

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

USACS PAC

ADDRESS (number and street) 4535 Dressler RD NW

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

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

C C00544957

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

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

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

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

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

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

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

5. Covering Period M M M / D D D / Y Y Y Y Y Y 11 / 29 / 2016 through 12 / 31 / 2016

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 01 / 25 / 2017

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

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

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

**USACS PAC**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value="16323.41"/>	<input type="text" value="16323.41"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="21160.18"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="12781.24"/>	<input type="text" value="52611.18"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="33941.42"/>	<input type="text" value="68934.59"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="15.00"/>	<input type="text" value="35008.17"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="33926.42"/>	<input type="text" value="33926.42"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

## DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**USACS PAC**

Report Covering the Period: From: M M / D D / Y Y Y Y 11 / 29 / 2016 To: M M / D D / Y Y Y Y 12 / 31 / 2016

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).....	11317.90	33624.45
(ii) Unitemized .....	1463.34	18986.73
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	12781.24	52611.18
(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) .....	12781.24	52611.18
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	12781.24	52611.18
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	12781.24	52611.18

**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.....	0.00	33500.00
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 .....	15.00	15.00
(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)).....	15.00	15.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	1493.17
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)) ..	15.00	35008.17
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15.00	35008.17

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	12781.24	52611.18
34. Total Contribution Refunds (from Line 28(d)) .....	15.00	15.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	12766.24	52596.18
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 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Aguilar, Celia, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2016
Mailing Address 105 Rose Owens Drive		<b>Transaction ID : SA11AI.6576</b>
City Harbinger	State NC	Zip Code 27941
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 33.34
Name of Employer (for Individual) EMP Medical Group, LTD	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$16.67/monthly
Receipt For: 2016 <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>B. Arwindekar, Amit, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2016
Mailing Address 2043 W Mclean Ave		<b>Transaction ID : SA11AI.6577</b>
City Chicago	State IL	Zip Code 60647
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 166.66
Name of Employer (for Individual) EMP Medical Group, LTD	Occupation (for Individual) Associate Medical Director	<input type="checkbox"/> Memo Item \$83.33/monthly
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 999.96	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Augustine, James, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2016
Mailing Address 7868 Classics Drive		<b>Transaction ID : SA11AI.6578</b>
City Naples	State FL	Zip Code 34113
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer (for Individual) EMP Medical Group, LTD	Occupation (for Individual) Chairman, National Clinical Governance	<input type="checkbox"/> Memo Item \$150.00/monthly
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 920.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 41
	<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. Aulick, Neal, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11 Aaronwoods Court

City Wheeling	State WV	Zip Code 26003
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FEC ID number of contributing federal political committee. **C**

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

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

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
12 / 31 / 2016  
**Transaction ID : SA11AI.6579**

Amount of Each Receipt this Period  
40.00

Memo Item  
\$20.00/monthly

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

Mailing Address 50 East Drive

City Hartville	State OH	Zip Code 44632
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) EMP Medical Group, LTD	Occupation (for Individual) Chief Executive Officer
---	--

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

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
12 / 31 / 2016  
**Transaction ID : SA11AI.6580**

Amount of Each Receipt this Period  
833.30

Memo Item  
\$416.67/monthly

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

Mailing Address 2441 St Andrews Drive

City Olympia Fields	State IL	Zip Code 60461
------------------------	-------------	-------------------

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

Name of Employer (for Individual) EMP Medical Group, LTD	Occupation (for Individual) Emergency Physician
---	--

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

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
12 / 31 / 2016  
**Transaction ID : SA11AI.6581**

Amount of Each Receipt this Period  
40.00

Memo Item  
\$20.00/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	913.30
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 41
	<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. Baker, Brian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1209 E Cumberland Ave Unit #1404  
 City Tampa State FL Zip Code 33602  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EMP Medical Group, LTD Occupation (for Individual) Executive Director  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **350.00**

Date of Receipt **12 / 31 / 2016**  
**Transaction ID : SA11AI.6582**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item  
 \$50.00/monthly

**B. Boldon, Jason, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3011 Rock Springs Rd  
 City Charlotte State NC Zip Code 28226  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EMP Medical Group, LTD Occupation (for Individual) Medical Director  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **200.04**

Date of Receipt **12 / 31 / 2016**  
**Transaction ID : SA11AI.6584**  
 Amount of Each Receipt this Period **33.34**  
 Memo Item  
 \$16.67/monthly

**C. Bradstreet, Jennifer, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2212 Cross Creek Drive  
 City Gastonia State NC Zip Code 28056  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EMP Medical Group, LTD Occupation (for Individual) System Director  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **390.00**

Date of Receipt **12 / 31 / 2016**  
**Transaction ID : SA11AI.6585**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item  
 \$50.00/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>233.34</b>
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 41
<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. Brunecz, Sharon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3530 West Galloway Drive  
 City Richfield State OH Zip Code 44286  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Management Group Occupation (for Individual) Chief Human Resource Officer  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **225.00**

Date of Receipt **12 / 31 / 2016**  
**Transaction ID : SA11AI.6707**  
 Amount of Each Receipt this Period **125.00**  
 Memo Item  
 \$50.00/monthly

**B. Canonico, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1578 Uluhao St  
 City Kailua State HI Zip Code 96734  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EMP Medical Group, LTD Occupation (for Individual) Medical Director  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **200.04**

Date of Receipt **12 / 31 / 2016**  
**Transaction ID : SA11AI.6586**  
 Amount of Each Receipt this Period **33.34**  
 Memo Item  
 \$16.67/monthly

**C. Casey, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5156 Baker Ridge Drive  
 City Columbus State OH Zip Code 43228  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EMP Medical Group, LTD Occupation (for Individual) EMS Director  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **240.00**

Date of Receipt **12 / 31 / 2016**  
**Transaction ID : SA11AI.6588**  
 Amount of Each Receipt this Period **40.00**  
 Memo Item  
 \$20.00/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>198.34</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 41
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Cirillo, Louis, , ,</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2016
Mailing Address 91 Woodridge Drive		<b>Transaction ID : SA11AI.6589</b>
City Saunderstown	State RI	Zip Code 02874
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer (for Individual) EMP Medical Group, LTD	Occupation (for Individual) Director of Health Policy & Legislativ	<input type="checkbox"/> Memo Item \$150.00/monthly
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 1333.31	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Colfer, Orion, , ,</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2016
Mailing Address 2523 Hanover Ave		<b>Transaction ID : SA11AI.6590</b>
City Richmond	State VA	Zip Code 23220
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) EMP Medical Group, LTD	Occupation (for Individual) Vice President	<input type="checkbox"/> Memo Item \$50.00/monthly
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 600.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Collemer, Susan, , ,</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2016
Mailing Address 27 King Street		<b>Transaction ID : SA11AI.6591</b>
City East Greenwich	State RI	Zip Code 02818
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 33.34
Name of Employer (for Individual) EMP Medical Group, LTD	Occupation (for Individual) Quality Director	<input type="checkbox"/> Memo Item \$16.67/monthly
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 200.04	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	433.34
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 41
	<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. Conley, Amy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6419 Renwick Circle  
 City Tampa State FL Zip Code 33647  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC Occupation (for Individual) Political/Transfer Center Director  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 31 / 2016  
**Transaction ID : SA11AI.6592**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 \$100.00/monthly

**B. Coomes, Justin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 600 12th Ave South #719  
 City Nashville State TN Zip Code 37203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EMP Medical Group, LTD Occupation (for Individual) Medical Director  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 200.04

Date of Receipt 12 / 31 / 2016  
**Transaction ID : SA11AI.6593**  
 Amount of Each Receipt this Period 33.34  
 Memo Item  
 \$16.67/monthly

**C. Corbit, Christopher, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1075 Mornington Circle  
 City Uniontown State OH Zip Code 44685  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EMP Medical Group, LTD Occupation (for Individual) Chief Medical Informatics Officer  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 200.04

Date of Receipt 12 / 31 / 2016  
**Transaction ID : SA11AI.6594**  
 Amount of Each Receipt this Period 33.34  
 Memo Item  
 \$16.67/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	266.68
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Corrigan, Kevin, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2016
Mailing Address 13911 Holly Stream Dr		<b>Transaction ID : SA11AI.6595</b>
City Huntersville	State NC	Zip Code 28078
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 33.34
Name of Employer (for Individual) EMP Medical Group, LTD	Occupation (for Individual) Interim Medical Director	<input type="checkbox"/> Memo Item \$16.67/monthly
Receipt For: 2016 <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>B. Corvino, Timothy, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2016
Mailing Address 128 Miles Road		<b>Transaction ID : SA11AI.6596</b>
City Chagrin Falls	State OH	Zip Code 44022
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 166.00
Name of Employer (for Individual) EMP Medical Group, LTD	Occupation (for Individual) President	<input type="checkbox"/> Memo Item \$83.00/monthly
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 996.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Davis, Jaclyn, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2016
Mailing Address 4700 Meadowridge Dr		<b>Transaction ID : SA11AI.6597</b>
City Charlotte	State NC	Zip Code 28226
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 33.34
Name of Employer (for Individual) EMP Medical Group, LTD	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$16.67/monthly
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 200.04	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	232.68
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 41
	<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 <b>A. De Angelis, Sydney, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2016
Mailing Address 55 Araca Rd P O Box 104		<b>Transaction ID : SA11AI.6598</b>
City Babylon	State NY	Zip Code 11702
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer (for Individual) EMP Medical Group, LTD	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$100.00/monthly
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 640.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. DeMartino, Wendy, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2016
Mailing Address 135 High St		<b>Transaction ID : SA11AI.6599</b>
City Exeter	State NH	Zip Code 03833
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 33.34
Name of Employer (for Individual) EMP Medical Group, LTD	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$16.67/monthly
Receipt For: 2016 <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>C. DiRando, Jesse, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2016
Mailing Address 33531 Royal Saint George Drive		<b>Transaction ID : SA11AI.6600</b>
City Avon	State OH	Zip Code 44011
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer (for Individual) EMP Medical Group, LTD	Occupation (for Individual) Vice President, Clinical Resources Gro	<input type="checkbox"/> Memo Item \$20.00/monthly
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 240.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	273.34
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 41
	<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. 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  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EMP Medical Group, LTD Occupation (for Individual) Associate Medical Director  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2016  
**Transaction ID : SA11AI.6601**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 \$50.00/monthly

**B. 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: 2016  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 12 / 31 / 2016  
**Transaction ID : SA11AI.6709**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 \$100.00/monthly

**C. Falcone, Angelo, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12410 Milestone Center Drive Suite 225  
 City Germantown State MD Zip Code 20876  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) President  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 12 / 31 / 2016  
**Transaction ID : SA11AI.6602**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 \$150.00/monthly

**SUBTOTAL** of Receipts This Page (optional).....▶ 650.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 41
	<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 <b>A. Ferrand, David, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2016
Mailing Address 119 Dorie Drive		<b>Transaction ID : SA11AI.6603</b>
City Belmont	State NC	Zip Code 28012
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer (for Individual) EMP Medical Group, LTD	Occupation (for Individual) Emergency Physician	<input type="checkbox"/> Memo Item \$100.00/monthly
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Other</b>	Aggregate Year-to-Date ▼ 525.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Fisher, Jay, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2016
Mailing Address 416 Pinnacle Heights Ln		<b>Transaction ID : SA11AI.6604</b>
City Las Vegas	State NV	Zip Code 89144
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 33.34
Name of Employer (for Individual) EMP Medical Group, LTD	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$16.67/monthly
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Other</b>	Aggregate Year-to-Date ▼ 200.04	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Freess, Daniel, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2016
Mailing Address 55 Soby Dr		<b>Transaction ID : SA11AI.6607</b>
City West Hartford	State CT	Zip Code 06107
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) EMP Medical Group, LTD	Occupation (for Individual) Emergency Physician	<input type="checkbox"/> Memo Item \$25.00/monthly
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Other</b>	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	283.34
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 41
	<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 <b>A. Gage, Anita, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2016
Mailing Address 2174 North Hametown Road			<b>Transaction ID : SA11AI.6608</b>
City Akron	State OH	Zip Code 44333	Amount of Each Receipt this Period 33.34
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$16.67/monthly
Name of Employer (for Individual) EMP Medical Group, LTD		Occupation (for Individual) Chief Talent Officer	
Receipt For: 2016 <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>B. Gamma, Brett, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2016
Mailing Address 14930 Finegan Farm Dr			<b>Transaction ID : SA11AI.6609</b>
City Darnestown	State MD	Zip Code 20874	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$50.00/monthly
Name of Employer (for Individual) MEP Health, LLC		Occupation (for Individual) Regional Medical Director	
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other		Aggregate Year-to-Date 250.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Garfinkel, Michael, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2016
Mailing Address 659 Lorenwood Drive			<b>Transaction ID : SA11AI.6611</b>
City Hermitage	State PA	Zip Code 16148	Amount of Each Receipt this Period 33.34
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$16.67/monthly
Name of Employer (for Individual) EMP Medical Group, LTD		Occupation (for Individual) Medical Director	
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other		Aggregate Year-to-Date 200.04	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	166.68
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 17 OF 41
	(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 <b>A. Geary, Daniel, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2016
Mailing Address 142 Woodshire		<b>Transaction ID : SA11AI.6612</b>
City Pittsburgh	State PA	Zip Code 15215
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 166.66
Name of Employer (for Individual) AHN Medical Group, LLC	Occupation (for Individual) Medical Director of Integrated Acute C	<input type="checkbox"/> Memo Item \$83.33/monthly
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 999.96	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Gooch, Christopher, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2016
Mailing Address 52675 Timber Dr		<b>Transaction ID : SA11AI.6615</b>
City Bridgeport	State OH	Zip Code 43912
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) EMP Medical Group, LTD	Occupation (for Individual) Quality Director	<input type="checkbox"/> Memo Item \$25.00/monthly
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Grant, Randall, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2016
Mailing Address 85 Longview Ave		<b>Transaction ID : SA11AI.6616</b>
City White Plains	State NY	Zip Code 10604
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) EMP Medical Group, LTD	Occupation (for Individual) Emergency Physician	<input type="checkbox"/> Memo Item \$25.00/monthly
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	266.66
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 41
	<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. Groomes, Roderick, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1035 Glade Park East  
 City Kittanning State PA Zip Code 16201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AHN Medical Group, LLC Occupation (for Individual) Medical Director  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **600.00**

Date of Receipt **12 / 31 / 2016**  
**Transaction ID : SA11AI.6617**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item  
 \$50.00/monthly

**B. Guyton, Steven, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 40 Waterfront Dr  
 City Pittsburgh State PA Zip Code 15224  
 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: 2016  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **300.00**

Date of Receipt **12 / 31 / 2016**  
**Transaction ID : SA11AI.6618**  
 Amount of Each Receipt this Period **50.00**  
 Memo Item  
 \$25.00/monthly

**C. Hall, Timothy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1380 Woodhurst Drive  
 City Rock Hill State SC Zip Code 29732  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EMP Medical Group, LTD Occupation (for Individual) Emergency Physician  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **200.04**

Date of Receipt **12 / 31 / 2016**  
**Transaction ID : SA11AI.6619**  
 Amount of Each Receipt this Period **33.34**  
 Memo Item  
 \$16.67/monthly

**SUBTOTAL** of Receipts This Page (optional)..... **183.34**  
**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 19 OF 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Heinrich, Scott, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2016
Mailing Address 2158 N Claremont Ave		<b>Transaction ID : SA11AI.6621</b>
City Chicago	State IL	Zip Code 60647
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 33.34
Name of Employer (for Individual) EMP Medical Group, LTD	Occupation (for Individual) Director of Clinical Education	<input type="checkbox"/> Memo Item \$16.67/monthly
Receipt For: 2016 <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>B. Hrutkay, Lisa, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2016
Mailing Address 1464 Stoolfire Road		<b>Transaction ID : SA11AI.6623</b>
City Valley Grove	State WV	Zip Code 26060
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 33.34
Name of Employer (for Individual) EMP Medical Group, LTD	Occupation (for Individual) EMS Director	<input type="checkbox"/> Memo Item \$16.67/monthly
Receipt For: 2016 <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>C. Janikas, John, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2016
Mailing Address 43 Outlook Drive South		<b>Transaction ID : SA11AI.6624</b>
City Mechanicville	State NY	Zip Code 12118
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 166.66
Name of Employer (for Individual) EMP Medical Group, LTD	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$83.33/monthly
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 999.96	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	233.34
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 41
	<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 <b>A. Javery, Thomas, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2016
Mailing Address 773 Witts Bridge Rd		<b>Transaction ID : SA11AI.6625</b>
City West Brookfield	State VT	Zip Code 05060
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer (for Individual) EMP Medical Group, LTD	Occupation (for Individual) Emergency Physician	<input type="checkbox"/> Memo Item \$100.00/monthly
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Jenis, Andrew, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2016
Mailing Address 115 Cayuga Heights Road		<b>Transaction ID : SA11AI.6626</b>
City Ithaca	State NY	Zip Code 14850
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) EMP Medical Group, LTD	Occupation (for Individual) Emergency Physician	<input type="checkbox"/> Memo Item \$50.00/monthly
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 600.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Johnson, David, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2016
Mailing Address 4215 Kronos Pl		<b>Transaction ID : SA11AI.6710</b>
City Charlotte	State NC	Zip Code 28210
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 375.00
Name of Employer (for Individual) USACS Management Group, Ltd.	Occupation (for Individual) Chief Operating Officer	<input type="checkbox"/> Memo Item \$100.00/monthly
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 675.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	675.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 41
	<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. Jones, Bruce, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 465 Woodard Place  
 City Powell State OH Zip Code 43065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EMP Medical Group, LTD Occupation (for Individual) Medical Director  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2016  
**Transaction ID : SA11AI.6627**  
 Amount of Each Receipt this Period 100.00  
 Memo Item \$50.00/monthly

**B. Kella, Vipul, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11808 Woodthrus Lane  
 City Potomac State MD Zip Code 20854  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) Chariman  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 31 / 2016  
**Transaction ID : SA11AI.6629**  
 Amount of Each Receipt this Period 100.00  
 Memo Item \$50.00/monthly

**C. Keller, Noah, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10119 Easterday Ct  
 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) Regional Medical Director  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 31 / 2016  
**Transaction ID : SA11AI.6630**  
 Amount of Each Receipt this Period 200.00  
 Memo Item \$100.00/monthly

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 400.00  
**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 41
<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. Kelley, Brian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 128 Mellen Road  
 City New Bern State NC Zip Code 28560  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EMP Medical Group, LTD Occupation (for Individual) Emergency Physician  
 Receipt For: 2016  
 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 / 2016  
**Transaction ID : SA11AI.6631**  
 Amount of Each Receipt this Period  
 33.34  
 Memo Item  
 \$16.67/monthly

**B. Kendall, Jayne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1251 Springbury Dr  
 City Uniontown State OH Zip Code 44685  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EMP Medical Group, LTD Occupation (for Individual) Vice President  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼  
 616.69

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2016  
**Transaction ID : SA11AI.6632**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 \$100.00/monthly

**C. Klein, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11736 Gainsborough Rd  
 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) Chief Medical Officer  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2016  
**Transaction ID : SA11AI.6634**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 \$50.00/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	333.34
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 41
	<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 <b>A. Kolodzik, Joan, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2016
Mailing Address 1108 Paxon Court		<b>Transaction ID : SA11AI.6636</b>
City Bellbrook	State OH	Zip Code 45305
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer (for Individual) EMP Medical Group, LTD	Occupation (for Individual) Director of Clinical Education	<input type="checkbox"/> Memo Item \$20.00/monthly
Receipt For: 2016 <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>B. Kuchinski, Joseph, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2016
Mailing Address 32 Woodland Ave		<b>Transaction ID : SA11AI.6637</b>
City Mountain Lakes	State NJ	Zip Code 07046
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer (for Individual) EMP Medical Group, LTD	Occupation (for Individual) Regional Director of Clinic 21	<input type="checkbox"/> Memo Item \$100.00/monthly
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 1200.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Laberge, Anne-Marie, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2016
Mailing Address 114 Nazarene Ct		<b>Transaction ID : SA11AI.6638</b>
City Fombell	State PA	Zip Code 16123
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer (for Individual) AHN Medical Group, LLC	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$20.00/monthly
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 275.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	280.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 41
	<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. 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  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EMP Medical Group, LTD Occupation (for Individual) Medical Director  
 Receipt For: 2016  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **200.04**

Date of Receipt **12 / 31 / 2016**  
**Transaction ID : SA11AI.6639**  
 Amount of Each Receipt this Period **33.34**  
 Memo Item  
 \$16.67/monthly

**B. Lee, Brian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 37 Lotowana Lane  
 City Stony Brooke State NY Zip Code 11790  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EMP Medical Group, LTD Occupation (for Individual) Assistant Medical Director  
 Receipt For: 2016  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **200.04**

Date of Receipt **12 / 31 / 2016**  
**Transaction ID : SA11AI.6642**  
 Amount of Each Receipt this Period **33.34**  
 Memo Item  
 \$16.67/monthly

**C. Lee, Sidney, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 701 15th Ave  
 City Honolulu State HI Zip Code 96816  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EMP Medical Group, LTD Occupation (for Individual) Medical Director  
 Receipt For: 2016  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **600.00**

Date of Receipt **12 / 31 / 2016**  
**Transaction ID : SA11AI.6643**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item  
 \$50.00/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>166.68</b>
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 25 OF 41
<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. Lieser, Alexis, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 51

City Georgetown	State CA	Zip Code 95634
--------------------	-------------	-------------------

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

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

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

Aggregate Year-to-Date **240.00**

Date of Receipt  
 12 / 31 / 2016  
**Transaction ID : SA11AI.6644**

Amount of Each Receipt this Period  
 40.00

Memo Item  
 \$20.00/monthly

**B. Little, Andrew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5700 Van Wert Dr

City Hilliard	State OH	Zip Code 43026
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) EMP Medical Group, LTD	Occupation (for Individual) Emergency Physician
---	--

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

Aggregate Year-to-Date **500.00**

Date of Receipt  
 12 / 31 / 2016  
**Transaction ID : SA11AI.6645**

Amount of Each Receipt this Period  
 200.00

Memo Item  
 \$100.00/monthly

**C. Lloyd, Christopher, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2286 Picket Post Lane

City Columbus	State OH	Zip Code 43220
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) EMP Medical Group, LTD	Occupation (for Individual) Director of Clinical Education
---	---

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

Aggregate Year-to-Date **200.04**

Date of Receipt  
 12 / 31 / 2016  
**Transaction ID : SA11AI.6646**

Amount of Each Receipt this Period  
 33.34

Memo Item  
 \$16.67/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>273.34</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 41
	<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. Lombino, Donald, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 111 Connecticut Ave Apt 1  
 City Greenwich State CT Zip Code 06830  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EMP Medical Group, LTD Occupation (for Individual) Chairman  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **240.00**

Date of Receipt **12 / 31 / 2016**  
**Transaction ID : SA11AI.6647**  
 Amount of Each Receipt this Period **40.00**  
 Memo Item  
 \$20.00/monthly

**B. MacLean, Craig, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 64 Newfields Rd  
 City Exeter State NH Zip Code 03833  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EMP Medical Group, LTD Occupation (for Individual) Quality Director  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **200.04**

Date of Receipt **12 / 31 / 2016**  
**Transaction ID : SA11AI.6648**  
 Amount of Each Receipt this Period **33.34**  
 Memo Item  
 \$16.67/monthly

**C. MacLeod, Bruce, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1515 Mohican Dr  
 City Pittsburgh State PA Zip Code 15228  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AHN Medical Group, LLC Occupation (for Individual) President  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **220.00**

Date of Receipt **12 / 31 / 2016**  
**Transaction ID : SA11AI.6649**  
 Amount of Each Receipt this Period **20.00**  
 Memo Item  
 \$20.00/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>93.34</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 41
	<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 <b>A. Madar, Merci, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2016
Mailing Address 7805 Valderrama Way		<b>Transaction ID : SA11AI.6650</b>
City Bradenton	State FL	Zip Code 34202
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 33.34
Name of Employer (for Individual) EMP Medical Group, LTD	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$16.67/monthly
Receipt For: 2016 <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>B. Mann, Rubeal, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2016
Mailing Address 20 James River Rd		<b>Transaction ID : SA11AI.6651</b>
City Beavercreek	State OH	Zip Code 45434
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer (for Individual) EMP Medical Group, LTD	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$100.00/monthly
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 1200.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Markowski, Kevin, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2016
Mailing Address 572 White Tail Ridge Drive		<b>Transaction ID : SA11AI.6652</b>
City Fairlawn	State OH	Zip Code 44333
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 33.34
Name of Employer (for Individual) EMP Medical Group, LTD	Occupation (for Individual) Emergency Physician	<input type="checkbox"/> Memo Item \$16.67/monthly
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 200.04	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	266.68
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 41
	<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. Martino, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1777 Seegar Circle  
 City Pittsburgh State PA Zip Code 15241  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AHN Medical Group, LLC Occupation (for Individual) Emergency Physician  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **200.04**

Date of Receipt **12 / 31 / 2016**  
**Transaction ID : SA11AI.6653**  
 Amount of Each Receipt this Period **33.34**  
 Memo Item  
 \$16.67/monthly

**B. Mattke, Angela, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1080 Pebblebrook Rd SE  
 City Mableton State GA Zip Code 30126  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EMP Medical Group, LTD Occupation (for Individual) Emergency Physician  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **240.00**

Date of Receipt **12 / 31 / 2016**  
**Transaction ID : SA11AI.6654**  
 Amount of Each Receipt this Period **40.00**  
 Memo Item  
 \$20.00/monthly

**C. Mayorga, Oliver, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 32 Church St  
 City Mystic State CT Zip Code 06355  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EMP Medical Group, LTD Occupation (for Individual) Medical Director  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **600.00**

Date of Receipt **12 / 31 / 2016**  
**Transaction ID : SA11AI.6655**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item  
 \$50.00/monthly

**SUBTOTAL** of Receipts This Page (optional)..... **173.34**  
**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 29 OF 41
	<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 <b>A. McCourt, J.D., , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2016
Mailing Address 9436 Steeplehill Dr		<b>Transaction ID : SA11AI.6658</b>
City Las Vegas	State NV	Zip Code 89117
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 33.34
Name of Employer (for Individual) EMP Medical Group, LTD	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$16.67/monthly
Receipt For: 2016 <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>B. McCutcheon, Edward, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2016
Mailing Address 605 McDonald Ave		<b>Transaction ID : SA11AI.6659</b>
City Charlotte	State NC	Zip Code 28203
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 33.34
Name of Employer (for Individual) EMP Medical Group, LTD	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$16.67/monthly
Receipt For: 2016 <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>C. Misra, Swarup, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2016
Mailing Address 9667 Ashley Green Ct NW		<b>Transaction ID : SA11AI.6660</b>
City Concord	State NC	Zip Code 28027
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 33.34
Name of Employer (for Individual) EMP Medical Group, LTD	Occupation (for Individual) Quality Director	<input type="checkbox"/> Memo Item \$16.67/monthly
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 200.04	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	100.02
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Norris, Donald, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2016		
Mailing Address 2792 Alisop Place Apt 205			<b>Transaction ID : SA11AI.6661</b>		
City Troy	State MI	Zip Code 48084	Amount of Each Receipt this Period 33.34		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$16.67/monthly		
Name of Employer (for Individual) EMP Medical Group, LTD		Occupation (for Individual) Emergency Physician			
Receipt For: 2016 <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>B. Osmundson, Michael, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2016		
Mailing Address 62 East Drive			<b>Transaction ID : SA11AI.6663</b>		
City Hartville	State OH	Zip Code 44632	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$100.00/monthly		
Name of Employer (for Individual) EMP Medical Group, LTD		Occupation (for Individual) President			
Receipt For: 2016 <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 <b>C. Packo, David, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2016		
Mailing Address 4535 Dressler Rd NW			<b>Transaction ID : SA11AI.6665</b>		
City Canton	State OH	Zip Code 44718	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$100.00/monthly		
Name of Employer (for Individual) EMP Medical Group, LTD		Occupation (for Individual) Co-Founder			
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other		Aggregate Year-to-Date ▼ 1200.00			

<b>SUBTOTAL</b> of Receipts This Page (optional).....	433.34
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 41
	<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. Panitch, Orlee, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1753 Gainsborough Rd  
 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) Chief Administrative Officer  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2016  
**Transaction ID : SA11AI.6666**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 \$150.00/monthly

**B. 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  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EMP Medical Group, LTD Occupation (for Individual) Emergency Physician  
 Receipt For: 2016  
 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 / 2016  
**Transaction ID : SA11AI.6667**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 \$50.00/monthly

**C. Phillips, Miranda, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7122 S Sheridan Rd  
 City Tulsa State OK Zip Code 74133  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EMP Medical Group, LTD Occupation (for Individual) Associate Medical Director  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2016  
**Transaction ID : SA11AI.6668**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 \$50.00/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 41
	<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. Pollack, Henry, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 375  
 City Bass Lake State CA Zip Code 93604  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EMP Medical Group, LTD Occupation (for Individual) Quality Director  
 Receipt For: 2016  
 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 / 2016  
**Transaction ID : SA11AI.6669**  
 Amount of Each Receipt this Period  
 33.34  
 Memo Item  
 \$16.67/monthly

**B. Radford, Shawn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 263 Shawmont Avenue  
 City Philadelphia State PA Zip Code 19128  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EMP Medical Group, LTD Occupation (for Individual) Interim Medical Director  
 Receipt For: 2016  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **616.69**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2016  
**Transaction ID : SA11AI.6670**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 \$100.00/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  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EMP Medical Group, LTD Occupation (for Individual) Emergency Physician  
 Receipt For: 2016  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2016  
**Transaction ID : SA11AI.6673**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 \$100.00/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>433.34</b>
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 33 OF 41
	(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. Rudis, Steven, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9796 Diversified Lane  
 City Ellicott City State MD Zip Code 21042  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EMP Medical Group, LTD Occupation (for Individual) Emergency Physician  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **900.00**

Date of Receipt **12 / 31 / 2016**  
**Transaction ID : SA11AI.6675**  
 Amount of Each Receipt this Period **600.00**  
 Memo Item  
 \$300.00/monthly

**B. Satkowiak, Lawrence, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2807 West Decatur  
 City Fresno State CA Zip Code 93711  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EMP Medical Group, LTD Occupation (for Individual) Director of Pediatric Hospitals  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **240.00**

Date of Receipt **12 / 31 / 2016**  
**Transaction ID : SA11AI.6676**  
 Amount of Each Receipt this Period **40.00**  
 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) EMP Medical Group, LTD Occupation (for Individual) Chief Administrative Officer  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **200.04**

Date of Receipt **12 / 31 / 2016**  
**Transaction ID : SA11AI.6678**  
 Amount of Each Receipt this Period **33.34**  
 Memo Item  
 \$16.67/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>673.34</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 41
	<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
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FEC ID number of contributing federal political committee. **C**

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

Receipt For: 2016  
 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		2016

**Transaction ID : SA11AI.6679**

Amount of Each Receipt this Period  
33.34

Memo Item  
\$16.67/monthly

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

Mailing Address 204 Glenn Abby Drive

City Morehead City	State NC	Zip Code 28557
-----------------------	-------------	-------------------

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

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

Receipt For: 2016  
 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		2016

**Transaction ID : SA11AI.6680**

Amount of Each Receipt this Period  
33.34

Memo Item  
\$16.67/monthly

**C. 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
-------------------	-------------	-------------------

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

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

Receipt For: 2016  
 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		2016

**Transaction ID : SA11AI.6681**

Amount of Each Receipt this Period  
33.34

Memo Item  
\$16.67/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	100.02
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 41
	<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. Shukovsky, Suzy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 41 Old Highway  
 City Wilton State CT Zip Code 06897  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EMP Medical Group, LTD Occupation (for Individual) Assistant Medical Director  
 Receipt For: 2016  
 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 / 2016  
**Transaction ID : SA11AI.6682**  
 Amount of Each Receipt this Period 33.34  
 Memo Item  
 \$16.67/monthly

**B. Simonsen, Jeremy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 520 E Martin Luther King Blvd Unit 1106  
 City Charlotte State NC Zip Code 28202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EMP Medical Group, LTD Occupation (for Individual) Medical Director  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2016  
**Transaction ID : SA11AI.6683**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 \$25.00/monthly

**C. Singh, Deepika, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15 Smethwick Ct  
 City Pittsford State NY Zip Code 14534  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EMP Medical Group, LTD Occupation (for Individual) Assistant Medical Director  
 Receipt For: 2016  
 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 / 2016  
**Transaction ID : SA11AI.6684**  
 Amount of Each Receipt this Period 33.34  
 Memo Item  
 \$16.67/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	116.68
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Sinnott, Annie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1335 N Bosworth Avenue  
 City Chicago State IL Zip Code 60642  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EMP Medical Group, LTD Occupation (for Individual) Medical Director  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **200.04**

Date of Receipt **12 / 31 / 2016**  
**Transaction ID : SA11AI.6685**  
 Amount of Each Receipt this Period **33.34**  
 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  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EMP Medical Group, LTD Occupation (for Individual) Vice President  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **999.96**

Date of Receipt **12 / 31 / 2016**  
**Transaction ID : SA11AI.6686**  
 Amount of Each Receipt this Period **166.66**  
 Memo Item  
 \$83.33/monthly

**C. Snediker, Daniel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1425 Browning Rd  
 City Pittsburgh State PA Zip Code 15206  
 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: 2016  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **200.04**

Date of Receipt **12 / 31 / 2016**  
**Transaction ID : SA11AI.6688**  
 Amount of Each Receipt this Period **33.34**  
 Memo Item  
 \$16.67/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>233.34</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Snyder, Aaron, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2016
Mailing Address 9925 Silver Brook Drive		<b>Transaction ID : SA11AI.6689</b>
City Rockville	State MD	Zip Code 20850
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00	
Name of Employer (for Individual) MEP Health, LLC	Occupation (for Individual) COO MidAtlantic	<input type="checkbox"/> Memo Item \$150.00/monthly
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 750.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Snyder, Eric, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2016
Mailing Address 311 East Carrolltown PO Box 384		<b>Transaction ID : SA11AI.6690</b>
City Carrolltown	State PA	Zip Code 15722
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 40.00	
Name of Employer (for Individual) AHN Medical Group, LLC	Occupation (for Individual) APP Lead	<input type="checkbox"/> Memo Item \$20.00/monthly
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 420.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Ta, Dat, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2016
Mailing Address 11211 Stonebriar Dr		<b>Transaction ID : SA11AI.6691</b>
City Charlotte	State NC	Zip Code 28277
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 33.34	
Name of Employer (for Individual) EMP Medical Group, LTD	Occupation (for Individual) Emergency Physician	<input type="checkbox"/> Memo Item \$16.67/monthly
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 200.04	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	373.34
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 38 OF 41
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Trotter, David, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2016
Mailing Address 5225 South Drexel Ave Unit 1		<b>Transaction ID : SA11AI.6692</b>
City Chicago	State IL	Zip Code 60615
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 33.34
Name of Employer (for Individual) EMP Medical Group, LTD	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$16.67/monthly
Receipt For: 2016 <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>B. Tucker, Jeremy, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2016
Mailing Address 23959 Meredith Court		<b>Transaction ID : SA11AI.6693</b>
City Hollywood	State MD	Zip Code 20636
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer (for Individual) MEP Health, LLC	Occupation (for Individual) Regional Medical Director	<input type="checkbox"/> Memo Item \$100.00/monthly
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Ulmer, Travis, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2016
Mailing Address 1210 Oakland Ave		<b>Transaction ID : SA11AI.6694</b>
City Columbus	State OH	Zip Code 43212
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 33.34
Name of Employer (for Individual) EMP Medical Group, LTD	Occupation (for Individual) Vice President of Marketing and Recrui	<input type="checkbox"/> Memo Item \$16.67/monthly
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 200.04	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	266.68
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 41
	<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. Vaill, Samuel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 R Horseshoe Lane  
 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: 2016  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **225.00**

Date of Receipt **12 / 31 / 2016**  
**Transaction ID : SA11AI.6708**  
 Amount of Each Receipt this Period **125.00**  
 Memo Item  
 \$50.00/monthly

**B. Vesa, Allin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 180 Greyfriars Rd  
 City Mooresville State NC Zip Code 28117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EMP Medical Group, LTD Occupation (for Individual) Medical Director  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **200.04**

Date of Receipt **12 / 31 / 2016**  
**Transaction ID : SA11AI.6696**  
 Amount of Each Receipt this Period **33.34**  
 Memo Item  
 \$16.67/monthly

**C. Watling, Bradley, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 109 Viewpoint Lane  
 City Mooresville State NC Zip Code 28117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EMP Medical Group, LTD Occupation (for Individual) System Medical Director  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **200.04**

Date of Receipt **12 / 31 / 2016**  
**Transaction ID : SA11AI.6698**  
 Amount of Each Receipt this Period **33.34**  
 Memo Item  
 \$16.67/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>191.68</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 41
	<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 <b>A. Wellock, Austin, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2016
Mailing Address 882 Somerby Cir			<b>Transaction ID : SA11AI.6699</b>
City Uniontown	State OH	Zip Code 44685	Amount of Each Receipt this Period 33.34
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$16.67/monthly
Name of Employer (for Individual) EMP Medical Group, LTD		Occupation (for Individual) Emergency Physician	
Receipt For: 2016 <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>B. Welsh, Ian, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2016
Mailing Address 1027 Gardenia St			<b>Transaction ID : SA11AI.6700</b>
City Fort Mill	State SC	Zip Code 29708	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$50.00/monthly
Name of Employer (for Individual) EMP Medical Group, LTD		Occupation (for Individual) Assistant Medical Director	
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 250.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Wirtz, David, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2016
Mailing Address 1 Highgate NE			<b>Transaction ID : SA11AI.6702</b>
City Ithaca	State NY	Zip Code 14850	Amount of Each Receipt this Period 33.34
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$16.67/monthly
Name of Employer (for Individual) EMP Medical Group, LTD		Occupation (for Individual) Medical Director	
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 200.04		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	166.68
<b>TOTAL</b> This Period (last page this line number only).....	



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

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

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

**A. 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) EMP Medical Group, LTD Occupation (for Individual) Emergency Physician  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2016  
**Transaction ID : SA11AI.6705**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 \$100.00/monthly

**B. Zyniewicz, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 412 Pinnacle Heights Lane  
 City Las Vegas State NV Zip Code 89144  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EMP Medical Group, LTD Occupation (for Individual) Vice President  
 Receipt For: 2016  
 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 / 2016  
**Transaction ID : SA11AI.6706**  
 Amount of Each Receipt this Period  
 33.34  
 Memo Item  
 \$16.67/monthly

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>233.34</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>11317.90</b>