

# FEC FORM 1

# STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full)  (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

America's Physician Groups PAC

ADDRESS (number and street) 915 WILSHIRE BLVD SUITE 1620

(Check if address is changed)

LOS ANGELES

CITY ▲

CA

STATE ▲

90017-

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

amurthy@apg.org

Optional Second E-Mail Address

outsourcing@aristotle.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

www.APGadvocates.org

2. DATE 06 / 11 / 2019

3. FEC IDENTIFICATION NUMBER ▶ C C00461756

4. IS THIS STATEMENT  NEW (N) OR  AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Robinette, Shelley, , Ms.,

Signature of Treasurer Robinette, Shelley, , Ms.,

[Electronically Filed]

Date

06

13

2019

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 06/2012)

5. TYPE OF COMMITTEE

**Candidate Committee:**

- (a)  This committee is a principal campaign committee. (Complete the candidate information below.)
- (b)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate \_\_\_\_\_

Candidate Party Affiliation  Office Sought:  House  Senate  President State   
 District

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

**Party Committee:**

- (d)  This committee is a  (National, State or subordinate) committee of the  (Democratic, Republican, etc.) Party.

**Political Action Committee (PAC):**

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
  - Corporation  Corporation w/o Capital Stock  Labor Organization
  - Membership Organization  Trade Association  Cooperative
  - In addition, this committee is a Lobbyist/Registrant PAC.
- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
  - In addition, this committee is a Lobbyist/Registrant PAC.
  - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

- (g)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. \_\_\_\_\_ FEC ID number
2. \_\_\_\_\_ FEC ID number
3. \_\_\_\_\_ FEC ID number
4. \_\_\_\_\_ FEC ID number

Write or Type Committee Name

# America's Physician Groups PAC

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

America's Physician Groups

Mailing Address 915 Wilshire Blvd  
 Ste 1620  
 Los Angeles CA 90017-2658  
 CITY STATE ZIP CODE

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name Murthy, Anu, , ,  
 Mailing Address 1501 M Street NW  
 Suite 640  
 Washington DC 20005-1783  
 CITY STATE ZIP CODE  
 Title or Position  
 Custodian of Records Telephone number 202 - 770 - 1878

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Robinette, Shelley, , Ms.,  
 Mailing Address 7245 Wickford Dr  
 Alexandria VA 22315-4212  
 CITY STATE ZIP CODE  
 Title or Position  
 Treasurer Telephone number 703 - 313 - 8611

Full Name of Designated Agent | Murthy, Anu, , ,

Mailing Address | 1501 M Street NW  
Suite 640  
Washington DC 20005-1783  
CITY STATE ZIP CODE

Title or Position Designated Agent | Telephone number | 202 | 770 | 1878

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Merrill Lynch

Mailing Address | 100 Spectrum Center Drive  
Suite 1100  
Irvine CA 92618  
CITY STATE ZIP CODE

Name of Bank, Depository, etc.

Mailing Address |  
|  
|  
CITY STATE ZIP CODE

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F1A  
Transaction ID :

This amendment is to update the committee's email address, as well as the committee's Custodian of Records and Designated Agent.

Form/Schedule:  
Transaction ID: