 Memo Item

B. Wilson, Fiona, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 153 Townsend St
 City San Francisco State CA Zip Code 94107-1925
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Brown & Toland Occupation (for Individual) Chief of Clinical Transformation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 19 / 2018
Transaction ID : A734CC43388084921819
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Prasad, Jeereddi, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 766 Brigham Young Drive
 City Clermont State CA Zip Code 91736
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Prospect Medical Group Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 19 / 2018
Transaction ID : A5FB4FC9CB6954A3FBF7
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	4000.00
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 18
<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. Chan, Raymond, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1908 Orange Tree Lane, Suite 103
 City Redlands State CA Zip Code 92374-2823
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Beaver Medical Group, L.P. Occupation (for Individual) Chief Medical Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **04 / 19 / 2018**
Transaction ID : AAB78284C62424AFDB6B
 Amount of Each Receipt this Period 2500.00
 Memo Item

B. Ransohoff, Kurt, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 470 South Patterson Avenue
 City Santa Barbara State CA Zip Code 93111-2404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sansum Clinic Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **04 / 19 / 2018**
Transaction ID : A5DBAF68931924F5C8FF
 Amount of Each Receipt this Period 2500.00
 Memo Item

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

Date of Receipt **04 / 19 / 2018**
Transaction ID : A5E656D75AC1540658A5
 Amount of Each Receipt this Period 2500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	7500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 OF 18
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 9301 Oakdale Ave., Suite 200

City Chatsworth	State CA	Zip Code 91311-6538
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) DaVita HealthCare Partners	Occupation (for Individual) Physician/Medical Director
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	19	/	2018

Transaction ID : ABC1B642882104591B0B

Amount of Each Receipt this Period
2500.00

Memo Item

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

Mailing Address 350 Chardon Avenue Suite 500

City San Juan	State PR	Zip Code 00908
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	19	/	2018

Transaction ID : A8A0E3160531542A6AA5

Amount of Each Receipt this Period
2500.00

Memo Item

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

Mailing Address 350 Chardon Avenue Suite 500

City San Juan	State PR	Zip Code 00908
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MSO of Puerto Rico	Occupation (for Individual) President
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	19	/	2018

Transaction ID : AAB132BCFE7944899948

Amount of Each Receipt this Period
2500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	7500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 18
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 19 / 2018
Transaction ID : AE976FA497A8B4858834
 Amount of Each Receipt this Period
 2500.00
 Memo Item

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 19 / 2018
Transaction ID : A8D94073EFBBF4AD49FF
 Amount of Each Receipt this Period
 2500.00
 Memo Item

C. Schafer, Mark, , Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2742 Dow Ave.
 City Tustin State CA Zip Code 92780-7242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MemorialCare Medical Group Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 19 / 2018
Transaction ID : A2F60E11051554AE4A39
 Amount of Each Receipt this Period
 2500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	7500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 OF 18
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<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. Sicaeros, Laurie, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17360 Brookhurst
 Suite 220
 City Fountain Valley State CA Zip Code 92708-3720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MemorialCare Medical Group Occupation (for Individual) COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 19 / 2018
Transaction ID : ADDE1AA3D928346A78C8
 Amount of Each Receipt this Period
 2500.00
 Memo Item

B. Manemann, Kevin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5247 Coleridge Ct
 City Carlsbad State CA Zip Code 92008-4607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St. Joseph Heritage Healthcare Occupation (for Individual) President and CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 19 / 2018
Transaction ID : ACE8F2287AE864714ABA
 Amount of Each Receipt this Period
 2500.00
 Memo Item

C. Wulf, J. William, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 570 Polaris Parkway
 City Westerville State OH Zip Code 43082-7900
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Central Ohio Primary Care Physicians I Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 19 / 2018
Transaction ID : A7D47DF984F554DEAAC3
 Amount of Each Receipt this Period
 2500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	7500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 18
<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. Blosser, Larry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 570 Polaris Pkwy
 Ste 250
 City Westerville State OH Zip Code 43082-7923
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Central Ohio Primary Care Physicians I Occupation (for Individual) Corporate Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 04 / 19 / 2018
Transaction ID : A9E48E2E77A8145218D5
 Amount of Each Receipt this Period 2500.00
 Memo Item

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

Date of Receipt 04 / 19 / 2018
Transaction ID : A007F0E403C674667864
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Laird, Diane, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Post Office Box 6270
 City Newport Beach State CA Zip Code 92658-6270
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Greater Newport Physicians Medical Gro Occupation (for Individual) Chief Executive Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 19 / 2018
Transaction ID : A5189AE335CB34186ADD
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	4500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 18
<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. Mast, David, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3654 Holboro Drive

City Los Angeles	State CA	Zip Code 90027-1432
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Facey Medical Foundation	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 19 / 2018

Transaction ID : AC556DE9C946F493691B

Amount of Each Receipt this Period
2500.00

Memo Item

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

Mailing Address 5200 Soquel Avenue, Suite 203

City Santa Cruz	State CA	Zip Code 95062-7804
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Physicians Medical Group of Santa Cruz	Occupation (for Individual) CEO
---	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 19 / 2018

Transaction ID : A9851A1ABFBF749EF9F4

Amount of Each Receipt this Period
2500.00

Memo Item

C. Mantei, Mark, , , FACHE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13898 NE 28th Street
Suite A-100

City Vancouver	State WA	Zip Code 98682-8841
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) The Vancouver Clinic, Inc., P.S.	Occupation (for Individual) Administrator
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 19 / 2018

Transaction ID : AFACEDC7A413C488790E

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 18
<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. Robison, Kelly, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2358 Genoa Street

City Danville	State CA	Zip Code 94506-1961
------------------	-------------	------------------------

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

Name of Employer (for Individual) Brown & Towland	Occupation (for Individual) CEO
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2018

Transaction ID : A3C8B43CF51424CAF8E4

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 1501 M St NW
Ste 640

City Washington	State DC	Zip Code 20005-1783
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Everett Clinic	Occupation (for Individual) 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
04	/	30	/	2018

Transaction ID : A28CA1246F678462A853

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 10945 Le Conte

City Los Angeles	State CA	Zip Code 90095-3000
---------------------	-------------	------------------------

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

Name of Employer (for Individual) UCLA Medical Group	Occupation (for Individual) CMO-UCLA Medical Group
---	---

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
05	/	02	/	2018

Transaction ID : A44CEE88EF7F8456487D

Amount of Each Receipt this Period
2500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	4500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 18
	<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. Cohen, Kenneth, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1687 Cole Blvd
 Ste 155
 City Lakewood State CO Zip Code 80401-3325
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) New West Physicians, P.C. Occupation (for Individual) Chief Medical Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 05 / 08 / 2018
Transaction ID : A41BA3BBD5A0E40C2AD9
 Amount of Each Receipt this Period 2500.00
 Memo Item

B. Benton, Ruth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1707 Cole blvd.
 Suite 100
 City Golden State CO Zip Code 80401-3219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) New West Physicians, P.C. Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 05 / 08 / 2018
Transaction ID : A12C44C59CED649068D9
 Amount of Each Receipt this Period 2500.00
 Memo Item

C. Knox, Jennifer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6656 Feather Drive
 City Huntington Beach State CA Zip Code 92648-2674
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Greater Newport Physicians Medical Gro Occupation (for Individual) MD
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 15 / 2018
Transaction ID : A2840296FF7C84E06B57
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	5500.00
TOTAL This Period (last page this line number only).....	54500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 18
<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 ▼
190.46

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 30 / 2018

Transaction ID : ACDF3D0586D8242E0805

Amount of Each Receipt this Period
54.53

Memo Item
Interest

B.

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

Mailing Address

City State Zip Code

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

C.

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

Mailing Address

City State Zip Code

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	54.53
TOTAL This Period (last page this line number only).....	54.53

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 18
<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 checked="" type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. HATCH ELECTION COMMITTEE INC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 3986

City WASHINGTON	State DC	Zip Code 20027
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FEC ID number of contributing federal political committee. **C** C00104752

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

Receipt For: 2018
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	10	/	2018

Transaction ID : AE0BFB9B624DE4C878BD

Amount of Each Receipt this Period
2500.00

Memo Item
Refund of Contribution Reported on 2017 Mid-Year FEC Report

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 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 Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement: 04 / 02 / 2018

FEC Identification Number: C

Transaction ID : B18AF3FD84

Amount of Each Disbursement this Period: 1.75

Memo Item

B. 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 Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement: 05 / 01 / 2018

FEC Identification Number: C

Transaction ID : B688E67E231

Amount of Each Disbursement this Period: 1.75

Memo Item

C. 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
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement: 05 / 16 / 2018

FEC Identification Number: C

Transaction ID : B71B9AF25E

Amount of Each Disbursement this Period: 2700.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	2703.50
TOTAL This Period (last page this line number only).....▶	2703.50

**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. FEINSTEIN FOR SENATE

Full Name (Last, First, Middle Initial)
Mailing Address 1212 S VICTORY BLVD

City BURBANK State CA Zip Code 91502

Purpose of Disbursement
Contribution to Committee

Candidate Name
Feinstein, Dianne, , Sen.,

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

State: CA District:

Date of Disbursement: 05 / 15 / 2018

FEC Identification Number: **C** C00315176
Transaction ID : B5374823310
Amount of Each Disbursement this Period: 1000.00

Memo Item

B. SCOTT PETERS FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 22074

City San Diego State CA Zip Code 92192-2074

Purpose of Disbursement
Contribution to Committee

Candidate Name
Peters, Scott, H., Rep.,

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

State: CA District: 52

Date of Disbursement: 05 / 08 / 2018

FEC Identification Number: **C** C00503110
Transaction ID : BDF90F82245
Amount of Each Disbursement this Period: 4000.00

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

SUBTOTAL of Disbursements This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	5000.00