

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:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / 2021 through / / 2021

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 / / 2021

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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="2021"/>		143219.41
(b) Cash on Hand at Beginning of Reporting Period.....	143219.41	
(c) Total Receipts (from Line 19)	116238.28	116238.28
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	259457.69	259457.69
7. Total Disbursements (from Line 31).....	18500.00	18500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	240957.69	240957.69
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: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	109217.26	109217.26
(ii) Unitemized	7021.02	7021.02
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	116238.28	116238.28
(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)	116238.28	116238.28
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)).....▶	116238.28	116238.28
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	116238.28	116238.28

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.....	20000.00	20000.00
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).....	- 1500.00	- 1500.00
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)) ..	18500.00	18500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	18500.00	18500.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	116238.28	116238.28
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	116238.28	116238.28
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 65
	<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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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. Aaron, Snyder, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9925 Silver Brook Drive
 City Rockville State MD Zip Code 20850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 06 / 30 / 2021
Transaction ID : SA11AI.5023
 Amount of Each Receipt this Period 900.00
 Memo Item \$150/Monthly

B. Adam, Kimmerling, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19252 Long Lake Ranch Blvd
 City Lutz State FL Zip Code 33558-5510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) APP Lead
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 06 / 30 / 2021
Transaction ID : SA11AI.4939
 Amount of Each Receipt this Period 450.00
 Memo Item \$75/Monthly

C. Alexander, Cook, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8780 Surrey Place
 City Maineville State OH Zip Code 45039-9519
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Director of APPs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 06 / 30 / 2021
Transaction ID : SA11AI.4865
 Amount of Each Receipt this Period 480.00
 Memo Item \$80/Monthly

SUBTOTAL of Receipts This Page (optional).....	1830.00
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 7 OF 65 (check only one)
<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. Alexander, Garcia-Gonzalez, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19916 Bluff Oak Blvd
 City Tampa State FL Zip Code 33647-2973
 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 06 / 30 / 2021
Transaction ID : SA11AI.4898
 Amount of Each Receipt this Period 300.00
 Memo Item \$50/Monthly

B. Alicia, Hart, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24625 Wilderness Oak Apt 1324
 City San Antonio State TX Zip Code 78260-7210
 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 06 / 30 / 2021
Transaction ID : SA11AI.4916
 Amount of Each Receipt this Period 300.00
 Memo Item \$50/Monthly

C. Amer, Aldeen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18631 Rue Beauvais
 City Lutz State FL Zip Code 33558-7112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Chief Medical Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 06 / 30 / 2021
Transaction ID : SA11AI.4826
 Amount of Each Receipt this Period 900.00
 Memo Item \$150/Monthly

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
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 65
	<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. Amy, Conley, , ,
 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 ▼ 600.00

Date of Receipt 06 / 30 / 2021
Transaction ID : SA11AI.4864
 Amount of Each Receipt this Period 600.00
 Memo Item \$100/Monthly

B. Andrew, Jenis, , ,
 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 ▼ 900.00

Date of Receipt 06 / 30 / 2021
Transaction ID : SA11AI.4929
 Amount of Each Receipt this Period 900.00
 Memo Item \$150/Monthly

C. Andrew, Little, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 535 Valley Stream Dr
 City Geneva State FL Zip Code 32732-9234
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Travis County Emergency Physicians, PA Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2021
Transaction ID : SA11AI.4958
 Amount of Each Receipt this Period 600.00
 Memo Item \$100/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 9 OF 65
	<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. Androni, Henry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2116 Shiloh Point Dr
 City Grand Rapids State MI Zip Code 49546-8288
 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 ▼ 900.00

Date of Receipt 06 / 30 / 2021
Transaction ID : SA11AI.4917
 Amount of Each Receipt this Period 900.00
 Memo Item \$150/Monthly

B. Angela, Aboutalib, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 East Erie St Apt 3306
 City Chicago State IL Zip Code 60611-3169
 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 and Educa
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2021
Transaction ID : SA11AI.4823
 Amount of Each Receipt this Period 600.00
 Memo Item \$100/Monthly

C. Angela, Watkins, , ,
 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 ▼ 900.00

Date of Receipt 06 / 30 / 2021
Transaction ID : SA11AI.5038
 Amount of Each Receipt this Period 900.00
 Memo Item \$150/Monthly

SUBTOTAL of Receipts This Page (optional).....	2400.00
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 65
<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. Angelo, Falcone, , ,
 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 ▼ 900.00

Date of Receipt 06 / 30 / 2021
Transaction ID : SA11AI.4884
 Amount of Each Receipt this Period 900.00
 Memo Item \$150/Monthly

B. Anna, Flores, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2608 Del Curto Rd, Unit 3
 City Austin State TX Zip Code 78704-6014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) APP Lead
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 06 / 30 / 2021
Transaction ID : SA11AI.4891
 Amount of Each Receipt this Period 275.00
 Memo Item \$50/Monthly

C. Anthony, Martinez, , ,
 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 ▼ 900.00

Date of Receipt 06 / 30 / 2021
Transaction ID : SA11AI.4968
 Amount of Each Receipt this Period 900.00
 Memo Item \$150/Monthly

SUBTOTAL of Receipts This Page (optional).....	2075.00
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 65
	<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. April, Brill, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25537 Prairiewood Ln
 City Shorewood State IL Zip Code 60404-2526
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Site Education Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2021
Transaction ID : SA11AI.4848
 Amount of Each Receipt this Period 300.00
 Memo Item \$50/Monthly

B. Arvind, Venkat, , ,
 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 06 / 30 / 2021
Transaction ID : SA11AI.5035
 Amount of Each Receipt this Period 450.00
 Memo Item \$0/Monthly

C. Austin, Wellock, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2439 Clydesdale St NW
 City North Canton State OH Zip Code 44720-9818
 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 06 / 30 / 2021
Transaction ID : SA11AI.5042
 Amount of Each Receipt this Period 300.00
 Memo Item \$50/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 12 OF 65
	<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. Belinda, Doss, , ,			Date of Receipt MM / DD / YYYY 06 / 30 / 2021
Mailing Address 1344 County Road 3552			Transaction ID : SA11AI.4878
City Queen City	State TX	Zip Code 75752	Amount of Each Receipt this Period 450.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$75/Monthly
Name of Employer (for Individual) Travis County Emergency Physicians, PA		Occupation (for Individual) APP Lead	
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. Bodie, Correll, , ,			Date of Receipt MM / DD / YYYY 06 / 30 / 2021
Mailing Address 782 Archie Lane			Transaction ID : SA11AI.4867
City Belton	State TX	Zip Code 76513	Amount of Each Receipt this Period 900.00
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 ▼ 900.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Brandon, Lewis, , ,			Date of Receipt MM / DD / YYYY 06 / 30 / 2021
Mailing Address 3648 Calusa Springs Dr			Transaction ID : SA11AI.4955
City College Station	State TX	Zip Code 77845-4545	Amount of Each Receipt this Period 900.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$150/Monthly
Name of Employer (for Individual) Travis County Emergency Physicians, PA		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 ▼ 900.00		

SUBTOTAL of Receipts This Page (optional).....▶	2250.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 65
	<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. Brett, Gamma, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14930 Finegan Farm Drive
 City Darnestown State MD Zip Code 20874
 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 06 / 30 / 2021
Transaction ID : SA11AI.4896
 Amount of Each Receipt this Period 300.00
 Memo Item \$50/Monthly

B. Brian, Aldred, , ,
 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 Physicians, PA Occupation (for Individual) Director of Telemedicine
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 06 / 30 / 2021
Transaction ID : SA11AI.4827
 Amount of Each Receipt this Period 900.00
 Memo Item \$150/Monthly

C. Brian, Baker, , ,
 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 ▼ 900.00

Date of Receipt 06 / 30 / 2021
Transaction ID : SA11AI.4834
 Amount of Each Receipt this Period 900.00
 Memo Item \$150/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 65
	<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. Brian, West, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 441 Carnoustie
 City Highland State MI Zip Code 48357-4754
 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 06 / 30 / 2021
Transaction ID : SA11AI.5045
 Amount of Each Receipt this Period 300.00
 Memo Item \$50/Monthly

B. Bruce, Jones, , ,
 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 Physicians, PA Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 06 / 30 / 2021
Transaction ID : SA11AI.4932
 Amount of Each Receipt this Period 900.00
 Memo Item \$150/Monthly

C. Bruce, MacLeod, , ,
 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 Physicians, PA Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 06 / 30 / 2021
Transaction ID : SA11AI.4964
 Amount of Each Receipt this Period 900.00
 Memo Item \$150/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 15 OF 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Bryan, Carney, , ,
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 Physicians, PA	Occupation (for Individual) Assistant Medical Director
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2021

Transaction ID : SA11AI.4855

Amount of Each Receipt this Period
900.00

Memo Item
\$150/Monthly

B. Caleb, Gerhart, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1111 Lancashire Drive

City Indian Land	State SC	Zip Code 29707
---------------------	-------------	-------------------

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
06		30		2021

Transaction ID : SA11AI.4901

Amount of Each Receipt this Period
300.00

Memo Item
\$50/Monthly

C. Camilo, Caceres, , ,
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 ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2021

Transaction ID : SA11AI.4852

Amount of Each Receipt this Period
300.00

Memo Item
\$0/Monthly

SUBTOTAL of Receipts This Page (optional).....	1500.00
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 65
	<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. Carmella, Percy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6875 Stonebridge Lane
 City Clover State SC Zip Code 29710-9372
 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 06 / 30 / 2021
Transaction ID : SA11AI.4988
 Amount of Each Receipt this Period 300.00
 Memo Item \$50/Monthly

B. Chad, Albaugh, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1602 River Bluff Rd
 City Morehead City State NC Zip Code 28557
 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 ▼ 900.00

Date of Receipt 06 / 30 / 2021
Transaction ID : SA11AI.4825
 Amount of Each Receipt this Period 900.00
 Memo Item \$150/Monthly

C. Chandresh, Shelat, , ,
 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 ▼ 900.00

Date of Receipt 06 / 30 / 2021
Transaction ID : SA11AI.5017
 Amount of Each Receipt this Period 900.00
 Memo Item \$150/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 17 OF 65
<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. Cheryl, Wyatt, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 48252 Leachburg Road
 City Lexington Park State MD Zip Code 20653
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Travis County Emergency Physicians, PA Occupation (for Individual) Director of APPs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2021
Transaction ID : SA11AI.5052
 Amount of Each Receipt this Period 300.00
 Memo Item \$50/Monthly

B. Christopher, Johnston, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1459 Milwaukee St.
 City Denver State CO Zip Code 80206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Travis County Emergency Physicians, PA Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2021
Transaction ID : SA11AI.4930
 Amount of Each Receipt this Period 300.00
 Memo Item \$50/Monthly

C. Christopher, Watt, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3909 Fox Glen Drive
 City Irving State TX Zip Code 75062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Chief Accounting Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 06 / 30 / 2021
Transaction ID : SA11AI.5041
 Amount of Each Receipt this Period 450.00
 Memo Item \$0/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 18 OF 65
<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. Christopher, Ziebell, , ,
 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 ▼ 600.00

Date of Receipt 06 / 30 / 2021
Transaction ID : SA11AI.5054
 Amount of Each Receipt this Period 600.00
 Memo Item \$100/Monthly

B. Corey, Fearheiley, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2604 Rain Song
 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) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2021
Transaction ID : SA11AI.4886
 Amount of Each Receipt this Period 300.00
 Memo Item \$50/Monthly

C. Craig, MacLean, , ,
 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 ▼ 900.00

Date of Receipt 06 / 30 / 2021
Transaction ID : SA11AI.4963
 Amount of Each Receipt this Period 900.00
 Memo Item \$150/Monthly

SUBTOTAL of Receipts This Page (optional).....	1800.00
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 19 OF 65
	<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. Curtis, Buchanan, , ,
 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 ▼ 900.00

Date of Receipt 06 / 30 / 2021
Transaction ID : SA11AI.4850
 Amount of Each Receipt this Period 900.00
 Memo Item \$150/Monthly

B. D., Miner, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2398 S. Garfield St.
 City Denver State CO Zip Code 80210
 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 06 / 30 / 2021
Transaction ID : SA11AI.4975
 Amount of Each Receipt this Period 300.00
 Memo Item \$50/Monthly

C. Dacia, Russell Goman, , ,
 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 ▼ 600.00

Date of Receipt 06 / 30 / 2021
Transaction ID : SA11AI.5010
 Amount of Each Receipt this Period 600.00
 Memo Item \$100/Monthly

SUBTOTAL of Receipts This Page (optional).....	1800.00
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 65
<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. Daniel, Ricciardi, , ,			Date of Receipt MM / DD / YYYY 06 / 30 / 2021
Mailing Address 736 Cole Street			Transaction ID : SA11AI.5001
City Charlottesville	State VA	Zip Code 22901-3210	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$50/Monthly
Name of Employer (for Individual) Travis County Emergency Physicians, PA		Occupation (for Individual) Medical Director	
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. David, Ferrand, , ,			Date of Receipt MM / DD / YYYY 06 / 30 / 2021
Mailing Address 193 Bryna Lane			Transaction ID : SA11AI.4888
City Carnegie	State PA	Zip Code 15106-1473	Amount of Each Receipt this Period 600.00
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) Firefighter	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. David, Foss, , ,			Date of Receipt MM / DD / YYYY 06 / 30 / 2021
Mailing Address 915 Tschoepe Rd			Transaction ID : SA11AI.4892
City Seguin	State TX	Zip Code 78155	Amount of Each Receipt this Period 900.00
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 ▼ 900.00	

SUBTOTAL of Receipts This Page (optional).....▶	1800.00
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 65
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

A. David, Klein, , ,
 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 ▼ 600.00

Date of Receipt 06 / 30 / 2021
Transaction ID : SA11AI.4942
 Amount of Each Receipt this Period 600.00
 Memo Item \$100/Monthly

B. David, Lim, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3919 Luz Del Faro
 City San Antonio State TX Zip Code 78261-2765
 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 06 / 30 / 2021
Transaction ID : SA11AI.4957
 Amount of Each Receipt this Period 300.00
 Memo Item \$50/Monthly

C. David, Natali, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 115 Pheasant Drive
 City Blawnox State PA Zip Code 15238-2207
 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 ▼ 900.00

Date of Receipt 06 / 30 / 2021
Transaction ID : SA11AI.4978
 Amount of Each Receipt this Period 900.00
 Memo Item \$150/Monthly

SUBTOTAL of Receipts This Page (optional).....	1800.00
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 65
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

A. David, Rutherford, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3502 Quitman St.
 City Denver State CO Zip Code 80212
 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 ▼ 600.00

Date of Receipt 06 / 30 / 2021
Transaction ID : SA11AI.5011
 Amount of Each Receipt this Period 600.00
 Memo Item \$100/Monthly

B. David, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 749 Bentwater Circle Unit 102
 City Naples State FL Zip Code 34108-6762
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Management Group, Ltd. Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 06 / 30 / 2021
Transaction ID : SA11AI.5015
 Amount of Each Receipt this Period 900.00
 Memo Item \$150/Monthly

C. David, Seaberg, , ,
 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 ▼ 900.00

Date of Receipt 06 / 30 / 2021
Transaction ID : SA11AI.5016
 Amount of Each Receipt this Period 900.00
 Memo Item \$150/Monthly

SUBTOTAL of Receipts This Page (optional).....	2400.00
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 65
	<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. David, Shellenbarger, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 30 / 2021
Mailing Address 912 Camelot Dr.		Transaction ID : SA11AI.5018
City Hermitage	State PA	Zip Code 16148-9100
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 of Integrated Acute C	<input type="checkbox"/> Memo Item \$0/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. David, Trotter, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 30 / 2021
Mailing Address 5401 South Ingleside Avenue		Transaction ID : SA11AI.5031
City Chicago	State IL	Zip Code 60615-5013
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$0/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. David, Wirtz, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 30 / 2021
Mailing Address 1 Highgate NE		Transaction ID : SA11AI.5049
City Ithaca	State NY	Zip Code 14850
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 900.00
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 ▼ 900.00	

SUBTOTAL of Receipts This Page (optional).....	1800.00
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 65
<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. Dennis, Hanlon, , ,
 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 ▼ 600.00

Date of Receipt 06 / 30 / 2021
Transaction ID : SA11AI.4912
 Amount of Each Receipt this Period 600.00
 Memo Item \$100/Monthly

B. Dominic, Bagnoli, , ,
 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 ▼ 2499.78

Date of Receipt 06 / 30 / 2021
Transaction ID : SA11AI.4833
 Amount of Each Receipt this Period 2499.78
 Memo Item \$416.63/Monthly

C. Donald, Phillips, , ,
 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 Physicians, PA Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 06 / 30 / 2021
Transaction ID : SA11AI.4990
 Amount of Each Receipt this Period 900.00
 Memo Item \$150/Monthly

SUBTOTAL of Receipts This Page (optional).....	3999.78
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 25 OF 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Donna, Balewick, , ,
 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 ▼ 900.00

Date of Receipt 06 / 30 / 2021
Transaction ID : SA11AI.4835
 Amount of Each Receipt this Period 900.00
 Memo Item \$150/Monthly

B. Donovan, Thompson, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4408 Lake Shore Road North
 City Denver State NC Zip Code 28037-9198
 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 ▼ 600.00

Date of Receipt 06 / 30 / 2021
Transaction ID : SA11AI.5027
 Amount of Each Receipt this Period 600.00
 Memo Item \$100/Monthly

C. Douglas, Holt, , ,
 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 ▼ 600.00

Date of Receipt 06 / 30 / 2021
Transaction ID : SA11AI.4923
 Amount of Each Receipt this Period 600.00
 Memo Item \$100/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 26 OF 65
<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. Douglas, Jeffrey, , ,
 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 ▼ 900.00

Date of Receipt 06 / 30 / 2021
Transaction ID : SA11AI.4928
 Amount of Each Receipt this Period 900.00
 Memo Item \$150/Monthly

B. Eric, Higginbotham, , ,
 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 ▼ 900.00

Date of Receipt 06 / 30 / 2021
Transaction ID : SA11AI.4921
 Amount of Each Receipt this Period 900.00
 Memo Item \$150/Monthly

C. Francisco, Atez, , ,
 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 ▼ 600.00

Date of Receipt 06 / 30 / 2021
Transaction ID : SA11AI.4831
 Amount of Each Receipt this Period 600.00
 Memo Item \$100/Monthly

SUBTOTAL of Receipts This Page (optional).....	2400.00
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 65
	<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. Frederick, Romano, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2021
Mailing Address 4516 Tuscana Drive		Transaction ID : SA11AI.5005
City Sarasota	State FL	Zip Code 34241-4201
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 900.00
Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) Firefighter	<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 ▼ 900.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Gretchann, Cline, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2021
Mailing Address 8506 Queen Heights		Transaction ID : SA11AI.4862
City San Antonio	State TX	Zip Code 78254-2329
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer (for Individual) Travis County Emergency Physicians, PA	Occupation (for Individual) System APP Lead	<input type="checkbox"/> Memo Item \$50/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. Holley, Meers, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2021
Mailing Address 24 Quincy Street		Transaction ID : SA11AI.4972
City Chevy Chase	State MD	Zip Code 20815-4227
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) Medical Director of Integrated Acute C	<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 ▼ 600.00	

SUBTOTAL of Receipts This Page (optional).....	1800.00
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 65
	<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. Homi, Kapadia, , ,
 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 ▼ 900.00

Date of Receipt
 06 / 30 / 2021
Transaction ID : SA11AI.4935
 Amount of Each Receipt this Period 900.00
 Memo Item
 \$150/Monthly

B. Ian, Welsh, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1027 Gardenia Street
 City Fort Mill State SC Zip Code 29708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Travis County Emergency Physicians, PA Occupation (for Individual) Firefighter
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 06 / 30 / 2021
Transaction ID : SA11AI.5044
 Amount of Each Receipt this Period 900.00
 Memo Item
 \$150/Monthly

C. Irfan, Hydari, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3203 Walnut Ave
 City Austin State TX Zip Code 78722-1635
 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 ▼ 900.00

Date of Receipt
 06 / 30 / 2021
Transaction ID : SA11AI.4925
 Amount of Each Receipt this Period 900.00
 Memo Item
 \$150/Monthly

SUBTOTAL of Receipts This Page (optional).....	2700.00
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 65
<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. Jacob, Kleinman, , ,			Date of Receipt MM / DD / YYYY 06 / 30 / 2021
Mailing Address 120 Marvelwood Place			Transaction ID : SA11AI.4943
City Pittsburgh	State PA	Zip Code 15215-1569	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$50/Monthly
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Emergency Physician	
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. James, Augustine, , ,			Date of Receipt MM / DD / YYYY 06 / 30 / 2021
Mailing Address 7868 Classics Dr.			Transaction ID : SA11AI.4832
City Naples	State FL	Zip Code 34113-3063	Amount of Each Receipt this Period 900.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$150/Monthly
Name of Employer (for Individual) USACS Management Group, Ltd.		Occupation (for Individual) Chairman, National Clinical Governanc	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 900.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. James, Frary, , ,			Date of Receipt MM / DD / YYYY 06 / 30 / 2021
Mailing Address 4009 Grassmere Lane			Transaction ID : SA11AI.4893
City Dallas	State TX	Zip Code 75205	Amount of Each Receipt this Period 900.00
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) Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 900.00	

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 30 OF 65
<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. James, Rocks, , ,
 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 ▼ 600.00

Date of Receipt 06 / 30 / 2021
Transaction ID : SA11AI.5006
 Amount of Each Receipt this Period 600.00
 Memo Item \$100/Monthly

B. James, Watson, , ,
 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 ▼ 900.00

Date of Receipt 06 / 30 / 2021
Transaction ID : SA11AI.5040
 Amount of Each Receipt this Period 900.00
 Memo Item \$150/Monthly

C. Javier, Gonzalez, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 900.00

Date of Receipt 06 / 30 / 2021
Transaction ID : SA11AI.4906
 Amount of Each Receipt this Period 900.00
 Memo Item \$150/Monthly

SUBTOTAL of Receipts This Page (optional).....	2400.00
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 65
<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. Jayne, Kendall, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21710 Parsons Green Row
 City Cornelius State NC Zip Code 28031
 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 ▼ 600.00

Date of Receipt 06 / 30 / 2021
Transaction ID : SA11AI.4937
 Amount of Each Receipt this Period 600.00
 Memo Item \$100/Monthly

B. Jennifer, Bradstreet, , ,
 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 ▼ 900.00

Date of Receipt 06 / 30 / 2021
Transaction ID : SA11AI.4845
 Amount of Each Receipt this Period 900.00
 Memo Item \$150/Monthly

C. Jeremy, Kirtz, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 906 S Fremont Ave
 City Tampa State FL Zip Code 33606
 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 06 / 30 / 2021
Transaction ID : SA11AI.4941
 Amount of Each Receipt this Period 300.00
 Memo Item \$50/Monthly

SUBTOTAL of Receipts This Page (optional).....	1800.00
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 65
<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. Jesse, DiRando, , ,
 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 ▼ 900.00

Date of Receipt 06 / 30 / 2021
Transaction ID : SA11AI.4875
 Amount of Each Receipt this Period 900.00
 Memo Item \$150/Monthly

B. Jesse, Loar, , ,
 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 ▼ 900.00

Date of Receipt 06 / 30 / 2021
Transaction ID : SA11AI.4960
 Amount of Each Receipt this Period 900.00
 Memo Item \$150/Monthly

C. Jesse, Pines, , ,
 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 ▼ 600.00

Date of Receipt 06 / 30 / 2021
Transaction ID : SA11AI.4991
 Amount of Each Receipt this Period 600.00
 Memo Item \$100/Monthly

SUBTOTAL of Receipts This Page (optional).....	2400.00
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 33 OF 65
(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. Joan, Kolodzik, , ,
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 ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2021

Transaction ID : SA11AI.4944

Amount of Each Receipt this Period
900.00

Memo Item
\$150/Monthly

B. John, Bedolla, , ,
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 Physicians, PA	Occupation (for Individual) Emergency Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2021

Transaction ID : SA11AI.4837

Amount of Each Receipt this Period
600.00

Memo Item
\$100/Monthly

C. John, Casey, , ,
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 ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2021

Transaction ID : SA11AI.4857

Amount of Each Receipt this Period
900.00

Memo Item
\$150/Monthly

SUBTOTAL of Receipts This Page (optional).....	2400.00
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 65
	<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. John, Tully, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8345 Rolling Acres Trail
 City Fair Oaks Ranch State TX Zip Code 78015
 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 ▼ 600.00

Date of Receipt 06 / 30 / 2021
Transaction ID : SA11AI.5033
 Amount of Each Receipt this Period 600.00
 Memo Item \$100/Monthly

B. Jose, Barquin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1011 charles st
 City clearwater State FL Zip Code 33755
 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 06 / 30 / 2021
Transaction ID : SA11AI.4836
 Amount of Each Receipt this Period 300.00
 Memo Item \$50/Monthly

C. Joyce, Perfetti, , ,
 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 ▼ 600.00

Date of Receipt 06 / 30 / 2021
Transaction ID : SA11AI.4989
 Amount of Each Receipt this Period 600.00
 Memo Item \$100/Monthly

SUBTOTAL of Receipts This Page (optional).....▶ 1500.00
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 65
	<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. Justin, Blaum, , ,			Date of Receipt MM / DD / YYYY 06 / 30 / 2021
Mailing Address 312 Biddle Ave FI 2			Transaction ID : SA11AI.4842
City Pittsburgh	State PA	Zip Code 15221-3436	Amount of Each Receipt this Period 900.00
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 ▼ 900.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Justin, Coomes, , ,			Date of Receipt MM / DD / YYYY 06 / 30 / 2021
Mailing Address 7762 Westwind Lane			Transaction ID : SA11AI.4866
City Montgomery	State OH	Zip Code 45242-5008	Amount of Each Receipt this Period 900.00
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 ▼ 900.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Justin, Otwell, , ,			Date of Receipt MM / DD / YYYY 06 / 30 / 2021
Mailing Address 1028 East Lake Drive			Transaction ID : SA11AI.4985
City Decatur	State GA	Zip Code 30030	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$50/Monthly
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Vice President of Claims and Risk Mana	
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).....	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 37 OF 65
	<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. Kathleen, Wellock, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10886 Stonington Ave
 City Ft. Myers State FL Zip Code 33913
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Vice President, Account Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2021
Transaction ID : SA11AI.5043
 Amount of Each Receipt this Period 300.00
 Memo Item \$50/Monthly

B. Kelley, Warwick-Heckman, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 303 Four T Ranch Rd
 City Georgetown State TX Zip Code 78633
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Travis County Emergency Physicians, PA Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2021
Transaction ID : SA11AI.5037
 Amount of Each Receipt this Period 600.00
 Memo Item \$100/Monthly

C. Kendra, Meyer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 85 Beatty Lane
 City Scenery Hill State PA Zip Code 15360-1537
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Director of APPs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2021
Transaction ID : SA11AI.4974
 Amount of Each Receipt this Period 300.00
 Memo Item \$50/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 38 OF 65
<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. Kenneth, Chatfield, , ,			Date of Receipt MM / DD / YYYY 06 / 30 / 2021
Mailing Address 5923 W Gable Ridge Ct			Transaction ID : SA11AI.4860
City Highland	State UT	Zip Code 84003-8978	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$50/Monthly
Name of Employer (for Individual) USACS Management Group, Ltd.		Occupation (for Individual) Chief Information Officer	
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. Kenneth, Domuczicz, , ,			Date of Receipt MM / DD / YYYY 06 / 30 / 2021
Mailing Address 3217 Raspberry Rd			Transaction ID : SA11AI.4876
City Austin	State TX	Zip Code 78748	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$50/Monthly
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Emergency Physician	
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. Kevin, Corrigan, , ,			Date of Receipt MM / DD / YYYY 06 / 30 / 2021
Mailing Address 9338 Standerwick Ln			Transaction ID : SA11AI.4868
City Huntersville	State NC	Zip Code 28078	Amount of Each Receipt this Period 900.00
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) Assistant Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 900.00	

SUBTOTAL of Receipts This Page (optional).....	1500.00
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 65
	<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. Kim, Hanson, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2503 Whispering Oaks Circle
 City Bryan State TX Zip Code 77802-2024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) APP Lead
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2021
Transaction ID : SA11AI.4913
 Amount of Each Receipt this Period 300.00
 Memo Item \$50/Monthly

B. Krisi, Gindlesperger, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 600.00

Date of Receipt 06 / 30 / 2021
Transaction ID : SA11AI.4903
 Amount of Each Receipt this Period 600.00
 Memo Item \$100/Monthly

C. Kurtis, Mayz, , ,
 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 ▼ 900.00

Date of Receipt 06 / 30 / 2021
Transaction ID : SA11AI.4970
 Amount of Each Receipt this Period 900.00
 Memo Item \$150/Monthly

SUBTOTAL of Receipts This Page (optional).....	1800.00
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 65
<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. Larry, Land, , ,
 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 ▼ 900.00

Date of Receipt 06 / 30 / 2021
Transaction ID : SA11AI.4949
 Amount of Each Receipt this Period 900.00
 Memo Item \$150/Monthly

B. Laura, Hummel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 807 S. Roxmere Road
 City Tampa State FL Zip Code 33609-4235
 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 ▼ 400.00

Date of Receipt 06 / 30 / 2021
Transaction ID : SA11AI.4924
 Amount of Each Receipt this Period 400.00
 Memo Item \$100/Monthly

C. Louis, Cirillo, , ,
 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 ▼ 900.00

Date of Receipt 06 / 30 / 2021
Transaction ID : SA11AI.4861
 Amount of Each Receipt this Period 900.00
 Memo Item \$150/Monthly

SUBTOTAL of Receipts This Page (optional).....	2200.00
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 41 OF 65
	<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. Mark, Darnell, , ,
 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 ▼ 900.00

Date of Receipt 06 / 30 / 2021
Transaction ID : SA11AI.4870
 Amount of Each Receipt this Period 900.00
 Memo Item \$150/Monthly

B. Mark, Slabinski, , ,
 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 Physicians, PA Occupation (for Individual) Regional Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 06 / 30 / 2021
Transaction ID : SA11AI.5020
 Amount of Each Receipt this Period 900.00
 Memo Item \$150/Monthly

C. Martha, Townsend, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16220 W 84th Drive
 City Arvada State CO Zip Code 80007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Advanced Practice Provider
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2021
Transaction ID : SA11AI.5030
 Amount of Each Receipt this Period 300.00
 Memo Item \$50/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 42 OF 65
	<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. Matthew, Brice, , ,			Date of Receipt MM / DD / YYYY 06 / 30 / 2021
Mailing Address 17007 Arrowhead Ct			Transaction ID : SA11AI.4847
City College Station	State TX	Zip Code 77845	Amount of Each Receipt this Period 600.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$100/Monthly
Name of Employer (for Individual) Travis County Emergency Physicians, PA		Occupation (for Individual) Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Matthew, Champeau, , ,			Date of Receipt MM / DD / YYYY 06 / 30 / 2021
Mailing Address 16 Stony Hill Rd			Transaction ID : SA11AI.4859
City Burlington	State CT	Zip Code 06013-2601	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$50/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 ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Matthew, Patlovany, , ,			Date of Receipt MM / DD / YYYY 06 / 30 / 2021
Mailing Address 19938 Terra Canyon			Transaction ID : SA11AI.4987
City San Antonio	State TX	Zip Code 78255-2344	Amount of Each Receipt this Period 900.00
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) President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 900.00	

SUBTOTAL of Receipts This Page (optional).....▶	1800.00
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 65
	<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. Michael, Argus, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 30 / 2021
Mailing Address 198 Barbados Dr		Transaction ID : SA11AI.4830
City Jupiter	State FL	Zip Code 33458-2920
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 900.00	
Name of Employer (for Individual) USACS Medical 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 ▼ 900.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Michael, Cetta, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 30 / 2021
Mailing Address 16 Piney Glen Court		Transaction ID : SA11AI.4858
City Potomac	State MD	Zip Code 20854-1411
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2400.00	
Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) Chief of Integrated Acute Care	<input type="checkbox"/> Memo Item \$400/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2400.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Michael, DiCaprio, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 30 / 2021
Mailing Address 3960 N. Monet Ct.		Transaction ID : SA11AI.4874
City Allison Park	State PA	Zip Code 15101
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 \$50/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).....▶	3600.00
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 44 OF 65
	<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. Michael, Faulk, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3951 Fluvanna-Townline Road
 City Jamestown State NY Zip Code 14701-9032
 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
 06 / 30 / 2021
Transaction ID : SA11AI.4885
 Amount of Each Receipt this Period 300.00
 Memo Item \$50/Monthly

B. Michael, Mirhadi, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1984 Caversham Way
 City Folsom State CA Zip Code 95630
 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
 06 / 30 / 2021
Transaction ID : SA11AI.4976
 Amount of Each Receipt this Period 300.00
 Memo Item \$50/Monthly

C. Michael, Osmundson, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 62 East Dr.
 City Hartville State OH Zip Code 44632-8890
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Travis County Emergency Physicians, PA Occupation (for Individual) President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 06 / 30 / 2021
Transaction ID : SA11AI.4984
 Amount of Each Receipt this Period 900.00
 Memo Item \$150/Monthly

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
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 45 OF 65
	<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. Michael, Somers, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 503 Neuse Harbour Blvd
 City New Bern State NC Zip Code 28560-8958
 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 ▼ 900.00

Date of Receipt 06 / 30 / 2021
Transaction ID : SA11AI.5024
 Amount of Each Receipt this Period 900.00
 Memo Item \$150/Monthly

B. Michael, Wisniewski, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2813 Elmira St.
 City Denver State CO Zip Code 80238
 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 ▼ 600.00

Date of Receipt 06 / 30 / 2021
Transaction ID : SA11AI.5050
 Amount of Each Receipt this Period 600.00
 Memo Item \$100/Monthly

C. Michael, Zimmerman, , ,
 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 ▼ 600.00

Date of Receipt 06 / 30 / 2021
Transaction ID : SA11AI.5055
 Amount of Each Receipt this Period 600.00
 Memo Item \$100/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: PAGE 46 OF 65
(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. Moira, Pyle, , ,
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 ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2021

Transaction ID : SA11AI.4995

Amount of Each Receipt this Period
450.00

Memo Item
\$75/Monthly

B. Nathan, Scherer, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6286 E Long Circle N

City Centennial	State CO	Zip Code 80112
--------------------	-------------	-------------------

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 ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2021

Transaction ID : SA11AI.5013

Amount of Each Receipt this Period
600.00

Memo Item
\$100/Monthly

C. Nathaniel, Hibbs, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6634 S. Prescott Way

City Littleton	State CO	Zip Code 80120
-------------------	-------------	-------------------

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 ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2021

Transaction ID : SA11AI.4919

Amount of Each Receipt this Period
600.00

Memo Item
\$100/Monthly

SUBTOTAL of Receipts This Page (optional).....	1650.00
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 47 OF 65
	<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. Neil, Roy, , ,			Date of Receipt MM / DD / YYYY 06 / 30 / 2021
Mailing Address 2408 Henslowe Drive			Transaction ID : SA11AI.5009
City Potomac	State MD	Zip Code 20854	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$50/Monthly
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) System Medical Director	
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. Nicholas, Bown, , ,			Date of Receipt MM / DD / YYYY 06 / 30 / 2021
Mailing Address 532 College Blvd			Transaction ID : SA11AI.4844
City San Antonio	State TX	Zip Code 78209	Amount of Each Receipt this Period 900.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$150/Monthly
Name of Employer (for Individual) Travis County Emergency Physicians, PA		Occupation (for Individual) Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 900.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Nicholas, Jouriles, , ,			Date of Receipt MM / DD / YYYY 06 / 30 / 2021
Mailing Address 398 Bentleyville Road			Transaction ID : SA11AI.4933
City Moreland Hills	State OH	Zip Code 44022-2433	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$50/Monthly
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Vice Chair of Faculty Development	
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).....	1500.00
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 48 OF 65
<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. Nicholas, Rosen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1089 S. Williams St.
 City Denver State CO Zip Code 80209
 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 06 / 30 / 2021
Transaction ID : SA11AI.5007
 Amount of Each Receipt this Period 300.00
 Memo Item \$50/Monthly

B. Noah, Keller, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10119 Easterday Court
 City Hagerstown State MD Zip Code 21742
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Travis County Emergency Physicians, PA Occupation (for Individual) Regional Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 06 / 30 / 2021
Transaction ID : SA11AI.4936
 Amount of Each Receipt this Period 900.00
 Memo Item \$150/Monthly

C. Olga, Kramer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5836 Kinglet Lane
 City Charlotte State NC Zip Code 28269-7115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) APP Lead
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2021
Transaction ID : SA11AI.4947
 Amount of Each Receipt this Period 300.00
 Memo Item \$50/Monthly

SUBTOTAL of Receipts This Page (optional).....	1500.00
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 49 OF 65
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Orion, Colfer, , ,
 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 ▼ 900.00

Date of Receipt 06 / 30 / 2021
Transaction ID : SA11AI.4863
 Amount of Each Receipt this Period 900.00
 Memo Item \$150/Monthly

B. Paul, Eakin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1455 Hunakai St. Apt. 1
 City Honolulu State HI Zip Code 96816-5526
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Travis County Emergency Physicians, PA Occupation (for Individual) Associate Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2021
Transaction ID : SA11AI.4881
 Amount of Each Receipt this Period 300.00
 Memo Item \$50/Monthly

C. Paul, Goen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 Physicians, PA Occupation (for Individual) System Medical Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2021
Transaction ID : SA11AI.4905
 Amount of Each Receipt this Period 600.00
 Memo Item \$100/Monthly

SUBTOTAL of Receipts This Page (optional).....▶ 1800.00
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 50 OF 65
	<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. Raymond, Biersbach, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2021 Transaction ID : SA11AI.4839
Mailing Address 234 Lakeshore Dr		Amount of Each Receipt this Period 600.00
City Mooresville	State NC	Zip Code 28117-7535
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) Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Rebecca, Kornas, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2021 Transaction ID : SA11AI.4945
Mailing Address 4129 Utica St		Amount of Each Receipt this Period 300.00
City Denver	State CO	Zip Code 80212-2248
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$50/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 ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Rhett, Reed, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2021 Transaction ID : SA11AI.4998
Mailing Address 12509 Red Mesa Hollow		Amount of Each Receipt this Period 600.00
City Austin	State TX	Zip Code 78739-7535
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) Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
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 51 OF 65
	<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. Richard, Sullivan, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 117 James Place

City Pittsburgh	State PA	Zip Code 15228-1021
--------------------	-------------	------------------------

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 ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2021

Transaction ID : SA11AI.5026

Amount of Each Receipt this Period
600.00

Memo Item
\$100/Monthly

B. Robert, Blankenship, , ,
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 ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2021

Transaction ID : SA11AI.4841

Amount of Each Receipt this Period
900.00

Memo Item
\$150/Monthly

C. Roderick, Grooms, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 417 Edgewood Drive

City Sarver	State PA	Zip Code 16055-9266
----------------	-------------	------------------------

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 ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2021

Transaction ID : SA11AI.4907

Amount of Each Receipt this Period
300.00

Memo Item
\$50/Monthly

SUBTOTAL of Receipts This Page (optional).....	1800.00
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 52 OF 65
	<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. Rubeal, Mann, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 30 / 2021
Mailing Address 10122 Concord Road			Transaction ID : SA11AI.4966
City Dublin	State OH	Zip Code 43017-9434	Amount of Each Receipt this Period 600.00
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) Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Sara, Bishop, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 30 / 2021
Mailing Address P.O. Box 2175			Transaction ID : SA11AI.4840
City Morehead City	State NC	Zip Code 28557-2175	Amount of Each Receipt this Period 262.50
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$75/Monthly
Name of Employer (for Individual) Travis County Emergency Physicians, PA		Occupation (for Individual) APP Lead	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 262.50	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Sasha, Rihter, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 30 / 2021
Mailing Address 56 Seiver Street			Transaction ID : SA11AI.5002
City Ashville	State NC	Zip Code 28804	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$50/Monthly
Name of Employer (for Individual) USACS Medical Group, Ltd.		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).....	1162.50
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 53 OF 65
	<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. Scott, Freedman, , ,
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 ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2021

Transaction ID : SA11AI.4894

Amount of Each Receipt this Period
750.00

Memo Item
\$150/Monthly

B. Sean, Bender, , ,
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 ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2021

Transaction ID : SA11AI.4838

Amount of Each Receipt this Period
900.00

Memo Item
\$150/Monthly

C. Sean, Fleming, , ,
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 ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2021

Transaction ID : SA11AI.4890

Amount of Each Receipt this Period
900.00

Memo Item
\$150/Monthly

SUBTOTAL of Receipts This Page (optional).....	2550.00
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 54 OF 65
<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. Shawn, Posin, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2021
Mailing Address 47575 Hidden Springs Dr		Transaction ID : SA11AI.4993
City Saint Clairsville	State OH	Zip Code 43950-8626
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 600.00	
Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) Board Member	<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 ▼ 600.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Shawn, Radford, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2021
Mailing Address 8017 Jean Court		Transaction ID : SA11AI.4997
City Pasadena	State MD	Zip Code 21122-1063
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 900.00	
Name of Employer (for Individual) USACS Management Group, Ltd.	Occupation (for Individual) Director of Firefighters	<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 ▼ 900.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Sidney, Lee, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2021
Mailing Address 1200 Queen Emma Street Apt 2001		Transaction ID : SA11AI.4953
City Honolulu	State HI	Zip Code 96813-6311
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 \$50/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).....▶	1800.00
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 55 OF 65
	<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. Simon, Edginton, , ,
 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 ▼ 900.00

Date of Receipt 06 / 30 / 2021
Transaction ID : SA11AI.4882
 Amount of Each Receipt this Period 900.00
 Memo Item \$150/Monthly

B. Stefen, Ammon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 Mountain High Ct.
 City Littleton State CO Zip Code 80127
 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 06 / 30 / 2021
Transaction ID : SA11AI.4829
 Amount of Each Receipt this Period 300.00
 Memo Item \$50/Monthly

C. Stephen, Altmin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2641 4th Street
 City Boulder State CO Zip Code 80304-3201
 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 06 / 30 / 2021
Transaction ID : SA11AI.4828
 Amount of Each Receipt this Period 300.00
 Memo Item \$50/Monthly

SUBTOTAL of Receipts This Page (optional).....	1500.00
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 56 OF 65
<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. Stephen, Carter, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 161 Glen Eagles Drive
 City Cibolo State TX Zip Code 78108-3343
 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 06 / 30 / 2021
Transaction ID : SA11AI.4856
 Amount of Each Receipt this Period 300.00
 Memo Item \$50/Monthly

B. Steven, Eisenberg, , ,
 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 ▼ 900.00

Date of Receipt 06 / 30 / 2021
Transaction ID : SA11AI.4883
 Amount of Each Receipt this Period 900.00
 Memo Item \$150/Monthly

C. Steven, Guyton, , ,
 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 ▼ 900.00

Date of Receipt 06 / 30 / 2021
Transaction ID : SA11AI.4908
 Amount of Each Receipt this Period 900.00
 Memo Item \$150/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 57 OF 65
<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. Sujit, Iyer, , ,			Date of Receipt MM / DD / YYYY 06 / 30 / 2021
Mailing Address 1204 Kinney Avenue			Transaction ID : SA11AI.4926
City Austin	State TX	Zip Code 78704	Amount of Each Receipt this Period 600.00
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) Pediatric Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Suprina, Dorai, , ,			Date of Receipt MM / DD / YYYY 06 / 30 / 2021
Mailing Address 7911 El Dorado Drive			Transaction ID : SA11AI.4877
City Austin	State TX	Zip Code 78737-3010	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$50/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 ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Suzanne, Garber, , ,			Date of Receipt MM / DD / YYYY 06 / 30 / 2021
Mailing Address 7700 Overlook Hills Lane			Transaction ID : SA11AI.4897
City Cincinnati	State OH	Zip Code 45244-3289	Amount of Each Receipt this Period 600.00
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) Quality Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional).....	1500.00
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 58 OF 65
<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. Swarup, Misra, , ,			Date of Receipt MM / DD / YYYY 06 / 30 / 2021
Mailing Address 9667 Ashley Green Ct NW			Transaction ID : SA11AI.4977
City Concord	State NC	Zip Code 28027	Amount of Each Receipt this Period 900.00
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) Quality Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 900.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Sydney, De Angelis, , ,			Date of Receipt MM / DD / YYYY 06 / 30 / 2021
Mailing Address 114 E Church St			Transaction ID : SA11AI.4872
City Frederick	State MD	Zip Code 21701	Amount of Each Receipt this Period 600.00
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) Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Thomas, Burke, , ,			Date of Receipt MM / DD / YYYY 06 / 30 / 2021
Mailing Address 1010 Gapter Road			Transaction ID : SA11AI.4851
City Boulder	State CO	Zip Code 80303	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$0/Monthly
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....	1750.00
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 59 OF 65
	<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. Thomas, Denmark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13122 S Yorktown Ave
 City Bixby State OK Zip Code 74008-7665
 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
 06 / 30 / 2021
Transaction ID : SA11AI.4873
 Amount of Each Receipt this Period
 300.00
 Memo Item
 \$50/Monthly

B. Thomas, Parks, , ,
 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 Physicians, PA Occupation (for Individual) Advanced Practice Provider
 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
 06 / 30 / 2021
Transaction ID : SA11AI.4986
 Amount of Each Receipt this Period
 450.00
 Memo Item
 \$75/Monthly

C. Timothy, Hall, , ,
 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 Physicians, PA Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2021
Transaction ID : SA11AI.4910
 Amount of Each Receipt this Period
 900.00
 Memo Item
 \$150/Monthly

SUBTOTAL of Receipts This Page (optional).....▶	1650.00
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 60 OF 65
<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. Tracie, Vock, , ,			Date of Receipt MM / DD / YYYY 06 / 30 / 2021
Mailing Address 7911 Fingerboard Road			Transaction ID : SA11AI.5036
City Frederick	State MD	Zip Code 21704-7628	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$50/Monthly
Name of Employer (for Individual) USACS Management Group, Ltd.		Occupation (for Individual) Director of APPs, IAC	
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. Travis, Ulmer, , ,			Date of Receipt MM / DD / YYYY 06 / 30 / 2021
Mailing Address 1240 Broadview Ave			Transaction ID : SA11AI.5034
City Columbus	State OH	Zip Code 43212-3344	Amount of Each Receipt this Period 900.00
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) Chief Clinical Recruiting Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 900.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Tyler, Dschaak, , ,			Date of Receipt MM / DD / YYYY 06 / 30 / 2021
Mailing Address 585 Paisley Dr			Transaction ID : SA11AI.4880
City Colorado Springs	State CO	Zip Code 80906-8263	Amount of Each Receipt this Period 600.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$0/Monthly
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional).....▶	1800.00
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 61 OF 65
	<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. Vicky, Nguyen, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2021
Mailing Address 336 E 1st Ave Apt 203		Transaction ID : SA11AI.4980
City Denver	State CO	Zip Code 80203-4379
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 \$50/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. Wayne, Jones, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2021
Mailing Address 6063 Deerfield Drive		Transaction ID : SA11AI.4931
City Fairview	State PA	Zip Code 16415
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 \$50/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. Wenzel, Tirheimer, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2021
Mailing Address 13404 Golf Crest Way		Transaction ID : SA11AI.5028
City Tampa	State FL	Zip Code 33618
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 900.00
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 ▼ 900.00	

SUBTOTAL of Receipts This Page (optional).....	1500.00
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 62 OF 65
	<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. William, Tucker, , ,			Date of Receipt MM / DD / YYYY 06 / 30 / 2021
Mailing Address 136 Hickory Flats Dr			Transaction ID : SA11AI.5032
City Harrison	State OH	Zip Code 45030	Amount of Each Receipt this Period 600.00
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) Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Wyatt, Hall, , ,			Date of Receipt MM / DD / YYYY 06 / 30 / 2021
Mailing Address 2310B Old Trail Rd.			Transaction ID : SA11AI.4909
City Avon	State CO	Zip Code 81620	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$50/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 ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Yalonda, Herndon, , ,			Date of Receipt MM / DD / YYYY 06 / 30 / 2021
Mailing Address 2509 Mill Wright Rd			Transaction ID : SA11AI.4918
City Concord	State NC	Zip Code 28027	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$50/Monthly
Name of Employer (for Individual) Travis County Emergency Physicians, PA		Occupation (for Individual) Medical Director	
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).....▶	109217.26

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name (Last, First, Middle Initial) A. BERA FOR CONGRESS		Date of Disbursement MM / DD / YYYY 05 / 13 / 2021	
Mailing Address PO BOX 582496		FEC Identification Number C 000461061 Transaction ID : SB23.4570 Amount of Each Disbursement this Period 2500.00	
City ELK GROVE	State CA	Zip Code 95758	Category/ Type
Purpose of Disbursement			
Candidate Name Bera, Ami, , ,		Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. DR. RAUL RUIZ FOR CONGRESS		Date of Disbursement MM / DD / YYYY 04 / 22 / 2021	
Mailing Address PO BOX 3433		FEC Identification Number C 000502575 Transaction ID : SB23.4567 Amount of Each Disbursement this Period 5000.00	
City PALM DESERT	State CA	Zip Code 92261	Category/ Type
Purpose of Disbursement			
Candidate Name Ruiz, Paul, , ,		Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. EMERGENCY DEPARTMENT PRACTICE MANAGEMENT ASSOCIATION PAC (EDPMA-PAC)		Date of Disbursement MM / DD / YYYY 04 / 22 / 2021	
Mailing Address 1420 NEW YORK AVE, NW 5TH FLOOR		FEC Identification Number C 000388470 Transaction ID : SB23.4565 Amount of Each Disbursement this Period 5000.00	
City WASHINGTON	State DC	Zip Code 20005	Category/ Type
Purpose of Disbursement			
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional)..... ▶	12500.00
TOTAL This Period (last page this line number only)..... ▶	[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name (Last, First, Middle Initial)
A. SINEMA FOR ARIZONA

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		20		2021

Mailing Address PO BOX 7586

FEC Identification Number

C C00508804

Transaction ID : SB23.4582

Amount of Each Disbursement this Period

5000.00

Memo Item

City PHOENIX State AZ Zip Code 85011

Purpose of Disbursement

Category/Type

Candidate Name
SINEMA FOR ARIZONA

Office Sought: House Senate President
 Disbursement For: 2022 Primary General Other (specify) ▼
 State: AZ District: 09

Full Name (Last, First, Middle Initial)
B. STEPHANIE MURPHY FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		24		2021

Mailing Address PO BOX 205

FEC Identification Number

C C00620443

Transaction ID : SB23.4585

Amount of Each Disbursement this Period

2500.00

Memo Item

City WINTER PARK State FL Zip Code 32790

Purpose of Disbursement

Category/Type

Candidate Name
STEPHANIE MURPHY FOR CONGRESS

Office Sought: House Senate President
 Disbursement For: 2022 Primary General Other (specify) ▼
 State: FL District: 07

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

Date of Disbursement

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

Mailing Address

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

City State Zip Code

Purpose of Disbursement

Category/Type

Candidate Name

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

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

7500.00

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

20000.00

**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. Friends of Gary Scherer

Full Name (Last, First, Middle Initial)

Mailing Address 19920 Commercial Point Road

City Circleville State OH Zip Code 43113

Purpose of Disbursement
Void Check 1331 from 10/15/20

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2020
 Primary General
 Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
05 / 19 / 2021

FEC Identification Number
C []
Transaction ID : SB29.4573
Amount of Each Disbursement this Period
[] - 500.00

Memo Item

B. Rabon for Senate

Full Name (Last, First, Middle Initial)

Mailing Address 404 West Brunswick Street

City Southport State NC Zip Code 28461

Purpose of Disbursement
Void Check 1341 from 10/15/20

Candidate Name
Rabon for Senate

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify)

Date of Disbursement: MM / DD / YYYY
05 / 19 / 2021

FEC Identification Number
C []
Transaction ID : SB29.4579
Amount of Each Disbursement this Period
[] - 1000.00

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
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

FEC Identification Number
C []

Amount of Each Disbursement this Period
[]

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ [] - 1500.00

TOTAL This Period (last page this line number only)..... ▶ [] - 1500.00