

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="16323.41"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="9597.86"/>	<input type="text" value="9597.86"/>
(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="25921.27"/>	<input type="text" value="25921.27"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="8500.00"/>	<input type="text" value="8500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="17421.27"/>	<input type="text" value="17421.27"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY 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. 06/2004)

Write or Type Committee Name

USACS 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).....	3948.96	3948.96
(ii) Unitemized	5648.90	5648.90
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	9597.86	9597.86
(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)	9597.86	9597.86
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))..... ▶	9597.86	9597.86
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	9597.86	9597.86

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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.....	8500.00	8500.00
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)) ..	8500.00	8500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8500.00	8500.00

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)	9597.86	9597.86
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9597.86	9597.86
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 11
<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. Amit Arwindekar
 Full Name (Last, First, Middle Initial)
 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 EMP Medical Group, LTD Occupation Emergency Physician
 Receipt For: 2016
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **249.99**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016
Transaction ID : SA11AI.5919
 Amount of Each Receipt this Period
 249.99
 Memo Item
 \$83.33/monthly

B. Dominic Bagnoli
 Full Name (Last, First, Middle Initial)
 Mailing Address 50 East Drive
 City Hartville State OH Zip Code 44632
 FEC ID number of contributing federal political committee. **C**
 Name of Employer EMP Medical Group, LTD Occupation Emergency Physician
 Receipt For: 2016
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **1250.01**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016
Transaction ID : SA11AI.5923
 Amount of Each Receipt this Period
 1250.01
 Memo Item
 \$416.67/monthly

C. Louis Cirillo
 Full Name (Last, First, Middle Initial)
 Mailing Address 91 Woodridge Drive
 City Saunderstown State RI Zip Code 02874
 FEC ID number of contributing federal political committee. **C**
 Name of Employer EMP Medical Group, LTD Occupation Emergency Physician
 Receipt For: 2016
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **249.99**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016
Transaction ID : SA11AI.5930
 Amount of Each Receipt this Period
 249.99
 Memo Item
 \$83.33/monthly

SUBTOTAL of Receipts This Page (optional).....	1749.99
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 11
	<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. Timothy Corvino
Full Name (Last, First, Middle Initial)
Mailing Address 128 Miles Road
City Chagrin Falls State OH Zip Code 44022
FEC ID number of contributing federal political committee. **C**
Name of Employer EMP Medical Group, LTD Occupation Emergency Physician
Receipt For: 2016
 Primary General
 Other (specify) **Other**
Aggregate Year-to-Date **249.00**

Date of Receipt **03 / 31 / 2016**
Transaction ID : SA11AI.5936
Amount of Each Receipt this Period **249.00**
 Memo Item
\$83.00/monthly

B. Daniel Geary
Full Name (Last, First, Middle Initial)
Mailing Address 142 Woodshire
City Pittsburgh State PA Zip Code 15215
FEC ID number of contributing federal political committee. **C**
Name of Employer EMP Medical Group, LTD Occupation Emergency Physician
Receipt For: 2016
 Primary General
 Other (specify) **Other**
Aggregate Year-to-Date **249.99**

Date of Receipt **03 / 31 / 2016**
Transaction ID : SA11AI.5950
Amount of Each Receipt this Period **249.99**
 Memo Item
\$83.33/monthly

C. John Janikas
Full Name (Last, First, Middle Initial)
Mailing Address 43 Outlook Drive South
City Mechanicville State NY Zip Code 12118
FEC ID number of contributing federal political committee. **C**
Name of Employer EMP Medical Group, LTD Occupation Emergency Physician
Receipt For: 2016
 Primary General
 Other (specify) **Other**
Aggregate Year-to-Date **249.99**

Date of Receipt **03 / 31 / 2016**
Transaction ID : SA11AI.5958
Amount of Each Receipt this Period **249.99**
 Memo Item
\$83.33/monthly

SUBTOTAL of Receipts This Page (optional).....	748.98
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 8 OF 11
	<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. Joseph Kuchinski
 Full Name (Last, First, Middle Initial)
 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 EMP Medical Group, LTD Occupation Emergency Physician
 Receipt For: 2016
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016
Transaction ID : SA11AI.5964
 Amount of Each Receipt this Period
 300.00
 Memo Item
 \$100.00/monthly

B. Rubeal Mann
 Full Name (Last, First, Middle Initial)
 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 EMP Medical Group, LTD Occupation Emergency Physician
 Receipt For: 2016
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016
Transaction ID : SA11AI.5977
 Amount of Each Receipt this Period
 300.00
 Memo Item
 \$100.00/monthly

C. Michael Osmundson
 Full Name (Last, First, Middle Initial)
 Mailing Address 62 East Drive
 City Hartville State OH Zip Code 44632
 FEC ID number of contributing federal political committee. **C**
 Name of Employer EMP Medical Group, LTD Occupation Emergency Physician
 Receipt For: 2016
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016
Transaction ID : SA11AI.5989
 Amount of Each Receipt this Period
 300.00
 Memo Item
 \$100.00/monthly

SUBTOTAL of Receipts This Page (optional).....	▶	900.00
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 11
	<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. David Packo
 Full Name (Last, First, Middle Initial)
 Mailing Address 4535 Dressler Rd NW
 City Canton State OH Zip Code 44718
 FEC ID number of contributing federal political committee. **C**
 Name of Employer EMP Medical Group, LTD Occupation Emergency Physician
 Receipt For: 2016
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016
Transaction ID : SA11AI.5990
 Amount of Each Receipt this Period
 300.00
 Memo Item
 \$100.00/monthly

B. Mark Slabinski
 Full Name (Last, First, Middle Initial)
 Mailing Address 3004 Edison St. NW
 City Uniontown State OH Zip Code 44685
 FEC ID number of contributing federal political committee. **C**
 Name of Employer EMP Medical Group, LTD Occupation Emergency Physician
 Receipt For: 2016
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **249.99**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016
Transaction ID : SA11AI.6005
 Amount of Each Receipt this Period
 249.99
 Memo Item
 \$83.33/monthly

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) **Other**
 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).....	549.99
TOTAL This Period (last page this line number only).....	3948.96

**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)
USACS PAC

Full Name (Last, First, Middle Initial)

A. DR. RAUL RUIZ FOR CONGRESS

Mailing Address PO BOX 3433

City PALM DESERT State CA Zip Code 92261

Purpose of Disbursement
Contribution

011

Candidate Name
RAUL RUIZ

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 36

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 28 / 2016

Transaction ID : SB23.6028

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. EMERGENCY DEPARTMENT PRACTICE MANAGEMENT ASSOCIATION PAC (EDPMA-PAC)

Mailing Address 8400 WESTPARK DRIVE
2ND FLOOR

City MCLEAN State VA Zip Code 22102

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

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2016

Transaction ID : SB23.6026

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. FRIENDS OF DAVE JOYCE

Mailing Address 320 KENARDEN DRIVE

City CLEVELAND State OH Zip Code 44143

Purpose of Disbursement
Contribution

011

Candidate Name
DAVID P JOYCE

Category/
Type

Office Sought: House
 Senate
 President
State: OH District: 14

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2016

Transaction ID : SB23.6024

Amount of Each Disbursement this Period

500.00

Memo Item

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

8000.00

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)
USACS PAC

Full Name (Last, First, Middle Initial)

A. MIKE KELLY FOR CONGRESS

Mailing Address PO BOX 476

City LYNDORA State PA Zip Code 16045

Purpose of Disbursement
Contribution

011

Candidate Name
MIKE KELLY

Category/
Type

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 15 / 2016

Transaction ID : SB23.6023

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Memo Item

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

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

500.00

8500.00