

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 6 OF 22

<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**

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

**A. Hine, Chad, , ,**

Mailing Address 1538 Cliff Dr

City  
Santa BarbaraState  
CAZip Code  
93109-1776FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sansum ClinicOccupation (for Individual)  
COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	D D	Y Y Y Y
04	11	2019

Transaction ID : A1974019EEBAE4BD78A1

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

**B. Mantei, Mark, , , FACHE**Mailing Address 13898 NE 28th St  
Ste A100City  
VancouverState  
WAZip Code  
98682-8841FEC 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 ▼

2500.00

Date of Receipt

M M	D D	Y Y Y Y
04	11	2019

Transaction ID : A414D5631B64E46878B9

Amount of Each Receipt this Period

2500.00

☐ Memo Item

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

**C. Sicaeros, Laurie, , Ms.,**Mailing Address 17360 Brookhurst St  
Ste 220City  
Fountain ValleyState  
CAZip Code  
92708-3720FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MemorialCare Medical GroupOccupation (for Individual)  
COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M	D D	Y Y Y Y
04	11	2019

Transaction ID : ADA4A2A2341AD48CFA47

Amount of Each Receipt this Period

2500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5500.00