



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

**USACS PAC**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>		87294.41
(b) Cash on Hand at Beginning of Reporting Period.....	93349.65	
(c) Total Receipts (from Line 19) .....	9162.72	89367.96
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	102512.37	176662.37
7. Total Disbursements (from Line 31).....	- 1250.00	72900.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	103762.37	103762.37
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**USACS PAC**

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 18 / 2018 To: M M / D D / Y Y Y Y 11 / 26 / 2018

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).....	6546.62	61860.82
(ii) Unitemized .....	616.10	20507.14
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	7162.72	82367.96
(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) .....	7162.72	82367.96
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.....	2000.00	7000.00
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)).....▶	9162.72	89367.96
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	9162.72	89367.96

**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.....	- 1250.00	72900.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
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)) ..	- 1250.00	72900.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	- 1250.00	72900.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	7162.72	82367.96
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	7162.72	82367.96
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 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**USACS PAC**

**A. Aboutalib, Angela, , ,**  
 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) Virtual Locations Occupation (for Individual) Senior Director of Quality and Educati  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼  
 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 26 / 2018  
**Transaction ID : SA11AI.8772**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 \$100.00/monthly

**B. Adler, Aaron, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 Midsummer Court  
 City Gaithersburg State MD Zip Code 20878-5228  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) APP Lead  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼  
 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 26 / 2018  
**Transaction ID : SA11AI.8761**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item  
 \$20.00/monthly

**C. Atez, Francisco, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17376 Emerald Chase Drive  
 City Tampa State FL Zip Code 33647  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC Occupation (for Individual) Regional Director of Risk Management  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼  
 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 26 / 2018  
**Transaction ID : SA11AI.8808**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 \$100.00/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	220.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 44
	<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. Augustine, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7868 Classics Dr.  
 City Naples State FL Zip Code 34113-3063  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Management Group Occupation (for Individual) Chairman, National Clinical Governance  
 Receipt For: 2018  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **1650.00**

Date of Receipt  
**11 / 26 / 2018**  
**Transaction ID : SA11AI.8819**  
 Amount of Each Receipt this Period  
**150.00**  
 Memo Item  
 \$150.00/monthly

**B. Aulick, Neal, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11 Aaronwoods Court  
 City Wheeling State WV Zip Code 26003  
 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: 2018  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **220.00**

Date of Receipt  
**11 / 26 / 2018**  
**Transaction ID : SA11AI.8861**  
 Amount of Each Receipt this Period  
**20.00**  
 Memo Item  
 \$20.00/monthly

**C. Bagnoli, Dominic, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 East Drive  
 City Hartville State OH Zip Code 44632  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Management Group Occupation (for Individual) Executive Chairman  
 Receipt For: 2018  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **4582.93**

Date of Receipt  
**11 / 26 / 2018**  
**Transaction ID : SA11AI.8801**  
 Amount of Each Receipt this Period  
**416.63**  
 Memo Item  
 \$416.63/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>586.63</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 44
	<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. Bescherer, Rudolph, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 32 Fieldcrest Dr  
 City Westampton State NJ Zip Code 08060-5656  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Firefighter  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 26 / 2018  
**Transaction ID : SA11AI.8876**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 \$100.00/monthly

**B. Biersbach, Raymond, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 234 Lakeshore Dr  
 City Mooresville State NC Zip Code 28117-7535  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Emergency Physician  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 26 / 2018  
**Transaction ID : SA11AI.8870**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 \$100.00/monthly

**C. Blaum, Justin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 85 Morningside Drive  
 City Indiana State PA Zip Code 15701-3613  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AHN Medical Group, LLC Occupation (for Individual) ED Operations Director  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 26 / 2018  
**Transaction ID : SA11AI.8834**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 \$20.00/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	220.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**USACS PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Bradstreet, Jennifer, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 26 / 2018
Mailing Address 249 S. Franklin St.			<b>Transaction ID : SA11AI.8823</b>
City Chagrin Falls	State OH	Zip Code 44022	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$50.00/monthly
Name of Employer (for Individual) USACS Medical Group, LTD		Occupation (for Individual) System Medical Director	
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other		Aggregate Year-to-Date 550.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Brandon, Christopher, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 26 / 2018
Mailing Address 18834 Preston Road			<b>Transaction ID : SA11AI.8786</b>
City Hagerstown	State MD	Zip Code 21742	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$20.00/monthly
Name of Employer (for Individual) MEP Health, LLC		Occupation (for Individual) APP Lead	
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other		Aggregate Year-to-Date 210.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Caraballo, Damian, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 26 / 2018
Mailing Address 11911 Marblehead Drive			<b>Transaction ID : SA11AI.8792</b>
City Tampa	State FL	Zip Code 33626-2555	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$20.00/monthly
Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC		Occupation (for Individual) Regional Chief Quality Officer	
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other		Aggregate Year-to-Date 220.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	90.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 44
	<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. Casey, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5156 Baker Ridge Dr.  
 City Columbus State OH Zip Code 43228  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) EMS Director  
 Receipt For: 2018  
 Primary     General  
 Other (specify) Other  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 26 / 2018  
**Transaction ID : SA11AI.8830**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 \$20.00/monthly

**B. Cetta, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16 Piney Glen Court  
 City Potomac State MD Zip Code 20854  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Management Group Occupation (for Individual) Interim Chief of Integrated Acute Care  
 Receipt For: 2018  
 Primary     General  
 Other (specify) Other  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 26 / 2018  
**Transaction ID : SA11AI.8856**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 \$100.00/monthly

**C. Cirillo, Louis, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 91 Woodridge Drive  
 City Saunderstown State RI Zip Code 02874-1943  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director  
 Receipt For: 2018  
 Primary     General  
 Other (specify) Other  
 Aggregate Year-to-Date ▼ 1650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 26 / 2018  
**Transaction ID : SA11AI.8847**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 \$150.00/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	270.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**USACS PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Colfer, Orion, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 26 / 2018
Mailing Address 2523 Hanover Ave			<b>Transaction ID : SA11AI.8865</b>
City Richmond	State VA	Zip Code 23220	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$50.00/monthly
Name of Employer (for Individual) USACS Management Group		Occupation (for Individual) National Director of Patient Experienc	
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 550.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Conley, Amy, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 26 / 2018
Mailing Address 6419 Renwick Circle			<b>Transaction ID : SA11AI.8766</b>
City Tampa	State FL	Zip Code 33647	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$100.00/monthly
Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC		Occupation (for Individual) Regional Transfer Center Director	
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 1000.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Cook, Alexander, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 26 / 2018
Mailing Address 8780 Surrey Place			<b>Transaction ID : SA11AI.8763</b>
City Maineville	State OH	Zip Code 45039-9519	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$20.00/monthly
Name of Employer (for Individual) USACS Medical Group, LTD		Occupation (for Individual) Director of APPs	
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 210.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	170.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**USACS PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Corey, Mary, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 26 / 2018
Mailing Address 122 Hammersmith Farms Lane		<b>Transaction ID : SA11AI.8851</b>
City Mooresville	State NC	Zip Code 28117-6724
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Advanced Practice Provider	<input type="checkbox"/> Memo Item \$20.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 210.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. De Angelis, Sydney, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 26 / 2018
Mailing Address 114 E Church St		<b>Transaction ID : SA11AI.8887</b>
City Frederick	State MD	Zip Code 21701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) MEP Health, LLC	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$100.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 1100.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Denmark, Thomas, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 26 / 2018
Mailing Address 13122 S Yorktown Ave		<b>Transaction ID : SA11AI.8891</b>
City Bixby	State OK	Zip Code 74008-7665
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Chairman	<input type="checkbox"/> Memo Item \$50.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 550.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	170.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**USACS PAC**

**A. DiRando, Jesse, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 33531 Royal Saint George Drive  
 City Avon State OH Zip Code 44011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Management Group Occupation (for Individual) Vice President, Clinical Resource Grou  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **220.00**

Date of Receipt  
**11 / 26 / 2018**  
**Transaction ID : SA11AI.8827**  
 Amount of Each Receipt this Period  
**20.00**  
 Memo Item  
 \$20.00/monthly

**B. Doucette, Marc, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16692 W. 55th Pl.  
 City Golden State CO Zip Code 80403-1269  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Colorado Emergency Service Physicians, Occupation (for Individual) Medical Director  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **220.00**

Date of Receipt  
**11 / 26 / 2018**  
**Transaction ID : SA11AI.8849**  
 Amount of Each Receipt this Period  
**20.00**  
 Memo Item  
 \$20.00/monthly

**C. Eakin, Paul, , ,**  
 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) USACS Medical Group, LTD Occupation (for Individual) Associate Medical Director  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **550.00**

Date of Receipt  
**11 / 26 / 2018**  
**Transaction ID : SA11AI.8867**  
 Amount of Each Receipt this Period  
**50.00**  
 Memo Item  
 \$50.00/monthly

**SUBTOTAL** of Receipts This Page (optional)..... **90.00**  
**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 44
	<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. Eisenberg, Steven, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 35590 Michael Drive  
 City Solon State OH Zip Code 44139  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Management Group Occupation (for Individual) General Counsel  
 Receipt For: 2018  
 Primary     General  
 Other (specify) Other  
 Aggregate Year-to-Date ▼  
 1050.00

Date of Receipt  
 11 / 26 / 2018  
**Transaction ID : SA11AI.8882**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 \$100.00/monthly

**B. Falcone, Angelo, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2606 Tridelphia Lake Road  
 City Brookeville State MD Zip Code 20833  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) President  
 Receipt For: 2018  
 Primary     General  
 Other (specify) Other  
 Aggregate Year-to-Date ▼  
 1650.00

Date of Receipt  
 11 / 26 / 2018  
**Transaction ID : SA11AI.8773**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 \$150.00/monthly

**C. Ferrand, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 193 Bryna Lane  
 City Carnegie State PA Zip Code 15106-1473  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Firefighter  
 Receipt For: 2018  
 Primary     General  
 Other (specify) Other  
 Aggregate Year-to-Date ▼  
 1100.00

Date of Receipt  
 11 / 26 / 2018  
**Transaction ID : SA11AI.8798**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 \$100.00/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	350.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 44
	<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. Forcada-Lowrie, Raymundo, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 232339  
 City Encinitas State CA Zip Code 92023-2339  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Firefighter  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **1100.00**

Date of Receipt **11 / 26 / 2018**  
**Transaction ID : SA11AI.8871**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item  
 \$100.00/monthly

**B. Gamma, Brett, , ,**  
 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) MEP Health, LLC Occupation (for Individual) Medical Director  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **550.00**

Date of Receipt **11 / 26 / 2018**  
**Transaction ID : SA11AI.8781**  
 Amount of Each Receipt this Period **50.00**  
 Memo Item  
 \$50.00/monthly

**C. Garber, Suzanne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7700 Overlook Hills Lane  
 City Cincinnati State OH Zip Code 45244-3289  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Regional Quality Director  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **220.00**

Date of Receipt **11 / 26 / 2018**  
**Transaction ID : SA11AI.8884**  
 Amount of Each Receipt this Period **20.00**  
 Memo Item  
 \$20.00/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>170.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**USACS PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Geary, Daniel, , ,</b>			Date of Receipt M M / D D / Y Y Y Y Y 11 / 26 / 2018
Mailing Address 21910 Helen Lane			<b>Transaction ID : SA11AI.8793</b>
City Leonardtown	State MD	Zip Code 20650-2220	Amount of Each Receipt this Period 83.33
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$83.33/monthly
Name of Employer (for Individual) MEP Health, LLC		Occupation (for Individual) Medical Director	
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 916.63		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Geers, Gregory, , ,</b>			Date of Receipt M M / D D / Y Y Y Y Y 11 / 26 / 2018
Mailing Address 624 James Alexander Way			<b>Transaction ID : SA11AI.8813</b>
City Davidson	State NC	Zip Code 28036-7070	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$20.00/monthly
Name of Employer (for Individual) USACS Medical Group, LTD		Occupation (for Individual) Medical Director	
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 220.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Gindlesperger, Krisi, , ,</b>			Date of Receipt M M / D D / Y Y Y Y Y 11 / 26 / 2018
Mailing Address 6203 Renninger Road			<b>Transaction ID : SA11AI.8840</b>
City New Franklin	State OH	Zip Code 44319-4741	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$100.00/monthly
Name of Employer (for Individual) USACS Management Group		Occupation (for Individual) Vice President - National Director of	
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 750.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	203.33
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 44
	<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. Gooch, Christopher, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 52675 Timber Dr.  
 City Bridgeport State OH Zip Code 43912-7724  
 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: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **275.00**

Date of Receipt **11 / 26 / 2018**  
**Transaction ID : SA11AI.8787**  
 Amount of Each Receipt this Period **25.00**  
 Memo Item  
 \$25.00/monthly

**B. Grant, Randall, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1536 Forest Ave  
 City River Forest State IL Zip Code 60305-1004  
 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: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **275.00**

Date of Receipt **11 / 26 / 2018**  
**Transaction ID : SA11AI.8869**  
 Amount of Each Receipt this Period **25.00**  
 Memo Item  
 \$25.00/monthly

**C. Groomes, Roderick, , ,**  
 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) AHN Medical Group, LLC Occupation (for Individual) Medical Director  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **550.00**

Date of Receipt **11 / 26 / 2018**  
**Transaction ID : SA11AI.8874**  
 Amount of Each Receipt this Period **50.00**  
 Memo Item  
 \$50.00/monthly

**SUBTOTAL** of Receipts This Page (optional)..... **100.00**  
**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 44
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**USACS PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Guyton, Steven, , ,</b>			Date of Receipt MM / DD / YYYY 11 / 26 / 2018
Mailing Address 111 Stillwater Lane			<b>Transaction ID : SA11AI.8883</b>
City Pittsburgh	State PA	Zip Code 15143-8899	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$25.00/monthly
Name of Employer (for Individual) AHN Medical Group, LLC		Occupation (for Individual) Medical Director	
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 275.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Hallock, Robert, , ,</b>			Date of Receipt MM / DD / YYYY 11 / 26 / 2018
Mailing Address 2124 Bay Front Terrace			<b>Transaction ID : SA11AI.8873</b>
City Annapolis	State MD	Zip Code 21409	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$20.00/monthly
Name of Employer (for Individual) MEP Health, LLC		Occupation (for Individual) Emergency Physician	
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 220.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Hibbs, Nathaniel, , ,</b>			Date of Receipt MM / DD / YYYY 11 / 26 / 2018
Mailing Address 6634 S. Prescott Way			<b>Transaction ID : SA11AI.8860</b>
City Littleton	State CO	Zip Code 80120	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$100.00/monthly
Name of Employer (for Individual) Colorado Emergency Service Physicians,		Occupation (for Individual) Emergency Physician	
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 1100.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	145.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 44
	<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. Hodson, Benjamin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 200 Algonquin Beach Rd.  
 City Averill Park State NY Zip Code 12018  
 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: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 26 / 2018  
**Transaction ID : SA11AI.8779**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item  
 \$20.00/monthly

**B. Hummel, Laura, , ,**  
 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) Tampa Bay Emergency Physicians, LLC Occupation (for Individual) Regional Education Director  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 26 / 2018  
**Transaction ID : SA11AI.8843**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 \$100.00/monthly

**C. Hunter, Ebony, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16910 Filly Ln  
 City Odessa State FL Zip Code 33556-1821  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC Occupation (for Individual) Emergency Physician  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 26 / 2018  
**Transaction ID : SA11AI.8804**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item  
 \$20.00/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	140.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**USACS PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Janikas, John, , ,</b>		Date of Receipt MM / DD / YYYY 11 / 26 / 2018
Mailing Address 748 Carlton Road		<b>Transaction ID : SA11AI.8831</b>
City Clifton Park	State NY	Zip Code 12065-1023
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.33
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$83.33/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 916.63	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Javery, Thomas, , ,</b>		Date of Receipt MM / DD / YYYY 11 / 26 / 2018
Mailing Address 726 Broadstone		<b>Transaction ID : SA11AI.8889</b>
City painesville	State OH	Zip Code 44077-8207
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Emergency Physician	<input type="checkbox"/> Memo Item \$100.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 1100.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Jeffrey, Douglas, , ,</b>		Date of Receipt MM / DD / YYYY 11 / 26 / 2018
Mailing Address 1109 Bluebonnet Lane		<b>Transaction ID : SA11AI.8903</b>
City Austin	State TX	Zip Code 78704-2005
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) Emergency Service Partners, LLC	Occupation (for Individual) Emergency Physician	<input type="checkbox"/> Memo Item \$100.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 1300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	283.33
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**USACS PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Jenis, Andrew, , ,</b>		Date of Receipt MM / DD / YYYY 11 / 26 / 2018
Mailing Address 115 Cayuga Heights Road		<b>Transaction ID : SA11AI.8767</b>
City Ithaca	State NY	Zip Code 14850
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00	
Name of Employer (for Individual) Virtual Locations	Occupation (for Individual) Regional Vice President	<input type="checkbox"/> Memo Item \$50.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 550.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Jones, Bruce, , ,</b>		Date of Receipt MM / DD / YYYY 11 / 26 / 2018
Mailing Address 4187 Colister Drive		<b>Transaction ID : SA11AI.8783</b>
City Dublin	State OH	Zip Code 43016-6162
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$100.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 1100.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Kalaria, Amit, , ,</b>		Date of Receipt MM / DD / YYYY 11 / 26 / 2018
Mailing Address 17804 Cricket Hill Drive		<b>Transaction ID : SA11AI.8765</b>
City Germantown	State MD	Zip Code 20874
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.00	
Name of Employer (for Individual) MEP Health, LLC	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$20.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 220.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	170.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 44
	<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. Kapadia, Homi, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 31281 Island Dr  
 City Evergreen State CO Zip Code 80439-8966  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Colorado Emergency Service Physicians, Occupation (for Individual) Regional Vice President  
 Receipt For: 2018  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **220.00**

Date of Receipt  
**11 / 26 / 2018**  
**Transaction ID : SA11AI.8815**  
 Amount of Each Receipt this Period  
**20.00**  
 Memo Item  
 \$20.00/monthly

**B. Kella, Vipul, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11808 Woodthrus Lane  
 City Potomac State MD Zip Code 20854  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) Emergency Physician  
 Receipt For: 2018  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **550.00**

Date of Receipt  
**11 / 26 / 2018**  
**Transaction ID : SA11AI.8896**  
 Amount of Each Receipt this Period  
**50.00**  
 Memo Item  
 \$50.00/monthly

**C. Keller, Noah, , ,**  
 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) Virtual Locations Occupation (for Individual) Regional Vice President  
 Receipt For: 2018  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **600.00**

Date of Receipt  
**11 / 26 / 2018**  
**Transaction ID : SA11AI.8864**  
 Amount of Each Receipt this Period  
**50.00**  
 Memo Item  
 \$50.00/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>120.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**USACS PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Kendall, Jayne, , ,</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 26 / 2018
Mailing Address 21710 Parsons Green Row		<b>Transaction ID : SA11AI.8822</b>
City Cornelius	State NC	Zip Code 28031
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) Virtual Locations	Occupation (for Individual) Regional Vice President	<input type="checkbox"/> Memo Item \$100.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 1100.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Kile, Tamara, , ,</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 26 / 2018
Mailing Address 8513 Guertin Court		<b>Transaction ID : SA11AI.8888</b>
City Frederick	State MD	Zip Code 21704-8035
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer (for Individual) MEP Health, LLC	Occupation (for Individual) Regional Medical Director	<input type="checkbox"/> Memo Item \$20.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 220.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Kirkpatrick, Kyle, , ,</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 26 / 2018
Mailing Address 16360 Hawkstone Place		<b>Transaction ID : SA11AI.8842</b>
City Parker	State CO	Zip Code 80134
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer (for Individual) Colorado Emergency Service Physicians,	Occupation (for Individual) APP Lead	<input type="checkbox"/> Memo Item \$20.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 210.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	140.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**USACS PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Klein, David, , ,</b>		Date of Receipt MM / DD / YYYY 11 / 26 / 2018
Mailing Address 11736 Gainsborough Road		<b>Transaction ID : SA11AI.8795</b>
City Potomac	State MD	Zip Code 20854
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) USACS Management Group	Occupation (for Individual) National Director of Quality	<input type="checkbox"/> Memo Item \$50.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 550.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Kleinman, Jacob, , ,</b>		Date of Receipt MM / DD / YYYY 11 / 26 / 2018
Mailing Address 6014 Bryant Street		<b>Transaction ID : SA11AI.8818</b>
City Pittsburgh	State PA	Zip Code 15206-1740
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer (for Individual) AHN Medical Group, LLC	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$20.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 220.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Kolodzik, Joan, , ,</b>		Date of Receipt MM / DD / YYYY 11 / 26 / 2018
Mailing Address 1108 Paxon Court		<b>Transaction ID : SA11AI.8828</b>
City Bellbrook	State OH	Zip Code 45305-8959
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer (for Individual) USACS Management Group	Occupation (for Individual) National Director of Continuing Medica	<input type="checkbox"/> Memo Item \$20.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 220.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	90.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 44
	<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. Kuchinski, Joseph, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5869 Heaven View Drive  
 City Las Vegas State NV Zip Code 89135-1296  
 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: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 11 / 26 / 2018  
**Transaction ID : SA11AI.8832**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 \$200.00/monthly

**B. Laberge, Anne-Marie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 114 Nazarene Ct  
 City Fombell State PA Zip Code 16123-2420  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AHN Medical Group, LLC Occupation (for Individual) Medical Director  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 26 / 2018  
**Transaction ID : SA11AI.8774**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 \$20.00/monthly

**C. Latouf, Kathleen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6 Old Farm Rd  
 City Carnegie State PA Zip Code 15106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AHN Medical Group, LLC Occupation (for Individual) Medical Director  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 26 / 2018  
**Transaction ID : SA11AI.8835**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 \$20.00/monthly

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 240.00  
**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 44
	<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. Lawrence, Linda, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4670 Armandale Avenue  
 City Canton State OH Zip Code 44718  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) President  
 Receipt For: 2018  
 Primary     General  
 Other (specify) **Other**  
 Aggregate Year-to-Date ▼  
 1050.00

Date of Receipt  
 11 / 26 / 2018  
**Transaction ID : SA11AI.8845**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 \$100.00/monthly

**B. LeBlanc, Louis, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1428 Lacy Lane  
 City Rock Hill State SC Zip Code 29732-7723  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Firefighter  
 Receipt For: 2018  
 Primary     General  
 Other (specify) **Other**  
 Aggregate Year-to-Date ▼  
 550.00

Date of Receipt  
 11 / 26 / 2018  
**Transaction ID : SA11AI.8848**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 \$50.00/monthly

**C. Lee, Sidney, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1200 Queen Emma Street Apt 2001  
 City Honolulu State HI Zip Code 96813-6311  
 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: 2018  
 Primary     General  
 Other (specify) **Other**  
 Aggregate Year-to-Date ▼  
 550.00

Date of Receipt  
 11 / 26 / 2018  
**Transaction ID : SA11AI.8880**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 \$50.00/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	200.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 44
	<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. Lim, Andrew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 81 Fieldstone Run  
 City Farmington State CT Zip Code 06032-2741  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) Emergency Physician  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **220.00**

Date of Receipt **11 / 26 / 2018**  
**Transaction ID : SA11AI.8769**  
 Amount of Each Receipt this Period **20.00**  
 Memo Item  
 \$20.00/monthly

**B. Little, Andrew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5514 Ayrshire Dr  
 City Dublin State OH Zip Code 43017-9428  
 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: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **1100.00**

Date of Receipt **11 / 26 / 2018**  
**Transaction ID : SA11AI.8768**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item  
 \$100.00/monthly

**C. Lojewski, Stephen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9819 Monroe Blvd  
 City Taylor State MI Zip Code 48180  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Firefighter  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **220.00**

Date of Receipt **11 / 26 / 2018**  
**Transaction ID : SA11AI.8881**  
 Amount of Each Receipt this Period **20.00**  
 Memo Item  
 \$20.00/monthly

**SUBTOTAL** of Receipts This Page (optional)..... **140.00**  
**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 44
	<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. Lombino, Donald, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 22 Connecticut Avenue

City Greenwich	State CT	Zip Code 06830-5736
-------------------	-------------	------------------------

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

Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Assistant Director of the Clinical Res
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Receipt For: 2018  
 Primary  General  
 Other (specify) **Other**

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M / D D / Y Y Y Y Y
11 / 26 / 2018

**Transaction ID : SA11AI.8803**

Amount of Each Receipt this Period  
20.00

Memo Item  
\$20.00/monthly

**B. Mann, Rubeal, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10122 Concord Road

City Dublin	State OH	Zip Code 43017-9434
----------------	-------------	------------------------

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

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

Receipt For: 2018  
 Primary  General  
 Other (specify) **Other**

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  

M M / D D / Y Y Y Y Y
11 / 26 / 2018

**Transaction ID : SA11AI.8875**

Amount of Each Receipt this Period  
100.00

Memo Item  
\$100.00/monthly

**C. Maruska, Michael, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 580 Park Ave

City Laguna Beach	State CA	Zip Code 92651-2339
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Virtual Locations	Occupation (for Individual) Firefighter
--	--

Receipt For: 2018  
 Primary  General  
 Other (specify) **Other**

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M / D D / Y Y Y Y Y
11 / 26 / 2018

**Transaction ID : SA11AI.8858**

Amount of Each Receipt this Period  
20.00

Memo Item  
\$20.00/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	140.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**USACS PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Mayz, Kurtis, , ,</b>		Date of Receipt MM / DD / YYYY 11 / 26 / 2018
Mailing Address 1 E Main St Ste 404		<b>Transaction ID : SA11AI.8841</b>
City Champaign	State IL	Zip Code 61820-1313
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) Virtual Locations	Occupation (for Individual) Firefighter	<input type="checkbox"/> Memo Item \$50.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 550.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Mendenhall, Matthew, , ,</b>		Date of Receipt MM / DD / YYYY 11 / 26 / 2018
Mailing Address 3224 S. Ash St.		<b>Transaction ID : SA11AI.8852</b>
City Denver	State CO	Zip Code 80222
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer (for Individual) Colorado Emergency Service Physicians,	Occupation (for Individual) Director Of Operations	<input type="checkbox"/> Memo Item \$20.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 220.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Meyer, Kendra, , ,</b>		Date of Receipt MM / DD / YYYY 11 / 26 / 2018
Mailing Address 85 Beatty Lane		<b>Transaction ID : SA11AI.8836</b>
City Scenery Hill	State PA	Zip Code 15360-1537
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) AHN Medical Group, LLC	Occupation (for Individual) Director of APPs	<input type="checkbox"/> Memo Item \$50.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 525.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	120.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**USACS PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Mittleman, Craig, , ,</b>		Date of Receipt MM / DD / YYYY 11 / 26 / 2018
Mailing Address 25 Equestrian Ridge		<b>Transaction ID : SA11AI.8790</b>
City Newtown	State CT	Zip Code 06470
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00	
Name of Employer (for Individual) MEP Health, LLC	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$50.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 550.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Natapraya, Kent, , ,</b>		Date of Receipt MM / DD / YYYY 11 / 26 / 2018
Mailing Address 6433 Empty Song Road		<b>Transaction ID : SA11AI.8837</b>
City Columbia	State MD	Zip Code 21044
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.00	
Name of Employer (for Individual) MEP Health, LLC	Occupation (for Individual) APP Lead	<input type="checkbox"/> Memo Item \$20.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 210.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Osmundson, Michael, , ,</b>		Date of Receipt MM / DD / YYYY 11 / 26 / 2018
Mailing Address 62 East Dr.		<b>Transaction ID : SA11AI.8855</b>
City Hartville	State OH	Zip Code 44632-8890
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) President	<input type="checkbox"/> Memo Item \$100.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 1100.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	170.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 44
	<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. Pacitti, Andrew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 80 Windom Ln  
 City Nicholasville State KY Zip Code 40356-8112  
 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: 2018  
 Primary     General  
 Other (specify) Other  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 11 / 26 / 2018  
**Transaction ID : SA11AI.8770**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 \$20.00/monthly

**B. Panitch, Orlee, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11753 Gainsborough Road  
 City Potomac State MD Zip Code 20854  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) Regional Chief Administrative Officer  
 Receipt For: 2018  
 Primary     General  
 Other (specify) Other  
 Aggregate Year-to-Date ▼ 1650.00

Date of Receipt  
 11 / 26 / 2018  
**Transaction ID : SA11AI.8866**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 \$150.00/monthly

**C. Percy, Carmella, , ,**  
 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: 2018  
 Primary     General  
 Other (specify) Other  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 11 / 26 / 2018  
**Transaction ID : SA11AI.8784**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 \$50.00/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	220.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**USACS PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Phillips, Miranda, , ,</b>		Date of Receipt MM / DD / YYYY 11 / 26 / 2018
Mailing Address 7122 S. Sheridan Rd. Ste. 2-335		<b>Transaction ID : SA11AI.8859</b>
City Tulsa	State OK	Zip Code 74133-2748
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) System Medical Director	<input type="checkbox"/> Memo Item \$50.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 550.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Powers, Evelyn, , ,</b>		Date of Receipt MM / DD / YYYY 11 / 26 / 2018
Mailing Address 15 Deerfield Dr		<b>Transaction ID : SA11AI.8807</b>
City Richmond	State RI	Zip Code 02898-1220
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) System APP Lead	<input type="checkbox"/> Memo Item \$20.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 210.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Radford, Shawn, , ,</b>		Date of Receipt MM / DD / YYYY 11 / 26 / 2018
Mailing Address 210 N Wells St Apt 4101		<b>Transaction ID : SA11AI.8879</b>
City Chicago	State IL	Zip Code 60606-1352
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) Virtual Locations	Occupation (for Individual) Director of Firefighters	<input type="checkbox"/> Memo Item \$100.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 1100.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	170.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 44
	<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. Roberts, Matthew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7826 Eglington Ct  
 City Cincinnati State OH Zip Code 45255-2413  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Education Director-Mercy Cincinnati Ea  
 Receipt For: 2018  
 Primary     General  
 Other (specify) Other  
 Aggregate Year-to-Date 220.00

Date of Receipt 11 / 26 / 2018  
**Transaction ID : SA11AI.8853**  
 Amount of Each Receipt this Period 20.00  
 Memo Item \$20.00/monthly

**B. Romano, Frederick, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4516 Tuscana Drive  
 City Sarasota State FL Zip Code 34241-4201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Firefighter  
 Receipt For: 2018  
 Primary     General  
 Other (specify) Other  
 Aggregate Year-to-Date 1100.00

Date of Receipt 11 / 26 / 2018  
**Transaction ID : SA11AI.8810**  
 Amount of Each Receipt this Period 100.00  
 Memo Item \$100.00/monthly

**C. Rosen, Nicholas, , ,**  
 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) Colorado Emergency Service Physicians, Occupation (for Individual) Medical Director  
 Receipt For: 2018  
 Primary     General  
 Other (specify) Other  
 Aggregate Year-to-Date 220.00

Date of Receipt 11 / 26 / 2018  
**Transaction ID : SA11AI.8863**  
 Amount of Each Receipt this Period 20.00  
 Memo Item \$20.00/monthly

**SUBTOTAL** of Receipts This Page (optional)..... 140.00  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 44
	<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. Ross, Sanford, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5318 Wyndam Ln.  
 City Brighton State MI Zip Code 48116  
 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: 2018  
 Primary     General  
 Other (specify) Other  
 Aggregate Year-to-Date 220.00

Date of Receipt  
 11 / 26 / 2018  
**Transaction ID : SA11AI.8878**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 \$20.00/monthly

**B. Roy, Neil, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6700 Applewood Place  
 City Rockville State MD Zip Code 20855  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) Medical Director  
 Receipt For: 2018  
 Primary     General  
 Other (specify) Other  
 Aggregate Year-to-Date 220.00

Date of Receipt  
 11 / 26 / 2018  
**Transaction ID : SA11AI.8862**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 \$20.00/monthly

**C. Satkowiak, Lawrence, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5175 Raintree Dr  
 City Parker State CO Zip Code 80134-5233  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Director of Clinical Operations  
 Receipt For: 2018  
 Primary     General  
 Other (specify) Other  
 Aggregate Year-to-Date 220.00

Date of Receipt  
 11 / 26 / 2018  
**Transaction ID : SA11AI.8844**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 \$20.00/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	60.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 44
	<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. Savitch, Benjamin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1030 N State St 38B  
 City Chicago State IL Zip Code 60610  
 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: 2018  
 Primary     General  
 Other (specify) **Other**  
 Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 26 / 2018  
**Transaction ID : SA11AI.8778**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item  
 \$20.00/monthly

**B. Slabinski, Mark, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3004 Edison St. NW  
 City Uniontown State OH Zip Code 44685-7212  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Regional Vice President  
 Receipt For: 2018  
 Primary     General  
 Other (specify) **Other**  
 Aggregate Year-to-Date ▼ **916.63**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 26 / 2018  
**Transaction ID : SA11AI.8850**  
 Amount of Each Receipt this Period  
 83.33  
 Memo Item  
 \$83.33/monthly

**C. Smitek, Rachel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 234 Lakeshore Dr  
 City Mooresville State NC Zip Code 28117-7535  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Assistant Medical Director  
 Receipt For: 2018  
 Primary     General  
 Other (specify) **Other**  
 Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 26 / 2018  
**Transaction ID : SA11AI.8868**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item  
 \$20.00/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>123.33</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**USACS PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Snyder, Aaron, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 26 / 2018
Mailing Address 9925 Silver Brook Drive		<b>Transaction ID : SA11AI.8762</b>
City Rockville	State MD	Zip Code 20850
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 150.00	
Name of Employer (for Individual) Virtual Locations	Occupation (for Individual) Regional Vice President	<input type="checkbox"/> Memo Item \$150.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 1650.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Snyder, Eric, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 26 / 2018
Mailing Address 311 East Carroll Street PO Box 384		<b>Transaction ID : SA11AI.8806</b>
City Carrolltown	State PA	Zip Code 15722-0384
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.00	
Name of Employer (for Individual) AHN Medical Group, LLC	Occupation (for Individual) APP Lead	<input type="checkbox"/> Memo Item \$20.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 210.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Srivastava, Geetanjali, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 26 / 2018
Mailing Address 5447 N Sequoia Ave		<b>Transaction ID : SA11AI.8812</b>
City Fresno	State CA	Zip Code 93711-2849
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25.00	
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$50.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 425.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	195.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 44
	<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. Thomas, Frank, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7432 S. 107 E. Avenue  
 City Tulsa State OK Zip Code 74133  
 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: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **210.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 26 / 2018  
**Transaction ID : SA11AI.8809**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item  
 \$20.00/monthly

**B. Tirheimer, Wenzel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13404 Golf Crest Way  
 City Tampa State FL Zip Code 33618  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC Occupation (for Individual) Emergency Physician  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **1650.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 26 / 2018  
**Transaction ID : SA11AI.8898**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 \$150.00/monthly

**C. Toole, Timothy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2547 E 26th Pl  
 City Tulsa State OK Zip Code 74114-4303  
 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: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **220.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 26 / 2018  
**Transaction ID : SA11AI.8893**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item  
 \$20.00/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>190.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**USACS PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Tucker, Cynthia, , ,</b>		Date of Receipt MM / DD / YYYY 11 / 26 / 2018
Mailing Address 7 Warwick Terrace		<b>Transaction ID : SA11AI.8791</b>
City Waterford	State CT	Zip Code 06385
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Assistant Medical Director	<input type="checkbox"/> Memo Item \$20.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 220.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Tucker, Jeremy, , ,</b>		Date of Receipt MM / DD / YYYY 11 / 26 / 2018
Mailing Address 23959 Meredith Court		<b>Transaction ID : SA11AI.8824</b>
City Hollywood	State MD	Zip Code 20636
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) Virtual Locations	Occupation (for Individual) National Director of Patient Safety	<input type="checkbox"/> Memo Item \$100.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 1100.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Vaill, Samuel, , ,</b>		Date of Receipt MM / DD / YYYY 11 / 26 / 2018
Mailing Address 315 Bridge Street		<b>Transaction ID : SA11AI.8877</b>
City South Hamilton	State MA	Zip Code 01982
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) USACS Management Group	Occupation (for Individual) Chief Development Officer	<input type="checkbox"/> Memo Item \$50.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 525.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	170.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 44
	<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. Vock, Tracie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1826 Free Terrace  
 City Frederick State MD Zip Code 21702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 MEP Health, LLC Director of APPs, Observation Medicine  
 Receipt For: 2018  
 Primary     General  
 Other (specify) **Other**  
 Aggregate Year-to-Date ▼  
 525.00

Date of Receipt  
 11 / 26 / 2018  
**Transaction ID : SA11AI.8894**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 \$50.00/monthly

**B. Watling, Bradley, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 101 E. W.T. Harris Blvd Suite 3109  
 City Mooresville State NC Zip Code 28117-7558  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Virtual Locations Regional Vice President  
 Receipt For: 2018  
 Primary     General  
 Other (specify) **Other**  
 Aggregate Year-to-Date ▼  
 1650.00

Date of Receipt  
 11 / 26 / 2018  
**Transaction ID : SA11AI.8780**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 \$150.00/monthly

**C. Welsh, Ian, , ,**  
 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) Occupation (for Individual)  
 Virtual Locations Assistant Medical Director of Firefigh  
 Receipt For: 2018  
 Primary     General  
 Other (specify) **Other**  
 Aggregate Year-to-Date ▼  
 550.00

Date of Receipt  
 11 / 26 / 2018  
**Transaction ID : SA11AI.8816**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 \$50.00/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	250.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 44
	<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. White, Jeremy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4844 Jewell Terrace  
 City Palm Harbor State FL Zip Code 34685  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC Occupation (for Individual) Medical Director  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **220.00**

Date of Receipt **11 / 26 / 2018**  
**Transaction ID : SA11AI.8825**  
 Amount of Each Receipt this Period **20.00**  
 Memo Item  
 \$20.00/monthly

**B. Wisniewski, Michael, , ,**  
 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) Colorado Emergency Service Physicians, Occupation (for Individual) Emergency Physician  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **1000.00**

Date of Receipt **11 / 26 / 2018**  
**Transaction ID : SA11AI.8902**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item  
 \$100.00/monthly

**C. Wyatt, Cheryl, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 141  
 City Lexington Park State MD Zip Code 20653-0141  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) Director of APPs  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **525.00**

Date of Receipt **11 / 26 / 2018**  
**Transaction ID : SA11AI.8785**  
 Amount of Each Receipt this Period **50.00**  
 Memo Item  
 \$50.00/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>170.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	



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

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

FOR LINE NUMBER: PAGE 41 OF 44  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**USACS PAC**

**A. Yonteck, Frederick, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 27518 Pine Point Drive  
 City Wesley Chapel   State FL   Zip Code 33544-8756  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC   Occupation (for Individual) Emergency Physician  
 Receipt For: 2018  
 Primary    General  
 Other (specify) **Other**  
 Aggregate Year-to-Date ▼ **220.00**

Date of Receipt **11 / 26 / 2018**  
**Transaction ID : SA11AI.8811**  
 Amount of Each Receipt this Period **20.00**  
 Memo Item  
 \$20.00/monthly

**B. Zimmerman, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 319 Vine St Apt 205  
 City Philadelphia   State PA   Zip Code 19106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Virtual Locations   Occupation (for Individual) Firefighter  
 Receipt For: 2018  
 Primary    General  
 Other (specify) **Other**  
 Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **11 / 26 / 2018**  
**Transaction ID : SA11AI.8899**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item  
 \$100.00/monthly

**C.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
 City   State   Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual)   Occupation (for Individual)  
 Receipt For:  
 Primary    General  
 Other (specify)  
 Aggregate Year-to-Date ▼

Date of Receipt  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>120.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>6546.62</b>

**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 44
<input 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 checked="" type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**USACS PAC**

**A. FRIENDS OF RAJA FOR CONGRESS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address PO BOX 681202

City SCHAUMBURG	State IL	Zip Code 60168
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00575092

Name of Employer (for Individual) Occupation (for Individual)

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		02		2018

**Transaction ID : SA16.8912**

Amount of Each Receipt this Period  
2000.00

Memo Item  
Refund for contribution made after the election

**B.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

Memo Item

**C.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2000.00
<b>TOTAL</b> This Period (last page this line number only).....	2000.00

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

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NAME OF COMMITTEE (In Full)  
**USACS PAC**

**A. BEN CARDIN FOR SENATE, INC.**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 21093

City CATONSVILLE State MD Zip Code 21228

Purpose of Disbursement  
Void Check  Category/Type  011

Candidate Name  
**CARDIN, BENJAMIN L, , ,**

Office Sought:  House  Senate  President Disbursement For: 2018  Primary  General  Other (specify) ▼

State: MD District: 03

Date of Disbursement: 10 / 26 / 2018

FEC Identification Number: C00411587  
**Transaction ID : SB23.8907**  
Amount of Each Disbursement this Period: - 2000.00

Memo Item

**B. CARLOS CURBELO CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address 8724 SUNSET DR #355

City MIAMI State FL Zip Code 33173

Purpose of Disbursement  
Void Check  Category/Type  011

Candidate Name  
**CURBELO, CARLOS MR., , ,**

Office Sought:  House  Senate  President Disbursement For: 2018  Primary  General  Other (specify) ▼

State: FL District: 26

Date of Disbursement: 11 / 13 / 2018

FEC Identification Number: C00546846  
**Transaction ID : SB23.8911**  
Amount of Each Disbursement this Period: - 500.00

Memo Item

**C. CUPP FOR STATE REPRESENTATIVE**

Full Name (Last, First, Middle Initial)  
Mailing Address 3003 W. HUME RD.

City LIMA State OH Zip Code 45806

Purpose of Disbursement  
Void Check  Category/Type  011

Candidate Name  
**Cupp, Robert, , ,**

Office Sought:  House  Senate  President Disbursement For: 2018  Primary  General  Other (specify) ▼

State: OH District: 04

Date of Disbursement: 11 / 13 / 2018

FEC Identification Number: C  
**Transaction ID : SB23.8909**  
Amount of Each Disbursement this Period: - 250.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ - 2750.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**USACS PAC**

**A. FRIENDS OF RAJA FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 681202

M M M	/	D D D	/	Y Y Y Y Y
11		05		2018

City SCHAUMBURG State IL Zip Code 60168

FEC Identification Number

Purpose of Disbursement Contribution

011
Category/Type

C C00575092

Transaction ID : SB23.8908

Amount of Each Disbursement this Period

Candidate Name KRISHNAMOORTHI, S. RAJA, , ,

2000.00
---------

Office Sought:  House  Senate  President  
 Disbursement For: 2018  Primary  General  Other (specify) ▼  
 State: IL District: 08

Memo Item

**B. MIKE MILLER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 127 WEST FAIRBANKS AVE #380

M M M	/	D D D	/	Y Y Y Y Y
11		13		2018

City WINTER PARK State FL Zip Code 32789

FEC Identification Number

Purpose of Disbursement Void Check

011
Category/Type

C C00648816

Transaction ID : SB23.8910

Amount of Each Disbursement this Period

Candidate Name MILLER, MIKE, , ,

- 500.00
----------

Office Sought:  House  Senate  President  
 Disbursement For: 2017  Primary  General  Other (specify) ▼  
 State: FL District: 07

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

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

City State Zip Code

FEC Identification Number

Purpose of Disbursement

Category/Type

C

Amount of Each Disbursement this Period

Candidate Name

--

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

Memo Item

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

1500.00
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**TOTAL** This Period (last page this line number only)..... ▶

- 1250.00
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