

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

Check if different than previously reported. (ACC) Canton OH 44718

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00544957 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:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on M M M / D D D / Y Y Y Y Y Y in the State of

- (d) 30-Day POST-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y 01 / 01 / 2022 through M M M / D D D / Y Y Y Y Y Y 03 / 31 / 2022

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

Guyton, Steven, , ,

Type or Print Name of Treasurer

Signature of Treasurer Guyton, Steven, , , [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 04 / 11 / 2022

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only									
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="2022"/>		293167.63
(b) Cash on Hand at Beginning of Reporting Period.....	293167.63	
(c) Total Receipts (from Line 19)	55727.46	55727.46
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	348895.09	348895.09
7. Total Disbursements (from Line 31).....	52000.00	52000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	296895.09	296895.09
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

USACS PAC

Report Covering the Period: From: 01 / 01 / 2022 To: 03 / 31 / 2022

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).....	45764.88	45764.88
(ii) Unitemized	9962.58	9962.58
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	55727.46	55727.46
(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)	55727.46	55727.46
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)).....▶	55727.46	55727.46
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	55727.46	55727.46

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.....	10000.00	10000.00
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).....	42000.00	42000.00
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)) ..	52000.00	52000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	52000.00	52000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	55727.46	55727.46
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	55727.46	55727.46
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 55
	<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

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Aboutalib, Angela, , ,		Date of Receipt MM / DD / YYYY 03 / 31 / 2022
Mailing Address 2 East Erie St Apt 3306		Transaction ID : SA11AI.5503
City Chicago	State IL	Zip Code 60611-3169
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) National Director of Quality and Educa	<input type="checkbox"/> Memo Item \$100/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Albaugh, Chad, , ,		Date of Receipt MM / DD / YYYY 03 / 31 / 2022
Mailing Address 1602 River Bluff Rd		Transaction ID : SA11AI.5476
City Morehead City	State NC	Zip Code 28557
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 450.00
Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$150/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Aldeen, Amer, , ,		Date of Receipt MM / DD / YYYY 03 / 31 / 2022
Mailing Address 18631 Rue Beauvais		Transaction ID : SA11AI.5468
City Lutz	State FL	Zip Code 33558-7112
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 450.00
Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) Chief Medical Officer	<input type="checkbox"/> Memo Item \$150/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 450.00	

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
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 55
	<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"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Aldred, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3508 Good Night Trail
 City Leander State TX Zip Code 78641-3628
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Travis County Emergency Phys Occupation (for Individual) Director of Telemedicine
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2022
Transaction ID : SA11AI.5472
 Amount of Each Receipt this Period 450.00
 Memo Item
 \$150/Monthly

B. Argus, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 198 Barbados Dr
 City Jupiter State FL Zip Code 33458-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Regional Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2022
Transaction ID : SA11AI.5501
 Amount of Each Receipt this Period 450.00
 Memo Item
 \$150/Monthly

C. Atez, Francisco, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17376 Emerald Chase Drive
 City Tampa State FL Zip Code 33647
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2022
Transaction ID : SA11AI.5507
 Amount of Each Receipt this Period 300.00
 Memo Item
 \$100/Monthly

SUBTOTAL of Receipts This Page (optional).....	1200.00
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 8 OF 55
<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. Augustine, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7868 Classics Dr.
 City Naples State FL Zip Code 34113-3063
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Management Group, Ltd. Occupation (for Individual) Chairman, National Clinical Governance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2022
Transaction ID : SA11AI.5443
 Amount of Each Receipt this Period
 450.00
 Memo Item
 \$150/Monthly

B. 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) USACS Medical Group, Ltd. Occupation (for Individual) Executive Chairman
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1249.89

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2022
Transaction ID : SA11AI.5430
 Amount of Each Receipt this Period
 1249.89
 Memo Item
 \$416.63/Monthly

C. Baker, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1209 E Cumberland Ave Unit #1404
 City Tampa State FL Zip Code 33602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Management Group, Ltd. Occupation (for Individual) Regional Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2022
Transaction ID : SA11AI.5473
 Amount of Each Receipt this Period
 450.00
 Memo Item
 \$150/Monthly

SUBTOTAL of Receipts This Page (optional).....	2149.89
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 55
	<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"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Balewick, Donna, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 626 Phillips Rd
 City Blairsville State PA Zip Code 15717-4233
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Medical Director of Integrated Acute C
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2022
Transaction ID : SA11AI.5479
 Amount of Each Receipt this Period 450.00
 Memo Item
 \$150/Monthly

B. Bedolla, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1000 San Marcos Street Unit 324
 City Austin State TX Zip Code 78702-2667
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Travis County Emergency Phys Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2022
Transaction ID : SA11AI.5527
 Amount of Each Receipt this Period 300.00
 Memo Item
 \$100/Monthly

C. Bender, Sean, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 520 Elm Street
 City Denver State CO Zip Code 80220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Regional Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2022
Transaction ID : SA11AI.5489
 Amount of Each Receipt this Period 450.00
 Memo Item
 \$150/Monthly

SUBTOTAL of Receipts This Page (optional).....▶ 1200.00
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 10 OF 55
<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. Biersbach, Raymond, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 234 Lakeshore Dr
 City Mooresville State NC Zip Code 28117-7535
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 31 / 2022
Transaction ID : SA11AI.5511
 Amount of Each Receipt this Period 300.00
 Memo Item \$100/Monthly

B. Bishop, Sara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 2175
 City Morehead City State NC Zip Code 28557-2175
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Travis County Emergency Phys Occupation (for Individual) APP Lead
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 03 / 31 / 2022
Transaction ID : SA11AI.5540
 Amount of Each Receipt this Period 225.00
 Memo Item \$75/Monthly

C. Blankenship, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7058 Ravens Run
 City Cincinnati State OH Zip Code 45244-3591
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 31 / 2022
Transaction ID : SA11AI.5488
 Amount of Each Receipt this Period 450.00
 Memo Item \$150/Monthly

SUBTOTAL of Receipts This Page (optional).....	975.00
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 55
	<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. Blaum, Justin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 312 Biddle Ave
 FI 2
 City Pittsburgh State PA Zip Code 15221-3436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 31 / 2022
Transaction ID : SA11AI.5449
 Amount of Each Receipt this Period 450.00
 Memo Item \$150/Monthly

B. Bradstreet, Jennifer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8026 Vanity Hill
 City San Antonio State TX Zip Code 78256-2509
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Regional Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 31 / 2022
Transaction ID : SA11AI.5444
 Amount of Each Receipt this Period 450.00
 Memo Item \$150/Monthly

C. Brice, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17007 Arrowhead Ct
 City College Station State TX Zip Code 77845
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Travis County Emergency Phys Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 31 / 2022
Transaction ID : SA11AI.5522
 Amount of Each Receipt this Period 300.00
 Memo Item \$100/Monthly

SUBTOTAL of Receipts This Page (optional).....	1200.00
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 12 OF 55
<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. Brown, Nicholas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 532 College Blvd
 City San Antonio State TX Zip Code 78209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Travis County Emergency Phys Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2022
Transaction ID : SA11AI.5487
 Amount of Each Receipt this Period 450.00
 Memo Item
 \$150/Monthly

B. Buchanan, Curtis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3608 Shadow Arbor Way
 City Lutz State FL Zip Code 33548
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2022
Transaction ID : SA11AI.5500
 Amount of Each Receipt this Period 450.00
 Memo Item
 \$150/Monthly

C. Caceres, Camilo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2419 Smallman Street Unit 401
 City Pittsburgh State PA Zip Code 15222-5643
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Quality Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2022
Transaction ID : SA11AI.5475
 Amount of Each Receipt this Period 450.00
 Memo Item
 \$150/Monthly

SUBTOTAL of Receipts This Page (optional).....	1350.00
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 13 OF 55
	<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. Carney, Bryan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2408 Marsh Tern Ln
 City Morehead City State NC Zip Code 28557-4772
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Travis County Emergency Phys Occupation (for Individual) Assistant Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 31 / 2022
Transaction ID : SA11AI.5474
 Amount of Each Receipt this Period 450.00
 Memo Item \$150/Monthly

B. Casey, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5156 Baker Ridge Dr.
 City Columbus State OH Zip Code 43228
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) National Director of Scholars
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 31 / 2022
Transaction ID : SA11AI.5447
 Amount of Each Receipt this Period 450.00
 Memo Item \$150/Monthly

C. Cetta, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16 Piney Glen Court
 City Potomac State MD Zip Code 20854-1411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Chief of Integrated Acute Care
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 03 / 31 / 2022
Transaction ID : SA11AI.5431
 Amount of Each Receipt this Period 1200.00
 Memo Item \$400/Monthly

SUBTOTAL of Receipts This Page (optional).....	2100.00
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 14 OF 55
	<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. 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 02874-1943
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Director of Government Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 31 / 2022
Transaction ID : SA11AI.5453
 Amount of Each Receipt this Period 450.00
 Memo Item \$150/Monthly

B. 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) USACS Medical Group, Ltd. Occupation (for Individual) National Director of Patient Experienc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 31 / 2022
Transaction ID : SA11AI.5457
 Amount of Each Receipt this Period 450.00
 Memo Item \$150/Monthly

C. Conley, Amy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6419 Renwick Circle
 City Tampa State FL Zip Code 33647
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 31 / 2022
Transaction ID : SA11AI.5502
 Amount of Each Receipt this Period 300.00
 Memo Item \$100/Monthly

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
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 15 OF 55
<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 A. Cook, Alexander, , ,			Date of Receipt MM / DD / YYYY 03 / 31 / 2022
Mailing Address 8780 Surrey Place			Transaction ID : SA11AI.5537
City Maineville	State OH	Zip Code 45039-9519	Amount of Each Receipt this Period 240.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$80/Monthly
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Director of APPs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Coomes, Justin, , ,			Date of Receipt MM / DD / YYYY 03 / 31 / 2022
Mailing Address 7762 Westwind Lane			Transaction ID : SA11AI.5448
City Montgomery	State OH	Zip Code 45242-5008	Amount of Each Receipt this Period 450.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$150/Monthly
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Correll, Brodie, , ,			Date of Receipt MM / DD / YYYY 03 / 31 / 2022
Mailing Address 782 Archie Lane			Transaction ID : SA11AI.5466
City Belton	State TX	Zip Code 76513	Amount of Each Receipt this Period 450.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$150/Monthly
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 450.00	

SUBTOTAL of Receipts This Page (optional).....	1140.00
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 16 OF 55
	<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. Corrigan, Kevin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9338 Standerwick Ln
 City Huntersville State NC Zip Code 28078
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Assistant Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2022
Transaction ID : SA11AI.5450
 Amount of Each Receipt this Period 450.00
 Memo Item
 \$150/Monthly

B. Darnell, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5125 Duffy Rd. SE
 City Lancaster State OH Zip Code 43130-9451
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2022
Transaction ID : SA11AI.5485
 Amount of Each Receipt this Period 450.00
 Memo Item
 \$150/Monthly

C. De Angelis, Sydney, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 114 E Church St
 City Frederick State MD Zip Code 21701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2022
Transaction ID : SA11AI.5514
 Amount of Each Receipt this Period 300.00
 Memo Item
 \$100/Monthly

SUBTOTAL of Receipts This Page (optional).....	1200.00
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 17 OF 55
<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. DiRando, Jesse, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 33531 Royal Saint George Drive
 City Avon State OH Zip Code 44011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Chief Documentation Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2022
Transaction ID : SA11AI.5445
 Amount of Each Receipt this Period 450.00
 Memo Item
 \$150/Monthly

B. Doss, Belinda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1344 County Road 3552
 City Queen City State TX Zip Code 75572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Travis County Emergency Phys Occupation (for Individual) APP Lead
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2022
Transaction ID : SA11AI.5539
 Amount of Each Receipt this Period 225.00
 Memo Item
 \$75/Monthly

C. Edginton, Simon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28671 Corbara Place
 City Wesley Chapel State FL Zip Code 33543
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Regional Chief Medical Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2022
Transaction ID : SA11AI.5491
 Amount of Each Receipt this Period 450.00
 Memo Item
 \$150/Monthly

SUBTOTAL of Receipts This Page (optional).....	1125.00
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 18 OF 55
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Eisenberg, Steven, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35590 Michael Drive
 City Solon State OH Zip Code 44139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Chief Administrative Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 31 / 2022
Transaction ID : SA11AI.5459
 Amount of Each Receipt this Period 450.00
 Memo Item \$150/Monthly

B. Falcone, Angelo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2606 Tridelphia Lake Road
 City Brookeville State MD Zip Code 20833
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Board Member
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 31 / 2022
Transaction ID : SA11AI.5433
 Amount of Each Receipt this Period 450.00
 Memo Item \$150/Monthly

C. Ferrand, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 193 Bryna Lane
 City Carnegie State PA Zip Code 15106-1473
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Firefighter
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 31 / 2022
Transaction ID : SA11AI.5506
 Amount of Each Receipt this Period 300.00
 Memo Item \$100/Monthly

SUBTOTAL of Receipts This Page (optional)..... ▶ 1200.00
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 19 OF 55
(check only one)

<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Flanigan, Alan, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 195 McGregor Street
Apt. 405

City Manchester State NH Zip Code 03102-3777

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

Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Medical Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 31 / 2022
Transaction ID : SA11AI.5496

Amount of Each Receipt this Period 450.00

Memo Item \$150/Monthly

B. Fleming, Sean, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2300 Shoreham Circle

City Lewisville State TX Zip Code 75056

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

Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Medical Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 31 / 2022
Transaction ID : SA11AI.5490

Amount of Each Receipt this Period 450.00

Memo Item \$150/Monthly

C. Foss, David, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 915 Tschoepe Rd

City Seguin State TX Zip Code 78155

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

Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Medical Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 31 / 2022
Transaction ID : SA11AI.5492

Amount of Each Receipt this Period 450.00

Memo Item \$150/Monthly

SUBTOTAL of Receipts This Page (optional)..... ▶ 1350.00

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 20 OF 55
	<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. Frary, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4009 Grassmere Lane
 City Dallas State TX Zip Code 75205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 31 / 2022
Transaction ID : SA11AI.5493
 Amount of Each Receipt this Period 450.00
 Memo Item \$150/Monthly

B. Freedman, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12814 Doe Lane
 City N. Potomac State MD Zip Code 20878
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Pediatric Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 31 / 2022
Transaction ID : SA11AI.5495
 Amount of Each Receipt this Period 450.00
 Memo Item \$150/Monthly

C. Garber, Suzanne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7700 Overlook Hills Lane
 City Cincinnati State OH Zip Code 45244-3289
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Quality Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 31 / 2022
Transaction ID : SA11AI.5513
 Amount of Each Receipt this Period 300.00
 Memo Item \$100/Monthly

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
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 21 OF 55
	<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Gindlesperger, Krisi, , ,

Mailing Address 6203 Renninger Road

City New Franklin	State OH	Zip Code 44319-4741
----------------------	-------------	------------------------

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

Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) Vice President - National Director of
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2022

Transaction ID : SA11AI.5509

Amount of Each Receipt this Period
300.00

Memo Item
\$100/Monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Goen, Paul, , ,

Mailing Address 4417 Leonard Road

City Bryan	State TX	Zip Code 77807
---------------	-------------	-------------------

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

Name of Employer (for Individual) Travis County Emergency Phys	Occupation (for Individual) System Medical Director
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2022

Transaction ID : SA11AI.5524

Amount of Each Receipt this Period
300.00

Memo Item
\$100/Monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Gonzalez, Javier, , ,

Mailing Address 4527 Scarlet Loop

City Wesley Chapel	State FL	Zip Code 33544
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) Medical Director
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2022

Transaction ID : SA11AI.5482

Amount of Each Receipt this Period
450.00

Memo Item
\$150/Monthly

SUBTOTAL of Receipts This Page (optional).....	1050.00
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 22 OF 55
<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. Guyton, Steven, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 Stillwater Lane
 City Sewickley State PA Zip Code 15143-8899
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Management Group, Ltd. Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2022
Transaction ID : SA11AI.5460
 Amount of Each Receipt this Period 450.00
 Memo Item
 \$150/Monthly

B. Hall, Timothy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1380 Woodhurst Drive
 City Rock Hill State SC Zip Code 29732-2082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Travis County Emergency Phys Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2022
Transaction ID : SA11AI.5462
 Amount of Each Receipt this Period 450.00
 Memo Item
 \$150/Monthly

C. Hanlon, Dennis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 Windermere Ct.
 City McMurray State PA Zip Code 15317
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2022
Transaction ID : SA11AI.5531
 Amount of Each Receipt this Period 300.00
 Memo Item
 \$100/Monthly

SUBTOTAL of Receipts This Page (optional).....	1200.00
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 23 OF 55
<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. Harris, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 785 Joe Tyl Road
 City Texarkana State TX Zip Code 75501-5105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 31 / 2022
Transaction ID : SA11AI.5498
 Amount of Each Receipt this Period 450.00
 Memo Item \$150/Monthly

B. Higginbotham, Eric, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1701B South 2nd Street Unit B
 City Austin State TX Zip Code 78704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 31 / 2022
Transaction ID : SA11AI.5480
 Amount of Each Receipt this Period 450.00
 Memo Item \$150/Monthly

C. Holt, Douglas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 207 Cabbage Inlet Lane
 City Wilmington State NC Zip Code 28409-3004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Firefighter
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 31 / 2022
Transaction ID : SA11AI.5532
 Amount of Each Receipt this Period 300.00
 Memo Item \$100/Monthly

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
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 24 OF 55
<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 A. Hummel, Laura, , ,		Date of Receipt MM / DD / YYYY 03 / 31 / 2022
Mailing Address 807 S. Roxmere Road		Transaction ID : SA11AI.5510
City Tampa	State FL	Zip Code 33609-4235
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) Emergency Physician	<input type="checkbox"/> Memo Item \$100/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Hydari, Irfan, , ,		Date of Receipt MM / DD / YYYY 03 / 31 / 2022
Mailing Address 3203 Walnut Ave		Transaction ID : SA11AI.5481
City Austin	State TX	Zip Code 78722-1635
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 450.00
Name of Employer (for Individual) USACS Management Group, Ltd.	Occupation (for Individual) Regional Vice President	<input type="checkbox"/> Memo Item \$150/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Iyer, Sujit, , ,		Date of Receipt MM / DD / YYYY 03 / 31 / 2022
Mailing Address 1204 Kinney Avenue		Transaction ID : SA11AI.5526
City Austin	State TX	Zip Code 78704
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) Pediatric Emergency Physician	<input type="checkbox"/> Memo Item \$100/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	1050.00
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 25 OF 55
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Janikas, John, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 748 Carlton Road
City Clifton Park State NY Zip Code 12065-1023
FEC ID number of contributing federal political committee. **C**
Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Regional Vice President of Operations
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 31 / 2022
Transaction ID : SA11AI.5536
Amount of Each Receipt this Period 249.99
 Memo Item \$83.33/Monthly

B. Jeffrey, Douglas, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 1109 Bluebonnet Lane
City Austin State TX Zip Code 78704-2005
FEC ID number of contributing federal political committee. **C**
Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Emergency Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 31 / 2022
Transaction ID : SA11AI.5465
Amount of Each Receipt this Period 450.00
 Memo Item \$150/Monthly

C. 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) USACS Medical Group, Ltd. Occupation (for Individual) Regional Vice President
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 31 / 2022
Transaction ID : SA11AI.5432
Amount of Each Receipt this Period 450.00
 Memo Item \$150/Monthly

SUBTOTAL of Receipts This Page (optional)..... ▶ 1149.99
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 26 OF 55
	<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. Jones, Bruce, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4187 Colister Drive
 City Dublin State OH Zip Code 43016-6162
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Travis County Emergency Physis Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 31 / 2022
Transaction ID : SA11AI.5436
 Amount of Each Receipt this Period 450.00
 Memo Item \$150/Monthly

B. Kapadia, Homi, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31281 Island Dr
 City Evergreen State CO Zip Code 80439-8966
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Management Group, Ltd. Occupation (for Individual) Regional Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 31 / 2022
Transaction ID : SA11AI.5441
 Amount of Each Receipt this Period 450.00
 Memo Item \$150/Monthly

C. Kapur, Girish, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 535 Beaver Rd
 City Edgeworth State PA Zip Code 15143-1005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Regional Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 31 / 2022
Transaction ID : SA11AI.5535
 Amount of Each Receipt this Period 300.00
 Memo Item \$100/Monthly

SUBTOTAL of Receipts This Page (optional).....	1200.00
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 27 OF 55
	<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Keller, Noah, , ,		Date of Receipt MM / DD / YYYY 03 / 31 / 2022 Transaction ID : SA11AI.5456
Mailing Address 10119 Easterday Court		Amount of Each Receipt this Period 450.00
City Hagerstown	State MD	Zip Code 21742
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$150/Monthly
Name of Employer (for Individual) Travis County Emergency Phys	Occupation (for Individual) Regional Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Kendall, Jayne, , ,		Date of Receipt MM / DD / YYYY 03 / 31 / 2022 Transaction ID : SA11AI.5508
Mailing Address 21710 Parsons Green Row		Amount of Each Receipt this Period 300.00
City Cornelius	State NC	Zip Code 28031
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$100/Monthly
Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) Regional Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Kimmerling, Adam, , ,		Date of Receipt MM / DD / YYYY 03 / 31 / 2022 Transaction ID : SA11AI.5542
Mailing Address 19252 Long Lake Ranch Blvd		Amount of Each Receipt this Period 225.00
City Lutz	State FL	Zip Code 33558-5510
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$75/Monthly
Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) APP Lead	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional).....	975.00
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 28 OF 55
	<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. Klein, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11736 Gainsborough Road
 City Potomac State MD Zip Code 20854
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) National Director of Quality
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 31 / 2022
Transaction ID : SA11AI.5505
 Amount of Each Receipt this Period 300.00
 Memo Item \$100/Monthly

B. Kolodzik, Joan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1108 Paxon Court
 City Bellbrook State OH Zip Code 45305-8959
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) National Director of Continuing Medica
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 31 / 2022
Transaction ID : SA11AI.5446
 Amount of Each Receipt this Period 450.00
 Memo Item \$150/Monthly

C. Land, Larry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10014 Hazelnut Court
 City Tampa State FL Zip Code 33647
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 31 / 2022
Transaction ID : SA11AI.5452
 Amount of Each Receipt this Period 450.00
 Memo Item \$150/Monthly

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
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 29 OF 55
	<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. Lewis, Brandon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3648 Calusa Springs Dr
 City College Station State TX Zip Code 77845-4545
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Travis County Emergency Phys Occupation (for Individual) Regional Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2022
Transaction ID : SA11AI.5471
 Amount of Each Receipt this Period 450.00
 Memo Item
 \$150/Monthly

B. Loar, Jesse, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2554 E. Maplewood Ave.
 City Centennial State CO Zip Code 80121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Management Group, Ltd. Occupation (for Individual) Co-Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2022
Transaction ID : SA11AI.5483
 Amount of Each Receipt this Period 450.00
 Memo Item
 \$150/Monthly

C. MacLean, Craig, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 64 Newfields Road
 City Exeter State NH Zip Code 03833-4542
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Senior Director of Quality
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2022
Transaction ID : SA11AI.5437
 Amount of Each Receipt this Period 450.00
 Memo Item
 \$150/Monthly

SUBTOTAL of Receipts This Page (optional).....	1350.00
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 30 OF 55
	(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

A. MacLeod, Bruce, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1515 Mohican Dr.
 City Pittsburgh State PA Zip Code 15228-1615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Travis County Emergency Phys Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 31 / 2022
Transaction ID : SA11AI.5435
 Amount of Each Receipt this Period 450.00
 Memo Item \$150/Monthly

B. Mann, Rubeal, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10122 Concord Road
 City Dublin State OH Zip Code 43017-9434
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 31 / 2022
Transaction ID : SA11AI.5512
 Amount of Each Receipt this Period 300.00
 Memo Item \$100/Monthly

C. Martinez, Anthony, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7897 Broadway St. Unit 1001
 City San Antonio State TX Zip Code 78209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) System Medical Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 31 / 2022
Transaction ID : SA11AI.5470
 Amount of Each Receipt this Period 450.00
 Memo Item \$150/Monthly

SUBTOTAL of Receipts This Page (optional).....	1200.00
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 31 OF 55
	<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. Mayz, Kurtis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 E Main St
 Ste 404
 City Champaign State IL Zip Code 61820-1313
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Firefighter
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2022
Transaction ID : SA11AI.5451
 Amount of Each Receipt this Period
 450.00
 Memo Item
 \$150/Monthly

B. McManus, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 3484
 City Durango State CO Zip Code 81302-3484
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2022
Transaction ID : SA11AI.5484
 Amount of Each Receipt this Period
 450.00
 Memo Item
 \$150/Monthly

C. Meers, Holley, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24 Quincy Street
 City Chevy Chase State MD Zip Code 20815-4227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Medical Director of Integrated Acute C
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2022
Transaction ID : SA11AI.5518
 Amount of Each Receipt this Period
 300.00
 Memo Item
 \$100/Monthly

SUBTOTAL of Receipts This Page (optional).....	1200.00
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 32 OF 55
	<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Misra, Swarup, , ,			Date of Receipt
Mailing Address 9667 Ashley Green Ct NW			<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2022"/>
City Concord	State NC	Zip Code 28027	Transaction ID : SA11AI.5461
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="450.00"/>
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Quality Director	<input type="checkbox"/> Memo Item \$150/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="450.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Natali, David, , ,			Date of Receipt
Mailing Address 115 Pheasant Drive			<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2022"/>
City Blawnox	State PA	Zip Code 15238-2207	Transaction ID : SA11AI.5478
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="450.00"/>
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Emergency Physician	<input type="checkbox"/> Memo Item \$150/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="450.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Osmundson, Michael, , ,			Date of Receipt
Mailing Address 62 East Dr.			<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2022"/>
City Hartville	State OH	Zip Code 44632-8890	Transaction ID : SA11AI.5455
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="450.00"/>
Name of Employer (for Individual) Travis County Emergency Phys		Occupation (for Individual) President	<input type="checkbox"/> Memo Item \$150/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="450.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1350.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 33 OF 55
	<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. Parks, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11533 Sand Stone Rock Dr
 City Riverview State FL Zip Code 33569-8709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Travis County Emergency Phys Occupation (for Individual) Advanced Practice Provider
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2022
Transaction ID : SA11AI.5541
 Amount of Each Receipt this Period 225.00
 Memo Item
 \$75/Monthly

B. Patlovany, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19938 Terra Canyon
 City San Antonio State TX Zip Code 78255-2344
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2022
Transaction ID : SA11AI.5486
 Amount of Each Receipt this Period 450.00
 Memo Item
 \$150/Monthly

C. Perfetti, Joyce, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29470 Picana Lane
 City Wesley Chapel State FL Zip Code 33543-6615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Associate Medical Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2022
Transaction ID : SA11AI.5534
 Amount of Each Receipt this Period 300.00
 Memo Item
 \$100/Monthly

SUBTOTAL of Receipts This Page (optional).....	975.00
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 34 OF 55
	<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. Phillips, Donald, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1315 Woodglen Ct
 City Aledo State TX Zip Code 76008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Travis County Emergency Phys Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2022
Transaction ID : SA11AI.5499
 Amount of Each Receipt this Period 450.00
 Memo Item
 \$150/Monthly

B. Pines, Jesse, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2424 N Potomac St
 City Arlington State VA Zip Code 22207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Management Group, Ltd. Occupation (for Individual) National Director of Clinical Innovati
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2022
Transaction ID : SA11AI.5520
 Amount of Each Receipt this Period 300.00
 Memo Item
 \$100/Monthly

C. Posin, Shawn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 47575 Hidden Springs Dr
 City Saint Clairsville State OH Zip Code 43950-8626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Board Member
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2022
Transaction ID : SA11AI.5529
 Amount of Each Receipt this Period 300.00
 Memo Item
 \$100/Monthly

SUBTOTAL of Receipts This Page (optional).....	1050.00
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 35 OF 55
	<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. Pyle, Moira, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2220 Valley Oaks Cove
 City Leander State TX Zip Code 78641
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Regional APP Lead
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 03 / 31 / 2022
Transaction ID : SA11AI.5538
 Amount of Each Receipt this Period 225.00
 Memo Item \$75/Monthly

B. Radford, Shawn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8017 Jean Court
 City Pasadena State MD Zip Code 21122-1063
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Management Group, Ltd. Occupation (for Individual) Director of Firefighters
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 31 / 2022
Transaction ID : SA11AI.5458
 Amount of Each Receipt this Period 450.00
 Memo Item \$150/Monthly

C. Reed, Rhett, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12509 Red Mesa Hollow
 City Austin State TX Zip Code 78739-7535
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 31 / 2022
Transaction ID : SA11AI.5525
 Amount of Each Receipt this Period 300.00
 Memo Item \$100/Monthly

SUBTOTAL of Receipts This Page (optional).....	975.00
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 36 OF 55
<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. Romano, Frederick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4516 Tuscana Drive
 City Sarasota State FL Zip Code 34241-4201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Firefighter
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2022
Transaction ID : SA11AI.5440
 Amount of Each Receipt this Period 450.00
 Memo Item
 \$150/Monthly

B. Rooks, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1663 Parkdale Circle S.
 City Erie State CO Zip Code 80516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2022
Transaction ID : SA11AI.5519
 Amount of Each Receipt this Period 300.00
 Memo Item
 \$100/Monthly

C. Russell Goman, Dacia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6611 Marshview Dr
 City Hilliard State OH Zip Code 43026-2108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2022
Transaction ID : SA11AI.5533
 Amount of Each Receipt this Period 300.00
 Memo Item
 \$100/Monthly

SUBTOTAL of Receipts This Page (optional).....	1050.00
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 37 OF 55
<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 A. Rutherford, David, , ,		Date of Receipt MM / DD / YYYY 03 / 31 / 2022
Mailing Address 3502 Quitman St.		Transaction ID : SA11AI.5516
City Denver	State CO	Zip Code 80212
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) Senior Director of Quality	<input type="checkbox"/> Memo Item \$100/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Scherer, Nathan, , ,		Date of Receipt MM / DD / YYYY 03 / 31 / 2022
Mailing Address 6286 E Long Circle N		Transaction ID : SA11AI.5523
City Centennial	State CO	Zip Code 80112
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) Emergency Physician	<input type="checkbox"/> Memo Item \$100/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Scott, David, , ,		Date of Receipt MM / DD / YYYY 03 / 31 / 2022
Mailing Address 749 Bentwater Circle Unit 102		Transaction ID : SA11AI.5439
City Naples	State FL	Zip Code 34108-6762
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 450.00
Name of Employer (for Individual) USACS Management Group, Ltd.	Occupation (for Individual) Emergency Physician	<input type="checkbox"/> Memo Item \$150/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 450.00	

SUBTOTAL of Receipts This Page (optional).....	1050.00
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 38 OF 55
<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. Seaberg, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1221 1st St S
 Unit 3A
 City Jacksonville Beach State FL Zip Code 32250-6446
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Executive Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2022
Transaction ID : SA11AI.5477
 Amount of Each Receipt this Period
 450.00
 Memo Item
 \$150/Monthly

B. Shelat, Chandresh, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2144 Grant Farm Court
 City Marriottsville State MD Zip Code 21104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Associate Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2022
Transaction ID : SA11AI.5497
 Amount of Each Receipt this Period
 450.00
 Memo Item
 \$150/Monthly

C. Slabinski, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3004 Edison St. NW
 City Uniontown State OH Zip Code 44685-7212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Travis County Emergency Phys Occupation (for Individual) Regional Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2022
Transaction ID : SA11AI.5454
 Amount of Each Receipt this Period
 450.00
 Memo Item
 \$150/Monthly

SUBTOTAL of Receipts This Page (optional).....	1350.00
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 39 OF 55
	<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 A. Somers, Michael, , ,		Date of Receipt MM / DD / YYYY 03 / 31 / 2022
Mailing Address 503 Neuse Harbour Blvd		Transaction ID : SA11AI.5494
City New Bern	State NC	Zip Code 28560-8958
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 450.00	
Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$150/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Sullivan, Richard, , ,		Date of Receipt MM / DD / YYYY 03 / 31 / 2022
Mailing Address 117 James Place		Transaction ID : SA11AI.5530
City Pittsburgh	State PA	Zip Code 15228-1021
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00	
Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$100/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Thompson, Donovan, , ,		Date of Receipt MM / DD / YYYY 03 / 31 / 2022
Mailing Address 4408 Lake Shore Road North		Transaction ID : SA11AI.5517
City Denver	State NC	Zip Code 28037-9198
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00	
Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$100/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....	1050.00
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 40 OF 55
<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 A. Tirheimer, Wenzel, , ,		Date of Receipt MM / DD / YYYY 03 / 31 / 2022
Mailing Address 13404 Golf Crest Way		Transaction ID : SA11AI.5464
City Tampa	State FL	Zip Code 33618
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 450.00
Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) Emergency Physician	<input type="checkbox"/> Memo Item \$150/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Tully, John, , ,		Date of Receipt MM / DD / YYYY 03 / 31 / 2022
Mailing Address 8345 Rolling Acres Trail		Transaction ID : SA11AI.5521
City Fair Oaks Ranch	State TX	Zip Code 78015
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) System Medical Director	<input type="checkbox"/> Memo Item \$100/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Ulmer, Travis, , ,		Date of Receipt MM / DD / YYYY 03 / 31 / 2022
Mailing Address 1240 Broadview Ave		Transaction ID : SA11AI.5463
City Columbus	State OH	Zip Code 43212-3344
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 450.00
Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) Chief Clinical Recruiting Officer	<input type="checkbox"/> Memo Item \$150/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 450.00	

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
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 41 OF 55
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Venkat, Arvind, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 105 Breckenridge Dr.
 City Wexford State PA Zip Code 15090-9400
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) National Director of Research
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2022
Transaction ID : SA11AI.5434
 Amount of Each Receipt this Period 450.00
 Memo Item
 \$150/Monthly

B. Watkins, Angela, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3128 Persimmon Tree Ct
 City Woodstock State MD Zip Code 21163-1150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Management Group, Ltd. Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2022
Transaction ID : SA11AI.5469
 Amount of Each Receipt this Period 450.00
 Memo Item
 \$150/Monthly

C. Watson, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2158 W 5th Street Up Unit
 City Cleveland State OH Zip Code 44113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Chief Development Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2022
Transaction ID : SA11AI.5467
 Amount of Each Receipt this Period 450.00
 Memo Item
 \$150/Monthly

SUBTOTAL of Receipts This Page (optional)..... ▶ 1350.00
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 42 OF 55
<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 A. Welsh, Ian, , ,			Date of Receipt MM / DD / YYYY 03 / 31 / 2022 Transaction ID : SA11AI.5442
Mailing Address 1027 Gardenia Street			Amount of Each Receipt this Period 450.00
City Fort Mill	State SC	Zip Code 29708	<input type="checkbox"/> Memo Item \$150/Monthly
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Travis County Emergency Phys	Occupation (for Individual) Firefighter		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Wirtz, David, , ,			Date of Receipt MM / DD / YYYY 03 / 31 / 2022 Transaction ID : SA11AI.5438
Mailing Address 1 Highgate NE			Amount of Each Receipt this Period 450.00
City Ithaca	State NY	Zip Code 14850	<input type="checkbox"/> Memo Item \$150/Monthly
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) Medical Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Zayac, Carl, , ,			Date of Receipt MM / DD / YYYY 03 / 31 / 2022 Transaction ID : SA11AI.5504
Mailing Address 5901 Velasco Ave			Amount of Each Receipt this Period 300.00
City Dallas	State TX	Zip Code 75206	<input type="checkbox"/> Memo Item \$100/Monthly
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Travis County Emergency Phys	Occupation (for Individual) Firefighter		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional).....	1200.00
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 43 OF 55
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Ziebell, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4014 Greystone Drive
 City Austin State TX Zip Code 78731
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Management Group, Ltd. Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 31 / 2022
Transaction ID : SA11AI.5515
 Amount of Each Receipt this Period 300.00
 Memo Item \$100/Monthly

B. Zimmerman, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1913 Buffalo Speedway
 City Leander State TX Zip Code 78641
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 31 / 2022
Transaction ID : SA11AI.5528
 Amount of Each Receipt this Period 300.00
 Memo Item \$100/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
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	600.00
TOTAL This Period (last page this line number only).....	45764.88

**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. CONOR LAMB FOR SENATE

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 10381

City PITTSBURGH State PA Zip Code 15234

Purpose of Disbursement Category/Type

Candidate Name
Lamb, Conor, , ,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 24 / 2022

FEC Identification Number: **C00657411**
Transaction ID : **SB23.5711**
Amount of Each Disbursement this Period: 2500.00

Memo Item

B. FRIENDS OF JOHN THUNE

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 841

City SIOUX FALLS State SD Zip Code 57101

Purpose of Disbursement Category/Type

Candidate Name
Thune, John, , ,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 17 / 2022

FEC Identification Number: **C00409581**
Transaction ID : **SB23.5710**
Amount of Each Disbursement this Period: 2500.00

Memo Item

C. HOYER FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address 700 13TH STREET NW SUITE 800

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement Category/Type

Candidate Name
Hoyer, Steny, , ,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 31 / 2022

FEC Identification Number: **C00140715**
Transaction ID : **SB23.5712**
Amount of Each Disbursement this Period: 5000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	10000.00
TOTAL This Period (last page this line number only).....▶	10000.00

**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"/> 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

A. Abrams for Ohio

Full Name (Last, First, Middle Initial)
Mailing Address 92 Fawn Drive

City Harrison State OH Zip Code 45030

Purpose of Disbursement Category/Type

Candidate Name **Abrams, Cindy, , ,**

Office Sought: House Senate President

Disbursement For: 2022 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 17 / 2022

FEC Identification Number: **C**

Transaction ID : **SB29.5724**

Amount of Each Disbursement this Period: 500.00

Memo Item

B. Al Cutrona for Ohio

Full Name (Last, First, Middle Initial)
Mailing Address 3755 Mercedes Place Unit 9

City Canfield State OH Zip Code 44406

Purpose of Disbursement Category/Type

Candidate Name **Cutrona, Al, , ,**

Office Sought: House Senate President

Disbursement For: 2022 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 17 / 2022

FEC Identification Number: **C**

Transaction ID : **SB29.5716**

Amount of Each Disbursement this Period: 500.00

Memo Item

C. Callender for Ohio

Full Name (Last, First, Middle Initial)
Mailing Address 4679 Winterset Dr

City Columbus State OH Zip Code 43220

Purpose of Disbursement Category/Type

Candidate Name **Callender, Jamie, , ,**

Office Sought: House Senate President

Disbursement For: 2022 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 17 / 2022

FEC Identification Number: **C**

Transaction ID : **SB29.5715**

Amount of Each Disbursement this Period: 500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	1500.00
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 type="checkbox"/> 23	<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

A. Campaign to Elect James M Hoops

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 195 Old Creek Drive

M M M	/	D D D	/	Y Y Y Y Y
03		17		2022

City Napoleon State OH Zip Code 43545

FEC Identification Number

Purpose of Disbursement

C

Transaction ID : SB29.5729

Amount of Each Disbursement this Period

500.00

Candidate Name
Hoops, James, , ,

Category/
Type

Office Sought: House Senate President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

Memo Item

State: District:

B. Citizens for Blessing

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 3378 Dolomar Drive

M M M	/	D D D	/	Y Y Y Y Y
03		17		2022

City Cincinnati State OH Zip Code 45239

FEC Identification Number

Purpose of Disbursement

C

Transaction ID : SB29.5725

Amount of Each Disbursement this Period

500.00

Candidate Name
Blessing, Louis, , ,

Category/
Type

Office Sought: House Senate President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

Memo Item

State: District:

C. Citizens for Schuring Committee

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 330 Third St. NW

M M M	/	D D D	/	Y Y Y Y Y
03		17		2022

City Canton State OH Zip Code 44702

FEC Identification Number

Purpose of Disbursement

C

Transaction ID : SB29.5727

Amount of Each Disbursement this Period

1000.00

Candidate Name
Schuring, Kirk, , ,

Category/
Type

Office Sought: House Senate President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

Memo Item

State: District:

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

2000.00

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

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**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"/> 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

A. Citizens for Stephanie Kunze

Full Name (Last, First, Middle Initial)

Mailing Address 865 Macon Alley

City Columbus State OH Zip Code 43206

Purpose of Disbursement

Candidate Name
Kunze, Stephanie, , ,

Office Sought: House Senate President

State: District:

Disbursement For: 2022
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 17 / 2022

FEC Identification Number

C
Transaction ID : **SB29.5726**
Amount of Each Disbursement this Period
750.00

Memo Item

B. Citizens to Elect Russo

Full Name (Last, First, Middle Initial)

Mailing Address 545 E Town Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement

Candidate Name
Russo, Allison, , ,

Office Sought: House Senate President

State: District:

Disbursement For: 2022
 Primary General
 Other (specify)

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 17 / 2022

FEC Identification Number

C
Transaction ID : **SB29.5720**
Amount of Each Disbursement this Period
750.00

Memo Item

C. Cupp For State Representative Committee

Full Name (Last, First, Middle Initial)

Mailing Address 3003 W. Hume Road

City Lima State OH Zip Code 45806

Purpose of Disbursement

Candidate Name
Cupp, Bob, , ,

Office Sought: House Senate President

State: District:

Disbursement For: 2022
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 17 / 2022

FEC Identification Number

C
Transaction ID : **SB29.5728**
Amount of Each Disbursement this Period
1500.00

Memo Item

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

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

3000.00

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

PAGE 48 OF 55

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. DeWine Husted for Ohio

Mailing Address 211 South Fifth Street

City
ColumbusState
OHZip Code
43215

Purpose of Disbursement

Candidate Name

Husted, DeWine, , ,Office Sought: House
 Senate
 President

Disbursement For: 2022

 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	03	/	2022

FEC Identification Number

C _____
Transaction ID : SB29.5714
 Amount of Each Disbursement this Period
 _____ 2000.00

 Memo Item

Full Name (Last, First, Middle Initial)

B. Dr. Terry Johnson for OhioMailing Address 1609 Offnere Street
PO Box 595City
PortsmouthState
OHZip Code
45662

Purpose of Disbursement

Candidate Name

Johnson, Terry, , ,Office Sought: House
 Senate
 President

Disbursement For: 2022

 Primary General
 Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	17	/	2022

FEC Identification Number

C _____
Transaction ID : SB29.5735
 Amount of Each Disbursement this Period
 _____ 750.00

 Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of Arvind Venkat

Mailing Address PO Box 489

City
WexfordState
PAZip Code
15090

Purpose of Disbursement

Candidate Name

Venkat, Arvind, , ,Office Sought: House
 Senate
 President

Disbursement For: 2022

 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	24	/	2022

FEC Identification Number

C _____
Transaction ID : SB29.5713
 Amount of Each Disbursement this Period
 _____ 20000.00

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

22750.00

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 type="checkbox"/> 23	<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. Friends of Beth Liston			Date of Disbursement MM / DD / YYYY 03 / 17 / 2022
Mailing Address 2193 Stratingham Dr			FEC Identification Number C [] Transaction ID : SB29.5721 Amount of Each Disbursement this Period [] 500.00 <input type="checkbox"/> Memo Item
City Dublin	State OH	Zip Code 43016	
Purpose of Disbursement [] Category/ Type			
Candidate Name Liston, Beth, , ,			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Friends of Bride Rose Sweeney			Date of Disbursement MM / DD / YYYY 03 / 17 / 2022
Mailing Address 3632 W 133rd St			FEC Identification Number C [] Transaction ID : SB29.5722 Amount of Each Disbursement this Period [] 500.00 <input type="checkbox"/> Memo Item
City Cleveland	State OH	Zip Code 44111	
Purpose of Disbursement [] Category/ Type			
Candidate Name Sweeney, Bride Rose, , ,			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Friends of George Lang			Date of Disbursement MM / DD / YYYY 03 / 17 / 2022
Mailing Address 7727 Foxboro Drive			FEC Identification Number C [] Transaction ID : SB29.5732 Amount of Each Disbursement this Period [] 500.00 <input type="checkbox"/> Memo Item
City West Chester	State OH	Zip Code 45069	
Purpose of Disbursement [] Category/ Type			
Candidate Name Lang, George, , ,			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 1500.00
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 type="checkbox"/> 23	<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. Friends of Hearcel F. Craig

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	17	/	2022

Mailing Address 545 E Town Street

FEC Identification Number

C

Transaction ID : SB29.5731

Amount of Each Disbursement this Period

500.00

City Columbus State OH Zip Code 43215

Purpose of Disbursement

Category/Type

Candidate Name
Craig, Hearcel, , ,

Office Sought: House Senate President
State: District:

Disbursement For: 2022
 Primary General
 Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)
B. Friends of Jon Cross

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	17	/	2022

Mailing Address 8 N. Main Street

FEC Identification Number

C

Transaction ID : SB29.5717

Amount of Each Disbursement this Period

500.00

City Kenton State OH Zip Code 43326

Purpose of Disbursement

Category/Type

Candidate Name
Cross, Jon, , ,

Office Sought: House Senate President
State: District:

Disbursement For: 2022
 Primary General
 Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)
C. Friends of Mark Fraizer

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	17	/	2022

Mailing Address 4679 Winterset Dr

FEC Identification Number

C

Transaction ID : SB29.5718

Amount of Each Disbursement this Period

500.00

City Columbus State OH Zip Code 43220

Purpose of Disbursement

Category/Type

Candidate Name
Fraizer, Mark, , ,

Office Sought: House Senate President
State: District:

Disbursement For: 2022
 Primary General
 Other (specify) ▼

Memo Item

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

1500.00

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 type="checkbox"/> 23	<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. Friends of Nickie J. Antonio				Date of Disbursement MM / DD / YYYY 03 / 17 / 2022			
Mailing Address 1305 Belle Avenue				FEC Identification Number C			
City Lakewood		State OH	Zip Code 44107	Transaction ID : SB29.5730			
Purpose of Disbursement				Amount of Each Disbursement this Period 500.00			
Candidate Name Antonio, Nickie, , ,				Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					
State: _____ District: _____							

Full Name (Last, First, Middle Initial) B. Friends of Susan Manchester				Date of Disbursement MM / DD / YYYY 03 / 17 / 2022			
Mailing Address 2168 Sutter Parkway				FEC Identification Number C			
City Dublin		State OH	Zip Code 43016	Transaction ID : SB29.5733			
Purpose of Disbursement				Amount of Each Disbursement this Period 750.00			
Candidate Name Manchester, Susan, , ,				Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					
State: _____ District: _____							

Full Name (Last, First, Middle Initial) C. Hackett for Ohio				Date of Disbursement MM / DD / YYYY 03 / 17 / 2022			
Mailing Address 2050 Palouse Drive				FEC Identification Number C			
City London		State OH	Zip Code 43140	Transaction ID : SB29.5734			
Purpose of Disbursement				Amount of Each Disbursement this Period 500.00			
Candidate Name Hackett, Robert, , ,				Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					
State: _____ District: _____							

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

1750.00

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 type="checkbox"/> 23	<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

A. Kristina Daley Roegner for Ohio

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 1556 East Hines Hill Rd

M M M / D D D / Y Y Y Y Y
03 / 17 / 2022

City
Hudson

State
OH

Zip Code
44236

FEC Identification Number

Purpose of Disbursement

C

Transaction ID : SB29.5740

Amount of Each Disbursement this Period

Candidate Name

Daley, Kristina, , ,

Category/
Type

750.00

Office Sought:

House
 Senate
 President

Disbursement For: 2022

Primary General
 Other (specify) ▼

Memo Item

State:

District:

B. Matt Huffman for Ohio

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 4679 Winterset Dr

M M M / D D D / Y Y Y Y Y
03 / 17 / 2022

City
Columbus

State
OH

Zip Code
43220

FEC Identification Number

Purpose of Disbursement

C

Transaction ID : SB29.5736

Amount of Each Disbursement this Period

Candidate Name

Huffman, Matt, , ,

Category/
Type

1500.00

Office Sought:

House
 Senate
 President

Disbursement For: 2022

Primary General
 Other (specify) ▼

Memo Item

State:

District:

C. Nathan Manning for Ohio

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 7064 Avon Belden Road

M M M / D D D / Y Y Y Y Y
03 / 17 / 2022

City
North Ridgeville

State
OH

Zip Code
44039

FEC Identification Number

Purpose of Disbursement

C

Transaction ID : SB29.5737

Amount of Each Disbursement this Period

Candidate Name

Manning, Nathan, , ,

Category/
Type

500.00

Office Sought:

House
 Senate
 President

Disbursement For: 2022

Primary General
 Other (specify) ▼

Memo Item

State:

District:

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

2750.00

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 type="checkbox"/> 23	<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. Oelslager for Ohio		Date of Disbursement MM / DD / YYYY 03 / 17 / 2022
Mailing Address 6706 Lake Cable Avenue NW		FEC Identification Number C [] Transaction ID : SB29.5738
City North Canton	State OH	Zip Code 44720
Purpose of Disbursement	Category/Type []	Amount of Each Disbursement this Period [] 1000.00
Candidate Name Oelslager, Scott, , ,	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) B. Plummer for Ohio		Date of Disbursement MM / DD / YYYY 03 / 17 / 2022
Mailing Address 4679 Winterset Dr		FEC Identification Number C [] Transaction ID : SB29.5739
City Columbus	State OH	Zip Code 43220
Purpose of Disbursement	Category/Type []	Amount of Each Disbursement this Period [] 750.00
Candidate Name Plummer, Phil, , ,	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) C. Seitz for Ohio		Date of Disbursement MM / DD / YYYY 03 / 17 / 2022
Mailing Address 4401 Abby Court		FEC Identification Number C [] Transaction ID : SB29.5741
City Cincinnati	State OH	Zip Code 45248
Purpose of Disbursement	Category/Type []	Amount of Each Disbursement this Period [] 750.00
Candidate Name Seitz, Bill, , ,	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 2500.00
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 type="checkbox"/> 23	<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

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. Stephens for Ohio

Full Name (Last, First, Middle Initial)
Stephens for Ohio

Mailing Address 4679 Winterset Dr

City Columbus State OH Zip Code 43220

Purpose of Disbursement Category/Type

Candidate Name
Stephens, Jason, , ,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 17 / 2022

FEC Identification Number: C
Transaction ID : **SB29.5742**
Amount of Each Disbursement this Period: 500.00

Memo Item

B. Steve Huffman for Ohio

Full Name (Last, First, Middle Initial)
Steve Huffman for Ohio

Mailing Address 331 South Market Street

City Troy State OH Zip Code 45373

Purpose of Disbursement Category/Type

Candidate Name
Huffman, Steve, , ,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 17 / 2022

FEC Identification Number: C
Transaction ID : **SB29.5743**
Amount of Each Disbursement this Period: 750.00

Memo Item

C. Sykes for Ohio

Full Name (Last, First, Middle Initial)
Sykes for Ohio

Mailing Address 133 Furnace Run Drive

City Akron State OH Zip Code 44307

Purpose of Disbursement Category/Type

Candidate Name
Sykes, Emilia, , ,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 17 / 2022

FEC Identification Number: C
Transaction ID : **SB29.5744**
Amount of Each Disbursement this Period: 500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1750.00

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 type="checkbox"/> 23	<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

A. Team West Committee

Full Name (Last, First, Middle Initial)

Mailing Address 545 E Town Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement

Candidate Name **West, Thomas, , ,**

Office Sought: House Senate President

Disbursement For: 2022 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 17 / 2022

FEC Identification Number: **C**

Transaction ID : **SB29.5723**

Amount of Each Disbursement this Period: 500.00

Memo Item

B. Wilkin for Ohio

Full Name (Last, First, Middle Initial)

Mailing Address 4151 E Danville Road

City Hamilton State OH Zip Code 45133

Purpose of Disbursement

Candidate Name **Wilkin, Shane, , ,**

Office Sought: House Senate President

Disbursement For: 2022 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 17 / 2022

FEC Identification Number: **C**

Transaction ID : **SB29.5719**

Amount of Each Disbursement this Period: 500.00

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: / /

FEC Identification Number: **C**

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	42000.00