

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 USACS PAC

ADDRESS (number and street) 4535 Dressler RD NW Canton OH 44718 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00544957 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 07 01 2016 through 09 30 2016

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

Signature of Treasurer Panitch, Orlee, , Dr., [Electronically Filed] Date 10 14 2016

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**

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Page 2

Write or Type Committee Name

**USACS 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"/>	<input type="text" value="16323.41"/>	<input type="text" value="16323.41"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="18282.59"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="15132.78"/>	<input type="text" value="34085.13"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="33415.37"/>	<input type="text" value="50408.54"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="16000.00"/>	<input type="text" value="32993.17"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="17415.37"/>	<input type="text" value="17415.37"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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. 05/2016)

Write or Type Committee Name

**USACS PAC**

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
07 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y  
09 / 30 / 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).....	9120.64	18458.56
(ii) Unitemized .....	6012.14	15626.57
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	15132.78	34085.13
(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) .....	15132.78	34085.13
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)).....▶	15132.78	34085.13
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	15132.78	34085.13

**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 .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	16000.00	31500.00
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	1493.17
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)) ..	16000.00	32993.17
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16000.00	32993.17

**DETAILED SUMMARY PAGE**  
of Disbursements

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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) .....	15132.78	34085.13
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	15132.78	34085.13
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

**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 6 OF 20
<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)  
**USACS PAC**

**A. Arwindekar, Amit, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2043 W McLean Ave  
 City Chicago State IL Zip Code 60647  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EMP Medical Group, LTD Occupation (for Individual) Emergency Physician  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼  
 749.97

Date of Receipt  
 09 / 30 / 2016  
**Transaction ID : SA11AI.6153**  
 Amount of Each Receipt this Period  
 249.99  
 Memo Item  
 \$83.33/monthly

**B. Augustine, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7868 Classics Drive  
 City Naples State FL Zip Code 34113  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EMP Medical Group, LTD Occupation (for Individual) Emergency Physician  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼  
 470.00

Date of Receipt  
 09 / 30 / 2016  
**Transaction ID : SA11AI.6154**  
 Amount of Each Receipt this Period  
 230.00  
 Memo Item  
 \$76.66/monthly

**C. Bagnoli, Dominic, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 East Drive  
 City Hartville State OH Zip Code 44632  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EMP Medical Group, LTD Occupation (for Individual) Emergency Physician  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼  
 3750.03

Date of Receipt  
 09 / 30 / 2016  
**Transaction ID : SA11AI.6156**  
 Amount of Each Receipt this Period  
 1250.01  
 Memo Item  
 \$416.67/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1730.00
<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 20
	<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)  
**USACS PAC**

**A. Bradstreet, Jennifer, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2212 Cross Creek Drive  
 City Gastonia State NC Zip Code 28056  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EMP Medical Group, LTD Occupation (for Individual) Emergency Physician  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : SA11AI.6163**  
 Amount of Each Receipt this Period 120.00  
 Memo Item \$40.00/monthly

**B. Cirillo, Louis, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 91 Woodridge Drive  
 City Saunderstown State RI Zip Code 02874  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EMP Medical Group, LTD Occupation (for Individual) Emergency Physician  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 883.31

Date of Receipt 09 / 30 / 2016  
**Transaction ID : SA11AI.6171**  
 Amount of Each Receipt this Period 383.33  
 Memo Item \$150.00/monthly

**C. Colfer, Orion, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2523 Hanover Ave  
 City Richmond State VA Zip Code 23220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EMP Medical Group, LTD Occupation (for Individual) Emergency Physician  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : SA11AI.6172**  
 Amount of Each Receipt this Period 150.00  
 Memo Item \$50.00/monthly

**SUBTOTAL** of Receipts This Page (optional).....▶ 653.33  
**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 20
	(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)  
**USACS PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Corvino, Timothy, , ,</b>		Date of Receipt
Mailing Address 128 Miles Road		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2016"/>
City Chagrin Falls	State OH	Zip Code 44022
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.6179</b>
Name of Employer (for Individual) EMP Medical Group, LTD		Amount of Each Receipt this Period <input type="text" value="249.00"/>
Occupation (for Individual) Emergency Physician		<input type="checkbox"/> Memo Item \$83.00/monthly
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="text" value="Other"/>	Aggregate Year-to-Date ▼ <input type="text" value="747.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. De Angelis, Sydney, , ,</b>		Date of Receipt
Mailing Address 55 Araca Rd P O Box 104		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2016"/>
City Babylon	State NY	Zip Code 11702
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.6181</b>
Name of Employer (for Individual) EMP Medical Group, LTD		Amount of Each Receipt this Period <input type="text" value="220.00"/>
Occupation (for Individual) Emergency Physician		<input type="checkbox"/> Memo Item \$100.00/monthly
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="text" value="Other"/>	Aggregate Year-to-Date ▼ <input type="text" value="340.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Eakin, Paul, , ,</b>		Date of Receipt
Mailing Address 1455 Hunakai St Apt 1		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2016"/>
City Honolulu	State HI	Zip Code 96816
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.6184</b>
Name of Employer (for Individual) EMP Medical Group, LTD		Amount of Each Receipt this Period <input type="text" value="150.00"/>
Occupation (for Individual) Emergency Physician		<input type="checkbox"/> Memo Item \$50.00/monthly
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="text" value="Other"/>	Aggregate Year-to-Date ▼ <input type="text" value="450.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="619.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>



**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 20
	<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)  
**USACS PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Falcone, Angelo, , ,</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2016
Mailing Address 12410 Milestone Center Drive Suite 225		<b>Transaction ID : SA11AI.6188</b>
City Germantown	State MD	Zip Code 20876
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer (for Individual) EMP Medical Group, LTD	Occupation (for Individual) Emergency Physician	<input type="checkbox"/> Memo Item \$150.00/monthly
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Ferrand, David, , ,</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2016
Mailing Address 119 Dorie Drive		<b>Transaction ID : SA11AI.6189</b>
City Belmont	State NC	Zip Code 28012
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer (for Individual) EMP Medical Group, LTD	Occupation (for Individual) Emergency Physician	<input type="checkbox"/> Memo Item \$25.00/monthly
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 225.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Freess, Daniel, , ,</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2016
Mailing Address 55 Soby Dr		<b>Transaction ID : SA11AI.6192</b>
City West Hartford	State CT	Zip Code 06107
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer (for Individual) EMP Medical Group, LTD	Occupation (for Individual) Emergency Physician	<input type="checkbox"/> Memo Item \$25.00/monthly
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<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 10 OF 20
	<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)  
**USACS PAC**

**A. Geary, Daniel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 142 Woodshire  
 City Pittsburgh State PA Zip Code 15215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EMP Medical Group, LTD Occupation (for Individual) Emergency Physician  
 Receipt For: 2016  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **749.97**

Date of Receipt  
 09 / 30 / 2016  
**Transaction ID : SA11AI.6199**  
 Amount of Each Receipt this Period  
 249.99  
 Memo Item  
 \$83.33/monthly

**B. Gooch, Christopher, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 52675 Timber Dr  
 City Bridgeport State OH Zip Code 43912  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EMP Medical Group, LTD Occupation (for Individual) Emergency Physician  
 Receipt For: 2016  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **225.00**

Date of Receipt  
 09 / 30 / 2016  
**Transaction ID : SA11AI.6204**  
 Amount of Each Receipt this Period  
 75.00  
 Memo Item  
 \$25.00/monthly

**C. Grant, Randall, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 85 Longview Ave  
 City White Plains State NY Zip Code 10604  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EMP Medical Group, LTD Occupation (for Individual) Emergency Physician  
 Receipt For: 2016  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **225.00**

Date of Receipt  
 09 / 30 / 2016  
**Transaction ID : SA11AI.6205**  
 Amount of Each Receipt this Period  
 75.00  
 Memo Item  
 \$25.00/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>399.99</b>
<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 11 OF 20
	<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)  
**USACS PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Groomes, Roderick, , ,</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2016 <b>Transaction ID : SA11AI.6206</b>
Mailing Address 1035 Glade Park East		Amount of Each Receipt this Period 150.00
City Kittanning	State PA	Zip Code 16201
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$50.00/monthly
Name of Employer (for Individual) EMP Medical Group, LTD	Occupation (for Individual) Emergency Physician	
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 450.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Guyton, Steven, , ,</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2016 <b>Transaction ID : SA11AI.6207</b>
Mailing Address 40 Waterfront Dr		Amount of Each Receipt this Period 75.00
City Pittsburgh	State PA	Zip Code 15224
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$25.00/monthly
Name of Employer (for Individual) EMP Medical Group, LTD	Occupation (for Individual) Emergency Physician	
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 225.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Janikas, John, , ,</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2016 <b>Transaction ID : SA11AI.6215</b>
Mailing Address 43 Outlook Drive South		Amount of Each Receipt this Period 249.99
City Mechanicville	State NY	Zip Code 12118
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$83.33/monthly
Name of Employer (for Individual) EMP Medical Group, LTD	Occupation (for Individual) Emergency Physician	
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 749.97	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	474.99
<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 12 OF 20
	<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)  
**USACS PAC**

**A. Jenis, Andrew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 115 Cayuga Heights Road  
 City Ithaca State NY Zip Code 14850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EMP Medical Group, LTD Occupation (for Individual) Emergency Physician  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 09 / 30 / 2016  
**Transaction ID : SA11AI.6216**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 \$50.00/monthly

**B. Johnson, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4215 Kronos Pl  
 City Charlotte State NC Zip Code 28210  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EMP Medical Group, LTD Occupation (for Individual) Emergency Physician  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 09 / 30 / 2016  
**Transaction ID : SA11AI.6218**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 \$100.00/monthly

**C. Johnson, Vernell, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18 Strauss Lane  
 City Olympia Fields State IL Zip Code 60461  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EMP Medical Group, LTD Occupation (for Individual) Emergency Physician  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 09 / 30 / 2016  
**Transaction ID : SA11AI.6220**  
 Amount of Each Receipt this Period  
 600.00  
 Memo Item  
 \$600.00/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1050.00
<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 13 OF 20
<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)  
**USACS PAC**

**A. Jones, Bruce, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 465 Woodard Place  
 City Powell State OH Zip Code 43065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EMP Medical Group, LTD Occupation (for Individual) Emergency Physician  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : SA11AI.6221**  
 Amount of Each Receipt this Period 150.00  
 Memo Item \$50.00/monthly

**B. Kendall, Jayne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1251 Springbury Dr  
 City Uniontown State OH Zip Code 44685  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EMP Medical Group, LTD Occupation (for Individual) Emergency Physician  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 316.69

Date of Receipt 09 / 30 / 2016  
**Transaction ID : SA11AI.6229**  
 Amount of Each Receipt this Period 216.67  
 Memo Item \$100.00/monthly

**C. Kuchinski, Joseph, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 32 Woodland Ave  
 City Mountain Lakes State NJ Zip Code 07046  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EMP Medical Group, LTD Occupation (for Individual) Emergency Physician  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : SA11AI.6237**  
 Amount of Each Receipt this Period 300.00  
 Memo Item \$100.00/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	666.67
<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 14 OF 20
	<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)  
**USACS PAC**

**A. Laberge, Anne-Marie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 114 Nazarene Ct  
 City Fombell State PA Zip Code 16123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EMP Medical Group, LTD Occupation (for Individual) Emergency Physician  
 Receipt For: 2016  
 Primary     General  
 Other (specify) Other  
 Aggregate Year-to-Date ▼  
 215.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2016  
**Transaction ID : SA11AI.6238**  
 Amount of Each Receipt this Period  
 65.00  
 Memo Item  
 \$20.00/monthly

**B. Lee, Sidney, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 701 15th Ave  
 City Honolulu State HI Zip Code 96816  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EMP Medical Group, LTD Occupation (for Individual) Emergency Physician  
 Receipt For: 2016  
 Primary     General  
 Other (specify) Other  
 Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2016  
**Transaction ID : SA11AI.6243**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 \$50.00/monthly

**C. Mann, Rubeal, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20 James River Rd  
 City Beaver creek State OH Zip Code 45434  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EMP Medical Group, LTD Occupation (for Individual) Emergency Physician  
 Receipt For: 2016  
 Primary     General  
 Other (specify) Other  
 Aggregate Year-to-Date ▼  
 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2016  
**Transaction ID : SA11AI.6253**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 \$100.00/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	515.00
<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 15 OF 20
	<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)  
**USACS PAC**

**A. Mayorga, Oliver, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 32 Church St  
 City Mystic State CT Zip Code 06355  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EMP Medical Group, LTD Occupation (for Individual) Emergency Physician  
 Receipt For: 2016  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2016  
**Transaction ID : SA11AI.6257**  
 Amount of Each Receipt this Period  
**150.00**  
 Memo Item  
 \$50.00/monthly

**B. McNeil, Patsy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2203 Darnell Court  
 City Bowie State MD Zip Code 20721  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EMP Medical Group, LTD Occupation (for Individual) Emergency Physician  
 Receipt For: 2016  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2016  
**Transaction ID : SA11AI.6261**  
 Amount of Each Receipt this Period  
**400.00**  
 Memo Item  
 \$400.00/monthly

**C. Osmundson, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 62 East Drive  
 City Hartville State OH Zip Code 44632  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EMP Medical Group, LTD Occupation (for Individual) Emergency Physician  
 Receipt For: 2016  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date ▼ **900.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2016  
**Transaction ID : SA11AI.6265**  
 Amount of Each Receipt this Period  
**300.00**  
 Memo Item  
 \$100.00/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>850.00</b>
<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 16 OF 20
	<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)  
**USACS PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Packo, David, , ,</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2016
Mailing Address 4535 Dressler Rd NW		<b>Transaction ID : SA11AI.6268</b>
City Canton	State OH	Zip Code 44718
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00	
Name of Employer (for Individual) EMP Medical Group, LTD	Occupation (for Individual) Emergency Physician	<input type="checkbox"/> Memo Item \$100.00/monthly
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 900.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Panitch, Orlee, , Dr.,</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2016
Mailing Address 11753 Gainsborough Road		<b>Transaction ID : SA11AI.6269</b>
City Potamac	State MD	Zip Code 20854
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00	
Name of Employer (for Individual) EMP Medical Group, LTD	Occupation (for Individual) Emergency Physician	<input type="checkbox"/> Memo Item \$150.00/monthly
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Percy, Carmella, , ,</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2016
Mailing Address 6875 Stonebridge Lane		<b>Transaction ID : SA11AI.6270</b>
City Clover	State SC	Zip Code 29710
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 150.00	
Name of Employer (for Individual) EMP Medical Group, LTD	Occupation (for Individual) Emergency Physician	<input type="checkbox"/> Memo Item \$50.00/monthly
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<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 17 OF 20
	<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)  
**USACS PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Radford, Shawn, , ,</b>			Date of Receipt MM / DD / YYYY 09 / 30 / 2016
Mailing Address 263 Shawmont Avenue Unit E			<b>Transaction ID : SA11AI.6274</b>
City Philadelphia	State PA	Zip Code 19128	Amount of Each Receipt this Period 216.67
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$100.00/monthly
Name of Employer (for Individual) EMP Medical Group, LTD		Occupation (for Individual) Emergency Physician	
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 316.69		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Simonsen, Jeremy, , ,</b>			Date of Receipt MM / DD / YYYY 09 / 30 / 2016
Mailing Address 400 N Church Unit 228			<b>Transaction ID : SA11AI.6288</b>
City Charlotte	State NC	Zip Code 28202	Amount of Each Receipt this Period 75.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$25.00/monthly
Name of Employer (for Individual) EMP Medical Group, LTD		Occupation (for Individual) Emergency Physician	
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 225.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Slabinski, Mark, , ,</b>			Date of Receipt MM / DD / YYYY 09 / 30 / 2016
Mailing Address 3004 Edison St. NW			<b>Transaction ID : SA11AI.6291</b>
City Uniontown	State OH	Zip Code 44685	Amount of Each Receipt this Period 249.99
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$83.33/monthly
Name of Employer (for Individual) EMP Medical Group, LTD		Occupation (for Individual) Emergency Physician	
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 749.97		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	541.66
<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 18 OF 20
	<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)  
**USACS PAC**

**A. Snyder, Aaron, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9925 Silver Brook Drive  
 City Rockville State MD Zip Code 20850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EMP Medical Group, LTD Occupation (for Individual) Emergency Physician  
 Receipt For: 2016  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2016  
**Transaction ID : SA11AI.6295**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 \$150.00/monthly

**B. Snyder, Eric, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 311 East Carrolltown PO Box 384  
 City Carrolltown State PA Zip Code 15722  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EMP Medical Group, LTD Occupation (for Individual) Emergency Physician  
 Receipt For: 2016  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **360.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2016  
**Transaction ID : SA11AI.6296**  
 Amount of Each Receipt this Period  
 120.00  
 Memo Item  
 \$40.00/monthly

**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 M / D D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	420.00
<b>TOTAL</b> This Period (last page this line number only).....	9120.64

**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)  
**USACS PAC**

Full Name (Last, First, Middle Initial) <b>A. BRADY FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 08 / 16 / 2016
Mailing Address PO BOX 8277		FEC Identification Number C00311043 <b>Transaction ID : SB23.6327</b>
City THE WOODLANDS	State TX	Zip Code 77387
Purpose of Disbursement Contribution	Category/Type 011	Amount of Each Disbursement this Period 5000.00
Candidate Name <b>BRADY, KEVIN, , ,</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
State: TX District: 08	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. BRADY FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 08 / 16 / 2016
Mailing Address PO BOX 8277		FEC Identification Number C00311043 <b>Transaction ID : SB23.6331</b>
City THE WOODLANDS	State TX	Zip Code 77387
Purpose of Disbursement Void 4/21 Contribution	Category/Type 011	Amount of Each Disbursement this Period -2500.00
Candidate Name <b>BRADY, KEVIN, , ,</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
State: TX District: 08	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF NEAL DUNN</b>		Date of Disbursement MM / DD / YYYY 08 / 02 / 2016
Mailing Address 2640A MITCHAM DRIVE		FEC Identification Number C00582304 <b>Transaction ID : SB23.6325</b>
City TALLAHASSEE	State FL	Zip Code 32308
Purpose of Disbursement Contribution	Category/Type 011	Amount of Each Disbursement this Period 2000.00
Candidate Name <b>DUNN, NEAL, , ,</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
State: FL District: 02	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4500.00
<b>TOTAL</b> 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)  
**USACS PAC**

**A. MCKINLEY FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 642

City MORGANTOWN State WV Zip Code 26507

Purpose of Disbursement Contribution

011

Candidate Name MCKINLEY, DAVID B. MR., , ,

Category/Type

Office Sought:  House  Senate  President  
State: WV District: 01

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 12 / 2016

FEC Identification Number

C C00473132

Transaction ID : SB23.6326

Amount of Each Disbursement this Period

500.00

Memo Item

**B. Plaster for Congress**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 348

City Annaplos State MD Zip Code 21404

Purpose of Disbursement Contribution

011

Candidate Name Plaster, Mark, , ,

Category/Type

Office Sought:  House  Senate  President  
State: MD District: 03

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 29 / 2016

FEC Identification Number

C

Transaction ID : SB23.6329

Amount of Each Disbursement this Period

1000.00

Memo Item

**C. SILVER STATE PAC, INC.**

Full Name (Last, First, Middle Initial)

Mailing Address 610 S. BOULEVARD

City TAMPA State FL Zip Code 33606

Purpose of Disbursement Contribution

011

Candidate Name

Category/Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 17 / 2016

FEC Identification Number

C C00619965

Transaction ID : SB23.6328

Amount of Each Disbursement this Period

10000.00

Memo Item

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

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

11500.00

16000.00