

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.
USACS 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

Signature of Treasurer [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)

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="17421.27"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="9354.49"/>	<input type="text" value="18952.35"/>
(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="26775.76"/>	<input type="text" value="35275.76"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="8493.17"/>	<input type="text" value="16993.17"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="18282.59"/>	<input type="text" value="18282.59"/>
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).....	5388.96	9337.92
(ii) Unitemized	3965.53	9614.43
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	9354.49	18952.35
(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)	9354.49	18952.35
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))..... ▶	9354.49	18952.35
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	9354.49	18952.35

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.....	7000.00	15500.00
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	1493.17	1493.17
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)) ..	8493.17	16993.17
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8493.17	16993.17

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)	9354.49	18952.35
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9354.49	18952.35
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:	PAGE 6 OF 15
	(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"/> 12
		<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 **499.98**

Date of Receipt
 06 / 30 / 2016
Transaction ID : SA11AI.6055
 Amount of Each Receipt this Period
 249.99
 Memo Item
 \$83.33/monthly

B. James Augustine
 Full Name (Last, First, Middle Initial)
 Mailing Address 7868 Classics Drive
 City Naples State FL Zip Code 34113
 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 **240.00**

Date of Receipt
 06 / 30 / 2016
Transaction ID : SA11AI.6057
 Amount of Each Receipt this Period
 120.00
 Memo Item
 \$40.00/monthly

C. 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 **2500.02**

Date of Receipt
 06 / 30 / 2016
Transaction ID : SA11AI.6059
 Amount of Each Receipt this Period
 1250.01
 Memo Item
 \$416.67/monthly

SUBTOTAL of Receipts This Page (optional).....	1620.00
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 15
	<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. 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 **499.98**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2016

Transaction ID : SA11AI.6066

Amount of Each Receipt this Period
 249.99

Memo Item
 \$83.33/monthly

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

Mailing Address 2523 Hanover Ave

City Richmond State VA Zip Code 23220

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 M / D D D / Y Y Y Y Y Y
 06 / 30 / 2016

Transaction ID : SA11AI.6067

Amount of Each Receipt this Period
 150.00

Memo Item
 \$50.00/monthly

C. 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 **498.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2016

Transaction ID : SA11AI.6072

Amount of Each Receipt this Period
 249.00

Memo Item
 \$83.00/monthly

SUBTOTAL of Receipts This Page (optional)..... **648.99**

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 8 OF 15
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
USACS PAC

A. Paul Eakin
 Full Name (Last, First, Middle Initial)
 Mailing Address 1455 Hunakai St Apt 1
 City Honolulu State HI Zip Code 96816
 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
 06 / 30 / 2016
Transaction ID : SA11AI.6077
 Amount of Each Receipt this Period
 150.00
 Memo Item
 \$50.00/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 **499.98**

Date of Receipt
 06 / 30 / 2016
Transaction ID : SA11AI.6085
 Amount of Each Receipt this Period
 249.99
 Memo Item
 \$83.33/monthly

C. Roderick Groomes
 Full Name (Last, First, Middle Initial)
 Mailing Address 1035 Glade Park East
 City Kittanning State PA Zip Code 16201
 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
 06 / 30 / 2016
Transaction ID : SA11AI.6088
 Amount of Each Receipt this Period
 150.00
 Memo Item
 \$50.00/monthly

SUBTOTAL of Receipts This Page (optional).....	549.99
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:	PAGE 9 OF 15
	(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 (Last, First, Middle Initial)
A. John Janikas

Mailing Address 43 Outlook Drive South

City State Zip Code
Mechanicville NY 12118

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

Name of Employer Occupation
EMP Medical Group, LTD Emergency Physician

Receipt For: 2016
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date ▼
499.98

Date of Receipt
MM / DD / YYYY
06 / 30 / 2016

Transaction ID : SA11AI.6093

Amount of Each Receipt this Period
249.99

Memo Item
\$83.33/monthly

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

Mailing Address 115 Cayuga Heights Road

City State Zip Code
Ithaca NY 14850

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

Name of Employer Occupation
EMP Medical Group, LTD Emergency Physician

Receipt For: 2016
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2016

Transaction ID : SA11AI.6094

Amount of Each Receipt this Period
150.00

Memo Item
\$50.00/monthly

Full Name (Last, First, Middle Initial)
C. Bruce Jones

Mailing Address 465 Woodard Place

City State Zip Code
Powell OH 43065

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

Name of Employer Occupation
EMP Medical Group, LTD Emergency Physician

Receipt For: 2016
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2016

Transaction ID : SA11AI.6095

Amount of Each Receipt this Period
150.00

Memo Item
\$50.00/monthly

SUBTOTAL of Receipts This Page (optional).....	549.99
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:	PAGE 10 OF 15
	(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"/> 12
		<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 (Last, First, Middle Initial) A. Joseph Kuchinski		Date of Receipt MM / DD / YYYY 06 / 30 / 2016
Mailing Address 32 Woodland Ave		Transaction ID : SA11AI.6099
City Mountain Lakes	State NJ	Zip Code 07046
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00	
Name of Employer EMP Medical Group, LTD	Occupation 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 ▼ 600.00	

Full Name (Last, First, Middle Initial) B. Sidney Lee		Date of Receipt MM / DD / YYYY 06 / 30 / 2016
Mailing Address 701 15th Ave		Transaction ID : SA11AI.6103
City Honolulu	State HI	Zip Code 96816
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 150.00	
Name of Employer EMP Medical Group, LTD	Occupation 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 ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Rubeal Mann		Date of Receipt MM / DD / YYYY 06 / 30 / 2016
Mailing Address 20 James River Rd		Transaction ID : SA11AI.6111
City Beavercreek	State OH	Zip Code 45434
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00	
Name of Employer EMP Medical Group, LTD	Occupation 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 ▼ 600.00	

SUBTOTAL of Receipts This Page (optional).....▶	750.00
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 11 OF 15
	<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. Oliver Mayorga
Full Name (Last, First, Middle Initial)

Mailing Address 32 Church St

City State Zip Code
Mystic CT 06355

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

Name of Employer Occupation
EMP Medical Group, LTD Emergency Physician

Receipt For: 2016
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date ▼
300.00

Date of Receipt
06 / 30 / 2016
Transaction ID : SA11AI.6115

Amount of Each Receipt this Period
150.00

Memo Item
\$50.00/monthly

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

Mailing Address 62 East Drive

City State Zip Code
Hartville OH 44632

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

Name of Employer Occupation
EMP Medical Group, LTD Emergency Physician

Receipt For: 2016
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date ▼
600.00

Date of Receipt
06 / 30 / 2016
Transaction ID : SA11AI.6122

Amount of Each Receipt this Period
300.00

Memo Item
\$100.00/monthly

C. David Packo
Full Name (Last, First, Middle Initial)

Mailing Address 4535 Dressler Rd NW

City State Zip Code
Canton OH 44718

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

Name of Employer Occupation
EMP Medical Group, LTD Emergency Physician

Receipt For: 2016
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date ▼
600.00

Date of Receipt
06 / 30 / 2016
Transaction ID : SA11AI.6123

Amount of Each Receipt this Period
300.00

Memo Item
\$100.00/monthly

SUBTOTAL of Receipts This Page (optional).....	750.00
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:	PAGE 12 OF 15
	(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"/> 12
		<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 (Last, First, Middle Initial)
A. Carmella Percy

Mailing Address 6875 Stonebridge Lane

City State Zip Code
Clover SC 29710

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

Name of Employer Occupation
EMP Medical Group, LTD Emergency Physician

Receipt For: 2016
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2016

Transaction ID : SA11AI.6124

Amount of Each Receipt this Period
150.00

Memo Item
\$50.00/monthly

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

Mailing Address 3004 Edison St. NW

City State Zip Code
Uniontown OH 44685

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

Name of Employer Occupation
EMP Medical Group, LTD Emergency Physician

Receipt For: 2016
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date ▼
499.98

Date of Receipt
MM / DD / YYYY
06 / 30 / 2016

Transaction ID : SA11AI.6137

Amount of Each Receipt this Period
249.99

Memo Item
\$83.33/monthly

Full Name (Last, First, Middle Initial)
C. Eric Snyder

Mailing Address 311 East Carrolltown
PO Box 384

City State Zip Code
Carrolltown PA 15722

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

Name of Employer Occupation
EMP Medical Group, LTD Emergency Physician

Receipt For: 2016
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date ▼
240.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2016

Transaction ID : SA11AI.6140

Amount of Each Receipt this Period
120.00

Memo Item
\$40.00/monthly

SUBTOTAL of Receipts This Page (optional).....	519.99
TOTAL This Period (last page this line number only).....	5388.96

**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. BLUMENTHAL FOR CONNECTICUT		Date of Disbursement MM / DD / YYYY 06 / 03 / 2016
Mailing Address 777 SUMMER STREET STE 103 C/O CACACE TUSCH & SANTAGATA		Transaction ID : SB23.6043
City STAMFORD State CT Zip Code 06901	Amount of Each Disbursement this Period 250.00	
Purpose of Disbursement Contribution	Category/Type 011	<input type="checkbox"/> Memo Item
Candidate Name RICHARD BLUMENTHAL		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CT District: 00		

Full Name (Last, First, Middle Initial) B. BRADY FOR CONGRESS		Date of Disbursement MM / DD / YYYY 04 / 21 / 2016
Mailing Address PO BOX 8277		Transaction ID : SB23.6041
City THE WOODLANDS State TX Zip Code 77387	Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement Contribution	Category/Type 011	<input type="checkbox"/> Memo Item
Candidate Name KEVIN BRADY		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 08		

Full Name (Last, First, Middle Initial) C. HUDSON FOR CONGRESS		Date of Disbursement MM / DD / YYYY 06 / 03 / 2016
Mailing Address PO BOX 5053		Transaction ID : SB23.6044
City CONCORD State NC Zip Code 28027	Amount of Each Disbursement this Period 1250.00	
Purpose of Disbursement Contribution	Category/Type 011	<input type="checkbox"/> Memo Item
Candidate Name RICHARD L. JR. HUDSON		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District: 08		

SUBTOTAL of Disbursements This Page (optional).....▶	4000.00
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. KYRSTEN SINEMA FOR CONGRESS

Mailing Address PO BOX 25879

City TEMPE State AZ Zip Code 85285

Purpose of Disbursement
Contribution

011

Candidate Name

KYRSTEN SINEMA

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: AZ District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2016

Transaction ID : SB23.6042

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Plaster for Congress

Mailing Address PO Box 348

City Annaplos State MD Zip Code 21404

Purpose of Disbursement
Contribution

011

Candidate Name

Mark Plaster

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MD District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2016

Transaction ID : SB23.6045

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. ROSKAM FOR CONGRESS COMMITTEE

Mailing Address P. O. BOX 713

City WHEATON State IL Zip Code 60187

Purpose of Disbursement
Contribution

011

Candidate Name

PETER ROSKAM

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2016

Transaction ID : SB23.6049

Amount of Each Disbursement this Period

1000.00

Memo Item

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

3000.00

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

7000.00

**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 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 checked="" 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. B-Squared

Mailing Address 8324-C Cleveland Ave NW

City North Canton State OH Zip Code 44720

Purpose of Disbursement pins

006

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2016
 Primary General Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
04 / 04 / 2016

Transaction ID : SB29.6150

Amount of Each Disbursement this Period

1281.17

Memo Item

Full Name (Last, First, Middle Initial)

B. Ulmer & Berne LLP

Mailing Address PO BOX 74529

City Cleveland State OH Zip Code 44194

Purpose of Disbursement Legal services

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2016
 Primary General Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
04 / 21 / 2016

Transaction ID : SB29.6053

Amount of Each Disbursement this Period

212.00

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

Disbursement For:
 Primary General Other (specify) ▼

State: District:

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)..... ▶

1493.17

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

1493.17