

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

USACS PAC

ADDRESS (number and street)

Check if different than previously reported. (ACC)

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

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT

- (Choose One)
- (a) Quarterly Reports:
- April 15 Quarterly Report (Q1)
 - July 15 Quarterly Report (Q2)
 - October 15 Quarterly Report (Q3)
 - January 31 Year-End Report (YE)
 - July 31 Mid-Year Report (Non-election Year Only) (MY)
 - Termination Report (TER)

- (b) Monthly Report Due On:
- Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 - Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 - Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
- Primary (12P) General (12G) Runoff (12R)
 - Convention (12C) Special (12S)

Election on / / in the State of

- (d) 30-Day POST-Election Report for the:
- General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period / / through / /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Panitch, Orlee, , , Type or Print Name of Treasurer

Signature of Treasurer *Panitch, Orlee, , ,* [Electronically Filed] Date / /

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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.....	103762.37	
(c) Total Receipts (from Line 19)	7379.39	96747.35
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	111141.76	184041.76
7. Total Disbursements (from Line 31).....	6000.00	78900.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	105141.76	105141.76
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

USACS PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	7170.04	69030.86
(ii) Unitemized	209.35	20716.49
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	7379.39	89747.35
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	7379.39	89747.35
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	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)).....▶	7379.39	96747.35
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	7379.39	96747.35

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	77900.00
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).....	1000.00	1000.00
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)) ..	6000.00	78900.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6000.00	78900.00

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	7379.39	89747.35
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7379.39	89747.35
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 52
	<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. 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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2018
Transaction ID : SA11AI.8924
 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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2018
Transaction ID : SA11AI.8914
 Amount of Each Receipt this Period
 30.00
 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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2018
Transaction ID : SA11AI.8961
 Amount of Each Receipt this Period
 100.00
 Memo Item
 \$100.00/monthly

SUBTOTAL of Receipts This Page (optional).....	230.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Augustine, James, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2018
Mailing Address 7868 Classics Dr.		Transaction ID : SA11AI.8972
City Naples	State FL	Zip Code 34113-3063
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer (for Individual) USACS Management Group	Occupation (for Individual) Chairman, National Clinical Governance	<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 1800.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Aulick, Neal, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2018
Mailing Address 11 Aaronwoods Court		Transaction ID : SA11AI.9014
City Wheeling	State WV	Zip Code 26003
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) 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 240.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Bagnoli, Dominic, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2018
Mailing Address 50 East Drive		Transaction ID : SA11AI.8954
City Hartville	State OH	Zip Code 44632
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 416.63
Name of Employer (for Individual) USACS Management Group	Occupation (for Individual) Executive Chairman	<input type="checkbox"/> Memo Item \$416.63/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 4999.56	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 OF 52
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

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 **1200.00**

Date of Receipt **12 / 31 / 2018**
Transaction ID : SA11AI.9029
 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 **1200.00**

Date of Receipt **12 / 31 / 2018**
Transaction ID : SA11AI.9023
 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 **240.00**

Date of Receipt **12 / 31 / 2018**
Transaction ID : SA11AI.8987
 Amount of Each Receipt this Period **20.00**
 Memo Item
 \$20.00/monthly

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 52
	<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. Bolden, Jason, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3011 Rock Springs Road
 City Charlotte State NC Zip Code 28226-7357
 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 **200.04**

Date of Receipt **12 / 31 / 2018**
Transaction ID : SA11AI.8973
 Amount of Each Receipt this Period **16.67**
 Memo Item
 \$16.67/monthly

B. Bradstreet, Jennifer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 249 S. Franklin St.
 City Chagrin Falls State OH Zip Code 44022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) System Medical Director
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **600.00**

Date of Receipt **12 / 31 / 2018**
Transaction ID : SA11AI.8976
 Amount of Each Receipt this Period **50.00**
 Memo Item
 \$50.00/monthly

C. Brandon, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18834 Preston Road
 City Hagerstown State MD Zip Code 21742
 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 **240.00**

Date of Receipt **12 / 31 / 2018**
Transaction ID : SA11AI.8939
 Amount of Each Receipt this Period **30.00**
 Memo Item
 \$20.00/monthly

SUBTOTAL of Receipts This Page (optional).....	96.67
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 52
	<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. Canonico, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1578 Uluhao Street
 City Kailua State HI Zip Code 96734
 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 **200.04**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2018
Transaction ID : SA11AI.9025
 Amount of Each Receipt this Period
 16.67
 Memo Item
 \$16.67/monthly

B. Caraballo, Damian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11911 Marblehead Drive
 City Tampa State FL Zip Code 33626-2555
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC Occupation (for Individual) Regional Chief Quality Officer
 Receipt For: 2018
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **240.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2018
Transaction ID : SA11AI.8946
 Amount of Each Receipt this Period
 20.00
 Memo Item
 \$20.00/monthly

C. 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 **240.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2018
Transaction ID : SA11AI.8983
 Amount of Each Receipt this Period
 20.00
 Memo Item
 \$20.00/monthly

SUBTOTAL of Receipts This Page (optional).....	56.67
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 52
	<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. 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
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) USACS Management Group	Occupation (for Individual) Chief of Integrated Acute Care
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Receipt For: 2018
 Primary General
 Other (specify) Other

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2018

Transaction ID : SA11AI.9009

Amount of Each Receipt this Period
100.00

Memo Item
\$100.00/monthly

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

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

Aggregate Year-to-Date ▼
1800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2018

Transaction ID : SA11AI.9000

Amount of Each Receipt this Period
150.00

Memo Item
\$150.00/monthly

C. Colfer, Orion, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2523 Hanover Ave

City Richmond	State VA	Zip Code 23220
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) USACS Management Group	Occupation (for Individual) National Director of Patient Experienc
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Receipt For: 2018
 Primary General
 Other (specify) Other

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2018

Transaction ID : SA11AI.9018

Amount of Each Receipt this Period
50.00

Memo Item
\$50.00/monthly

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 52
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Conley, Amy, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2018
Mailing Address 6419 Renwick Circle		Transaction ID : SA11AI.8918
City Tampa	State FL	Zip Code 33647
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC	Occupation (for Individual) Regional Transfer Center 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. Cook, Alexander, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2018
Mailing Address 8780 Surrey Place		Transaction ID : SA11AI.8916
City Maineville	State OH	Zip Code 45039-9519
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Director of APPs	<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 240.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Coomes, Justin, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2018
Mailing Address 7762 Westwind Lane		Transaction ID : SA11AI.8986
City Montgomery	State OH	Zip Code 45242-5008
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 16.67
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$16.67/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 200.04	

SUBTOTAL of Receipts This Page (optional).....	146.67
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Corey, Mary, , ,

Mailing Address 122 Hammersmith Farms Lane

City Mooresville	State NC	Zip Code 28117-6724
---------------------	-------------	------------------------

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

Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Advanced Practice Provider
---	---

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

Aggregate Year-to-Date **220.00**

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2018

Transaction ID : SA11AI.9004

Amount of Each Receipt this Period

10.00

Memo Item
\$20.00/monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Corrigan, Kevin, , ,

Mailing Address 9338 Standerwick Ln

City Huntersville	State NC	Zip Code 28078
----------------------	-------------	-------------------

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

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

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

Aggregate Year-to-Date **200.04**

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2018

Transaction ID : SA11AI.8992

Amount of Each Receipt this Period

16.67

Memo Item
\$16.67/monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. De Angelis, Sydney, , ,

Mailing Address 114 E Church St

City Frederick	State MD	Zip Code 21701
-------------------	-------------	-------------------

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

Name of Employer (for Individual) MEP Health, LLC	Occupation (for Individual) Medical Director
--	---

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

Aggregate Year-to-Date **1200.00**

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2018

Transaction ID : SA11AI.9041

Amount of Each Receipt this Period

100.00

Memo Item
\$100.00/monthly

SUBTOTAL of Receipts This Page (optional).....	126.67
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 52
	<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. DeMartino, Wendy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 Amberwood Dr
 City Exeter State NH Zip Code 03833-4723
 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 **200.04**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2018
Transaction ID : SA11AI.9049
 Amount of Each Receipt this Period
 16.67
 Memo Item
 \$16.67/monthly

B. Denmark, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13122 S Yorktown Ave
 City Bixby State OK Zip Code 74008-7665
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Chairman
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2018
Transaction ID : SA11AI.9043
 Amount of Each Receipt this Period
 50.00
 Memo Item
 \$50.00/monthly

C. 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 **240.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2018
Transaction ID : SA11AI.8980
 Amount of Each Receipt this Period
 20.00
 Memo Item
 \$20.00/monthly

SUBTOTAL of Receipts This Page (optional).....	86.67
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 52
	<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. 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 **240.00**

Date of Receipt **12 / 31 / 2018**
Transaction ID : SA11AI.9002
 Amount of Each Receipt this Period **20.00**
 Memo Item
 \$20.00/monthly

B. 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 **600.00**

Date of Receipt **12 / 31 / 2018**
Transaction ID : SA11AI.9020
 Amount of Each Receipt this Period **50.00**
 Memo Item
 \$50.00/monthly

C. 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 **1200.00**

Date of Receipt **12 / 31 / 2018**
Transaction ID : SA11AI.9035
 Amount of Each Receipt this Period **150.00**
 Memo Item
 \$100.00/monthly

SUBTOTAL of Receipts This Page (optional)..... **220.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 52
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Falcone, Angelo, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2018
Mailing Address 2606 Tridelphia Lake Road		Transaction ID : SA11AI.8925
City Brookeville	State MD	Zip Code 20833
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer (for Individual) MEP Health, LLC	Occupation (for Individual) 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 1800.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Ferrand, David, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2018
Mailing Address 193 Bryna Lane		Transaction ID : SA11AI.8951
City Carnegie	State PA	Zip Code 15106-1473
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) Firefighter	<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 1200.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Fisher, Jay, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2018
Mailing Address 416 Pinnacle Hgts Ln		Transaction ID : SA11AI.8974
City Las Vegas	State NV	Zip Code 89144
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 16.67
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$16.67/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 200.04	

SUBTOTAL of Receipts This Page (optional).....	266.67
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 52
<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. 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 **1200.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2018
Transaction ID : SA11AI.9024
 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 **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2018
Transaction ID : SA11AI.8933
 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 **240.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2018
Transaction ID : SA11AI.9038
 Amount of Each Receipt this Period
 20.00
 Memo Item
 \$20.00/monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 OF 52
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Garfinkel, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 261 South Parkview Ave
 City Bexley State OH Zip Code 43209-1649
 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 ▼ 200.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2018
Transaction ID : SA11AI.9010
 Amount of Each Receipt this Period 16.67
 Memo Item
 \$16.67/monthly

B. Geary, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21910 Helen Lane
 City Leonardtown State MD Zip Code 20650-2220
 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 ▼ 999.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2018
Transaction ID : SA11AI.8947
 Amount of Each Receipt this Period 83.33
 Memo Item
 \$83.33/monthly

C. Geers, Gregory, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 624 James Alexander Way
 City Davidson State NC Zip Code 28036-7070
 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 ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2018
Transaction ID : SA11AI.8966
 Amount of Each Receipt this Period 20.00
 Memo Item
 \$20.00/monthly

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 OF 52
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Gindlesperger, Krisi, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2018
Mailing Address 6203 Renninger Road		Transaction ID : SA11AI.8993
City New Franklin	State OH	Zip Code 44319-4741
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer (for Individual) USACS Management Group	Occupation (for Individual) Vice President - National Director of	<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 900.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Gooch, Christopher, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2018
Mailing Address 52675 Timber Dr.		Transaction ID : SA11AI.8941
City Bridgeport	State OH	Zip Code 43912-7724
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) Emergency Physician	<input type="checkbox"/> Memo Item \$25.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Grant, Randall, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2018
Mailing Address 1536 Forest Ave		Transaction ID : SA11AI.9022
City River Forest	State IL	Zip Code 60305-1004
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 \$25.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 300.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Groomes, Roderick, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2018
Mailing Address 417 Edgewood Drive		Transaction ID : SA11AI.9027
City Sarver	State PA	Zip Code 16055-9266
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) 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 600.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Guyton, Steven, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2018
Mailing Address 111 Stillwater Lane		Transaction ID : SA11AI.9036
City Pittsburgh	State PA	Zip Code 15143-8899
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 25.00
Name of Employer (for Individual) AHN Medical Group, LLC	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$25.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Hall, Timothy, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2018
Mailing Address 1380 Woodhurst Drive		Transaction ID : SA11AI.9044
City Rock Hill	State SC	Zip Code 29732-2082
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 16.67
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Emergency Physician	<input type="checkbox"/> Memo Item \$16.67/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 200.04	

SUBTOTAL of Receipts This Page (optional).....	91.67
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 52
	<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. Hallock, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2124 Bay Front Terrace
 City Annapolis State MD Zip Code 21409
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 MEP Health, LLC Emergency Physician
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 12 / 31 / 2018
Transaction ID : SA11AI.9026
 Amount of Each Receipt this Period
 20.00
 Memo Item
 \$20.00/monthly

B. Hibbs, Nathaniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6634 S. Prescott Way
 City Littleton State CO Zip Code 80120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Colorado Emergency Service Physicians, Emergency Physician
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 1200.00

Date of Receipt
 12 / 31 / 2018
Transaction ID : SA11AI.9013
 Amount of Each Receipt this Period
 100.00
 Memo Item
 \$100.00/monthly

C. 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) Occupation (for Individual)
 USACS Medical Group, LTD Emergency Physician
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 12 / 31 / 2018
Transaction ID : SA11AI.8931
 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 22 OF 52
	<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. 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 ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2018
Transaction ID : SA11AI.8996
 Amount of Each Receipt this Period
 100.00
 Memo Item
 \$100.00/monthly

B. 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 ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2018
Transaction ID : SA11AI.8957
 Amount of Each Receipt this Period
 20.00
 Memo Item
 \$20.00/monthly

C. Janikas, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 748 Carlton Road
 City Clifton Park State NY Zip Code 12065-1023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2018
Transaction ID : SA11AI.8984
 Amount of Each Receipt this Period
 83.33
 Memo Item
 \$83.33/monthly

SUBTOTAL of Receipts This Page (optional).....	203.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 52
	<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. Jeffrey, Douglas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1109 Bluebonnet Lane
 City Austin State TX Zip Code 78704-2005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) Emergency Physician
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2018
Transaction ID : SA11AI.9055
 Amount of Each Receipt this Period 100.00
 Memo Item
 \$100.00/monthly

B. Jenis, Andrew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 115 Cayuga Heights Road
 City Ithaca State NY Zip Code 14850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) 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
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2018
Transaction ID : SA11AI.8919
 Amount of Each Receipt this Period 50.00
 Memo Item
 \$50.00/monthly

C. Jones, Bruce, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4187 Colister Drive
 City Dublin State OH Zip Code 43016-6162
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2018
Transaction ID : SA11AI.8935
 Amount of Each Receipt this Period 100.00
 Memo Item
 \$100.00/monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Kalaria, Amit, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2018
Mailing Address 17804 Cricket Hill Drive		Transaction ID : SA11AI.8917
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 240.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Kapadia, Homi, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2018
Mailing Address 31281 Island Dr		Transaction ID : SA11AI.8968
City Evergreen	State CO	Zip Code 80439-8966
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) Regional Vice President	<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 240.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Kella, Vipul, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2018
Mailing Address 11808 Woodthrus Lane		Transaction ID : SA11AI.9048
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) MEP Health, LLC	Occupation (for Individual) Emergency Physician	<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 600.00	

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 25 OF 52
	<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. 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 ▼
 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2018
Transaction ID : SA11AI.9017
 Amount of Each Receipt this Period
 50.00
 Memo Item
 \$50.00/monthly

B. Kendall, Jayne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21710 Parsons Green Row
 City Cornelius State NC Zip Code 28031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Regional Vice President
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2018
Transaction ID : SA11AI.8975
 Amount of Each Receipt this Period
 100.00
 Memo Item
 \$100.00/monthly

C. Kile, Tamara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8513 Guertin Court
 City Frederick State MD Zip Code 21704-8035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Regional Medical Director
 MEP Health, LLC
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2018
Transaction ID : SA11AI.9042
 Amount of Each Receipt this Period
 20.00
 Memo Item
 \$20.00/monthly

SUBTOTAL of Receipts This Page (optional).....	170.00
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 52
	<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. Kirkpatrick, Kyle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16360 Hawkstone Place
 City Parker State CO Zip Code 80134
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Colorado Emergency Service Physicians, Occupation (for Individual) APP Lead
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **240.00**

Date of Receipt **12 / 31 / 2018**
Transaction ID : SA11AI.8995
 Amount of Each Receipt this Period **30.00**
 Memo Item
 \$20.00/monthly

B. Kleinman, Jacob, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6014 Bryant Street
 City Pittsburgh State PA Zip Code 15206-1740
 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 **240.00**

Date of Receipt **12 / 31 / 2018**
Transaction ID : SA11AI.8971
 Amount of Each Receipt this Period **20.00**
 Memo Item
 \$20.00/monthly

C. Kolodzik, Joan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1108 Paxon Court
 City Bellbrook State OH Zip Code 45305-8959
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Management Group Occupation (for Individual) National Director of Continuing Medica
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **240.00**

Date of Receipt **12 / 31 / 2018**
Transaction ID : SA11AI.8981
 Amount of Each Receipt this Period **20.00**
 Memo Item
 \$20.00/monthly

SUBTOTAL of Receipts This Page (optional).....	70.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 52
	<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. 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 **2000.00**

Date of Receipt **12 / 31 / 2018**
Transaction ID : SA11AI.8985
 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 **240.00**

Date of Receipt **12 / 31 / 2018**
Transaction ID : SA11AI.8926
 Amount of Each Receipt this Period **20.00**
 Memo Item
 \$20.00/monthly

C. Lancaster, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6633 Silver Fox Road
 City Charlotte State NC Zip Code 28270-0683
 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 **200.04**

Date of Receipt **12 / 31 / 2018**
Transaction ID : SA11AI.8953
 Amount of Each Receipt this Period **16.67**
 Memo Item
 \$16.67/monthly

SUBTOTAL of Receipts This Page (optional).....	236.67
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 52
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Latouf, Kathleen, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2018
Mailing Address 6 Old Farm Rd		Transaction ID : SA11AI.8988
City Carnegie	State PA	Zip Code 15106
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 240.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Lawrence, Linda, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2018
Mailing Address 4670 Armandale Avenue		Transaction ID : SA11AI.8998
City Canton	State OH	Zip Code 44718
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
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 1200.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. LeBlanc, Louis, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2018
Mailing Address 1428 Lacy Lane		Transaction ID : SA11AI.9001
City Rock Hill	State SC	Zip Code 29732-7723
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 600.00	

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 52
	<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. 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 **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2018

Transaction ID : SA11AI.9033

Amount of Each Receipt this Period
 50.00

Memo Item
 \$50.00/monthly

B. 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 **240.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2018

Transaction ID : SA11AI.8921

Amount of Each Receipt this Period
 20.00

Memo Item
 \$20.00/monthly

C. 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 **1200.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2018

Transaction ID : SA11AI.8920

Amount of Each Receipt this Period
 100.00

Memo Item
 \$100.00/monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 52
	<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. Lloyd, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2286 Picket Post Ln.
 City Columbus State OH Zip Code 43220-2918
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Director of Clinical Education
 Receipt For: 2018
 Primary General
 Other (specify) Other

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2018
Transaction ID : SA11AI.8942
 Amount of Each Receipt this Period
 16.67
 Memo Item
 \$16.67/monthly

B. 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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2018
Transaction ID : SA11AI.9034
 Amount of Each Receipt this Period
 20.00
 Memo Item
 \$20.00/monthly

C. 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
 Receipt For: 2018
 Primary General
 Other (specify) Other

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2018
Transaction ID : SA11AI.8956
 Amount of Each Receipt this Period
 20.00
 Memo Item
 \$20.00/monthly

SUBTOTAL of Receipts This Page (optional).....	56.67
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 52
	<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. MacLean, Craig, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 64 Newfields Road
 City Exeter State NH Zip Code 03833-4542
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Director of Quality
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **200.04**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2018
Transaction ID : SA11AI.8943
 Amount of Each Receipt this Period
 16.67
 Memo Item
 \$16.67/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 **1200.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2018
Transaction ID : SA11AI.9028
 Amount of Each Receipt this Period
 100.00
 Memo Item
 \$100.00/monthly

C. Markowski, Kevin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 572 White Tail Ridge Drive
 City Fairlawn State OH Zip Code 44333
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Quality Director
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **200.04**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2018
Transaction ID : SA11AI.8991
 Amount of Each Receipt this Period
 16.67
 Memo Item
 \$16.67/monthly

SUBTOTAL of Receipts This Page (optional).....	133.34
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

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

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 **240.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2018

Transaction ID : SA11AI.9011

Amount of Each Receipt this Period
 20.00

Memo Item
 \$20.00/monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Mattke, Angela, , ,

Mailing Address 1080 Pebblebrook Rd. SE

City Mableton State GA Zip Code 30126-5612

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 M / D D D / Y Y Y Y Y Y
 12 / 31 / 2018

Transaction ID : SA11AI.8923

Amount of Each Receipt this Period
 20.00

Memo Item
 \$20.00/monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Mayz, Kurtis, , ,

Mailing Address 1 E Main St Ste 404

City Champaign State IL Zip Code 61820-1313

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

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

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

Aggregate Year-to-Date **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2018

Transaction ID : SA11AI.8994

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 33 OF 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. McCourt, J.D., , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2018
Mailing Address 9436 Steeplehill Dr		Transaction ID : SA11AI.8970
City Las Vegas	State NV	Zip Code 89117
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 16.67
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$16.67/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 200.04	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. McCutcheon, Edward, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2018
Mailing Address 605 McDonald Ave		Transaction ID : SA11AI.8958
City Charlotte	State NC	Zip Code 28203
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 16.67
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$16.67/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 200.04	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Mendenhall, Matthew, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2018
Mailing Address 3224 S. Ash St.		Transaction ID : SA11AI.9005
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 240.00	

SUBTOTAL of Receipts This Page (optional).....	53.34
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 52
	<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. Meyer, Kendra, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 85 Beatty Lane
 City Scenery Hill State PA Zip Code 15360-1537
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AHN Medical Group, LLC Occupation (for Individual) Director of APPs
 Receipt For: 2018
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **600.00**

Date of Receipt
12 / 31 / 2018
Transaction ID : SA11AI.8989
 Amount of Each Receipt this Period
75.00
 Memo Item
 \$50.00/monthly

B. Misra, Swarup, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9667 Ashley Green Ct NW
 City Concord State NC Zip Code 28027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Quality Director
 Receipt For: 2018
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **200.04**

Date of Receipt
12 / 31 / 2018
Transaction ID : SA11AI.9040
 Amount of Each Receipt this Period
16.67
 Memo Item
 \$16.67/monthly

c. Mittleman, Craig, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Equestrian Ridge
 City Newtown State CT Zip Code 06470
 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 **600.00**

Date of Receipt
12 / 31 / 2018
Transaction ID : SA11AI.8944
 Amount of Each Receipt this Period
50.00
 Memo Item
 \$50.00/monthly

SUBTOTAL of Receipts This Page (optional).....	141.67
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 52
	<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. Natapraya, Kent, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6433 Empty Song Road
 City Columbia State MD Zip Code 21044
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 MEP Health, LLC APP Lead
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 12 / 31 / 2018
Transaction ID : SA11AI.8990
 Amount of Each Receipt this Period
 30.00
 Memo Item
 \$20.00/monthly

B. Norris, Donald, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 401 S Main St Apt 211
 City Akron State OH Zip Code 44311-1113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 USACS Medical Group, LTD Core Faculty for Summa Health System
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 200.04

Date of Receipt
 12 / 31 / 2018
Transaction ID : SA11AI.8955
 Amount of Each Receipt this Period
 16.67
 Memo Item
 \$16.67/monthly

C. Osmundson, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 62 East Dr.
 City Hartville State OH Zip Code 44632-8890
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 USACS Medical Group, LTD President
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 1200.00

Date of Receipt
 12 / 31 / 2018
Transaction ID : SA11AI.9008
 Amount of Each Receipt this Period
 100.00
 Memo Item
 \$100.00/monthly

SUBTOTAL of Receipts This Page (optional).....	146.67
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 36 OF 52
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

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 ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2018

Transaction ID : SA11AI.8922

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 ▼
1800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2018

Transaction ID : SA11AI.9019

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 ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2018

Transaction ID : SA11AI.8937

Amount of Each Receipt this Period
50.00

Memo Item
\$50.00/monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Phillips, Miranda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7122 S. Sheridan Rd.
 Ste. 2-335
 City Tulsa State OK Zip Code 74133-2748
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) System Medical Director
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2018
Transaction ID : SA11AI.9012
 Amount of Each Receipt this Period
 50.00
 Memo Item
 \$50.00/monthly

B. Pollack, Henry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 42348 John Muir Drive
 City Coarsegold State CA Zip Code 93614-9619
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Quality Director
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **200.04**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2018
Transaction ID : SA11AI.8967
 Amount of Each Receipt this Period
 16.67
 Memo Item
 \$16.67/monthly

C. Powers, Evelyn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 Deerfield Dr
 City Richmond State RI Zip Code 02898-1220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) System APP Lead
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **240.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2018
Transaction ID : SA11AI.8960
 Amount of Each Receipt this Period
 30.00
 Memo Item
 \$20.00/monthly

SUBTOTAL of Receipts This Page (optional)..... **96.67**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 52
	<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. Radford, Shawn, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 210 N Wells St
Apt 4101

City Chicago State IL Zip Code 60606-1352

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

Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Director of Firefighters

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

Aggregate Year-to-Date **1200.00**

Date of Receipt
12 / 31 / 2018

Transaction ID : SA11AI.9032

Amount of Each Receipt this Period
100.00

Memo Item
\$100.00/monthly

B. 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) Virtual Locations Occupation (for Individual) Education Director-Mercy Cincinnati Ea

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

Aggregate Year-to-Date **240.00**

Date of Receipt
12 / 31 / 2018

Transaction ID : SA11AI.9006

Amount of Each Receipt this Period
20.00

Memo Item
\$20.00/monthly

C. 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 **1200.00**

Date of Receipt
12 / 31 / 2018

Transaction ID : SA11AI.8963

Amount of Each Receipt this Period
100.00

Memo Item
\$100.00/monthly

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Rosen, Nicholas, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2018
Mailing Address 1089 S. Williams St.		Transaction ID : SA11AI.9016
City Denver	State CO	Zip Code 80209
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) 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 240.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Ross, Sanford, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2018
Mailing Address 5318 Wyndam Ln.		Transaction ID : SA11AI.9031
City Brighton	State MI	Zip Code 48116
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 240.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Roy, Neil, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2018
Mailing Address 6700 Applewood Place		Transaction ID : SA11AI.9015
City Rockville	State MD	Zip Code 20855
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 240.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 40 OF 52
<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. 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 **240.00**

Date of Receipt **12 / 31 / 2018**
Transaction ID : SA11AI.8997
 Amount of Each Receipt this Period **20.00**
 Memo Item
 \$20.00/monthly

B. 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 **240.00**

Date of Receipt **12 / 31 / 2018**
Transaction ID : SA11AI.8930
 Amount of Each Receipt this Period **20.00**
 Memo Item
 \$20.00/monthly

C. Scott, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4733 North Ridge Drive
 City Akron State OH Zip Code 44333
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Management Group Occupation (for Individual) Chief Clinical Officer
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **200.04**

Date of Receipt **12 / 31 / 2018**
Transaction ID : SA11AI.8949
 Amount of Each Receipt this Period **16.67**
 Memo Item
 \$16.67/monthly

SUBTOTAL of Receipts This Page (optional).....	56.67
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Scott, John, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1384 Leslie NE Ln.

City Lancaster	State OH	Zip Code 43130
-------------------	-------------	-------------------

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 ▼
200.04

Date of Receipt
12 / 31 / 2018
Transaction ID : SA11AI.8982

Amount of Each Receipt this Period
16.67

Memo Item
\$16.67/monthly

B. Shellenbarger, David, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 912 Camelot Dr.

City Hermitage	State PA	Zip Code 16148-9100
-------------------	-------------	------------------------

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

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

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

Aggregate Year-to-Date ▼
200.04

Date of Receipt
12 / 31 / 2018
Transaction ID : SA11AI.8952

Amount of Each Receipt this Period
16.67

Memo Item
\$16.67/monthly

C. Shukovsky, Suzy, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 705 Rosemary Circle

City Bradenton	State FL	Zip Code 34212-5015
-------------------	-------------	------------------------

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 ▼
200.04

Date of Receipt
12 / 31 / 2018
Transaction ID : SA11AI.9039

Amount of Each Receipt this Period
16.67

Memo Item
\$16.67/monthly

SUBTOTAL of Receipts This Page (optional).....	50.01
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 52
	<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. Sinnott, Annie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1335 N. Bosworth Ave.
 #3
 City Chicago State IL Zip Code 60642-2341
 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 **200.04**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2018
Transaction ID : SA11AI.8927
 Amount of Each Receipt this Period
 16.67
 Memo Item
 \$16.67/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 **999.96**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2018
Transaction ID : SA11AI.9003
 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 **240.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2018
Transaction ID : SA11AI.9021
 Amount of Each Receipt this Period
 20.00
 Memo Item
 \$20.00/monthly

SUBTOTAL of Receipts This Page (optional)..... **120.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 52
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
USACS PAC

A. Snyder, Aaron, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9925 Silver Brook Drive
 City Rockville State MD Zip Code 20850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Regional Vice President
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **1700.00**

Date of Receipt **12 / 31 / 2018**
Transaction ID : SA11AI.8915
 Amount of Each Receipt this Period **50.00**
 Memo Item
 \$150.00/monthly

B. Snyder, Eric, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 311 East Carroll Street PO Box 384
 City Carrolltown State PA Zip Code 15722-0384
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AHN Medical Group, LLC Occupation (for Individual) APP Lead
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **240.00**

Date of Receipt **12 / 31 / 2018**
Transaction ID : SA11AI.8959
 Amount of Each Receipt this Period **30.00**
 Memo Item
 \$20.00/monthly

C. Srivastava, Geetanjali, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5447 N Sequoia Ave
 City Fresno State CA Zip Code 93711-2849
 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 **450.00**

Date of Receipt **12 / 31 / 2018**
Transaction ID : SA11AI.8965
 Amount of Each Receipt this Period **25.00**
 Memo Item
 \$50.00/monthly

SUBTOTAL of Receipts This Page (optional).....	105.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 44 OF 52
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

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 ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2018
Transaction ID : SA11AI.8962
 Amount of Each Receipt this Period 30.00
 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 ▼ 1800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2018
Transaction ID : SA11AI.9050
 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 ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2018
Transaction ID : SA11AI.9045
 Amount of Each Receipt this Period 20.00
 Memo Item
 \$20.00/monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Trotter, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5401 South Ingleside Avenue
 City Chicago State IL Zip Code 60615-5013
 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 **200.04**

Date of Receipt **12 / 31 / 2018**
Transaction ID : SA11AI.8950
 Amount of Each Receipt this Period **16.67**
 Memo Item
 \$16.67/monthly

B. Tucker, Cynthia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 Warwick Terrace
 City Waterford State CT Zip Code 06385
 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 **240.00**

Date of Receipt **12 / 31 / 2018**
Transaction ID : SA11AI.8945
 Amount of Each Receipt this Period **20.00**
 Memo Item
 \$20.00/monthly

C. Tucker, Jeremy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23959 Meredith Court
 City Hollywood State MD Zip Code 20636
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) National Director of Patient Safety
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **1200.00**

Date of Receipt **12 / 31 / 2018**
Transaction ID : SA11AI.8977
 Amount of Each Receipt this Period **100.00**
 Memo Item
 \$100.00/monthly

SUBTOTAL of Receipts This Page (optional).....	136.67
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 46 OF 52
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
USACS PAC

A. Ulmer, Travis, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1240 Broadview Ave

City Columbus	State OH	Zip Code 43212-3344
------------------	-------------	------------------------

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

Name of Employer (for Individual) USACS Management Group	Occupation (for Individual) Vice President of Marketing and Recruit
---	--

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

Aggregate Year-to-Date **200.04**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2018

Transaction ID : SA11AI.9047

Amount of Each Receipt this Period

16.67

Memo Item
\$16.67/monthly

B. Vaill, Samuel, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 315 Bridge Street

City South Hamilton	State MA	Zip Code 01982
------------------------	-------------	-------------------

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

Name of Employer (for Individual) USACS Management Group	Occupation (for Individual) Chief Development Officer
---	--

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

Aggregate Year-to-Date **600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2018

Transaction ID : SA11AI.9030

Amount of Each Receipt this Period

75.00

Memo Item
\$50.00/monthly

C. 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) MEP Health, LLC	Occupation (for Individual) Director of APPs, Observation Medicine
--	---

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

Aggregate Year-to-Date **600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2018

Transaction ID : SA11AI.9046

Amount of Each Receipt this Period

75.00

Memo Item
\$50.00/monthly

SUBTOTAL of Receipts This Page (optional).....	166.67
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Watling, Bradley, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2018
Mailing Address 101 E. W.T. Harris Blvd Suite 3109		Transaction ID : SA11AI.8932
City Mooresville	State NC	Zip Code 28117-7558
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 1800.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Wellock, Austin, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2018
Mailing Address 2439 Clydesdale St NW		Transaction ID : SA11AI.8929
City North Canton	State OH	Zip Code 44720-9818
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 16.67
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$16.67/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 200.04	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Welsh, Ian, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2018
Mailing Address 1027 Gardenia Street		Transaction ID : SA11AI.8969
City Fort Mill	State SC	Zip Code 29708
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) Assistant Medical Director of Firefigh	<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 600.00	

SUBTOTAL of Receipts This Page (optional).....	216.67
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 52
	<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. 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 ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2018
Transaction ID : SA11AI.8978
 Amount of Each Receipt this Period 20.00
 Memo Item
 \$20.00/monthly

B. Wirtz, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Highgate NE
 City Ithaca State NY Zip Code 14850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 200.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2018
Transaction ID : SA11AI.8948
 Amount of Each Receipt this Period 16.67
 Memo Item
 \$16.67/monthly

C. 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 ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2018
Transaction ID : SA11AI.9054
 Amount of Each Receipt this Period 100.00
 Memo Item
 \$100.00/monthly

SUBTOTAL of Receipts This Page (optional).....	136.67
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 49 OF 52
	<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. 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 **600.00**

Date of Receipt **12 / 31 / 2018**
Transaction ID : SA11AI.8938
 Amount of Each Receipt this Period **75.00**
 Memo Item
 \$50.00/monthly

B. 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 **240.00**

Date of Receipt **12 / 31 / 2018**
Transaction ID : SA11AI.8964
 Amount of Each Receipt this Period **20.00**
 Memo Item
 \$20.00/monthly

C. Zayac, Carl, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5901 Velasco Ave
 City Dallas State TX Zip Code 75206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Firefighter
 Receipt For: 2018
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **900.00**

Date of Receipt **12 / 31 / 2018**
Transaction ID : SA11AI.8936
 Amount of Each Receipt this Period **100.00**
 Memo Item
 \$100.00/monthly

SUBTOTAL of Receipts This Page (optional)..... **195.00**
TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 OF 52
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
USACS PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Zimmerman, David, , ,

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 ▼
1100.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 31 / 2018

Transaction ID : SA11AI.9051

Amount of Each Receipt this Period
100.00

Memo Item
\$100.00/monthly

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 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 Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	100.00
TOTAL This Period (last page this line number only).....	7170.04

**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. Bonnen Campaign

Full Name (Last, First, Middle Initial)
Mailing Address 122 E Myrtle Street

City Angleton State TX Zip Code 77515

Purpose of Disbursement Contribution

Candidate Name **Bonnen, Dennis, , ,**

Office Sought: House Senate President
State: TX District: 25

Disbursement For: 2020
 Primary General
 Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
12 / 06 / 2018

FEC Identification Number: C []
Transaction ID : SB23.9066

Amount of Each Disbursement this Period: [] 5000.00

Memo Item

B.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C []

Amount of Each Disbursement this Period: []

Memo Item

C.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C []

Amount of Each Disbursement this Period: []

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	5000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
USACS PAC

<p>A. State Board of Elections and Ethics Enforcement</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address PO Box 27255</p> <p>City Raleigh State NC Zip Code 27611</p> <p>Purpose of Disbursement Civil Penalty and Forfeiture Fund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>			<p>Date of Disbursement</p> <p>M M / D D / Y Y Y Y Y Y 12 / 19 / 2018</p>
<p>FEC Identification Number</p> <p>C</p> <p>Transaction ID : SB29.9072</p> <p>Amount of Each Disbursement this Period</p> <p>1000.00</p> <p><input type="checkbox"/> Memo Item</p>			
<p>B.</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>			<p>Date of Disbursement</p> <p>M M / D D / Y Y Y Y Y Y</p>
<p>FEC Identification Number</p> <p>C</p> <p>Amount of Each Disbursement this Period</p> <p><input type="checkbox"/> Memo Item</p>			
<p>C.</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>			<p>Date of Disbursement</p> <p>M M / D D / Y Y Y Y Y Y</p>
<p>FEC Identification Number</p> <p>C</p> <p>Amount of Each Disbursement this Period</p> <p><input type="checkbox"/> Memo Item</p>			
<p>SUBTOTAL of Disbursements This Page (optional)..... ▶</p>			<p>1000.00</p>
<p>TOTAL This Period (last page this line number only)..... ▶</p>			<p>1000.00</p>