

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.
American Medical Group Association PAC

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

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

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

5. Covering Period / / through / /

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

Type or Print Name of Treasurer Chasity Chace

Signature of Treasurer Chasity Chace [Electronically Filed] Date / /

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Medical Group Association 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="2016"/>		91763.56
(b) Cash on Hand at Beginning of Reporting Period.....	83960.42	
(c) Total Receipts (from Line 19)	2975.00	8725.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	86935.42	100488.56
7. Total Disbursements (from Line 31).....	8792.51	22345.65
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	78142.91	78142.91
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Medical Group Association PAC

Report Covering the Period: From: 03 / 01 / 2016 To: 03 / 31 / 2016

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).....	2750.00	3500.00
(ii) Unitemized	225.00	225.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	2975.00	3725.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	2975.00	8725.00
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.).....	0.00	0.00
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))..... ▶	2975.00	8725.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	2975.00	8725.00

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	2292.51	15845.65
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2292.51	15845.65
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6500.00	6500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(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	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	8792.51	22345.65
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8792.51	22345.65

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	2975.00	8725.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2975.00	8725.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2292.51	15845.65
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2292.51	15845.65

**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 9
<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)
American Medical Group Association PAC

Full Name (Last, First, Middle Initial)
A. Steven Green

Mailing Address 8901 Activity Rd

City San Diego State CA Zip Code 92126-4427

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

Name of Employer Sharp Rees-Stealy Medical Group Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
03 / 09 / 2016
Transaction ID : AC7FA918B1BFE465F8CF

Amount of Each Receipt this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)
B. William Abrams

Mailing Address 7702 Radcliffe Drive Apt C

City Madison State WI Zip Code 53719-2083

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

Name of Employer Wisconsin Medical Society Occupation Ceo

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
03 / 17 / 2016
Transaction ID : A26E6541A830F4DFF8A1

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 6750 N MacArthur Blvd

City Irving State TX Zip Code 75039-2875

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

Name of Employer USMD Occupation Chief Physician Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
03 / 17 / 2016
Transaction ID : AF6433BED6DA74B47895

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2250.00
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 9
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Medical Group Association PAC

A. Full Name (Last, First, Middle Initial)
Jennifer Jackman

Mailing Address 15725 Whittier Blvd

City Whittier State CA Zip Code 90603-2347

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

Name of Employer MemorialCare Health System Occupation COO< Medical Foundation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016
Transaction ID : A70C45AC7953247CABAD

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

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 (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

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).....▶	500.00
TOTAL This Period (last page this line number only).....▶	2750.00

**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"/> 24	<input type="checkbox"/> 25	<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)
American Medical Group Association PAC

Full Name (Last, First, Middle Initial)

A. Aristotle International, Inc.

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
software fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : BCB08C02E81B84143828

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. CT Corporation

Mailing Address 60197

City Carol Stream State IL Zip Code 60197-0000

Purpose of Disbursement
legal fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : B962F08019A30476D833

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Aristotle International, Inc.

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
credit card fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : BF2AC2064857B4AE5AB3

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"/> 24	<input type="checkbox"/> 25	<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)
American Medical Group Association PAC

Full Name (Last, First, Middle Initial)

A. BRADY FOR CONGRESS

Mailing Address PO BOX 8277

City THE WOODLANDS State TX Zip Code 77387

Purpose of Disbursement

Candidate Name

Rep. Kevin Brady

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TX District: 08

Date of Disbursement

MM / DD / YYYY
03 / 11 / 2016

Transaction ID : B2A0AA5FA85AF4DE3A28

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. NEW PIONEERS PAC

Mailing Address 228 S WASHINGTON ST STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 11 / 2016

Transaction ID : BCD503A14B9DF4CE1BC9

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. MCCONNELL FOR MAJORITY LEADER COMMITTEE

Mailing Address 228 S WASHINGTON ST STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 11 / 2016

Transaction ID : B5E2FD8FE32A40FAAC8

Amount of Each Disbursement this Period

2500.00

Memo Item

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

6500.00

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

6500.00