

# 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 ▼** C C00544957 **CITY ▲** **STATE ▲** **ZIP CODE ▲**

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

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

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

(b) Monthly Report Due On:

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

(c) 12-Day **PRE-Election** Report for the:

- Primary (12P)
- Convention (12C)
- General (12G)
- Special (12S)
- Runoff (12R)

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:

- General (30G)
- Runoff (30R)
- 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 07 / 01 / 2018 through M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2018

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

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

**USACS PAC**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>		87294.41
(b) Cash on Hand at Beginning of Reporting Period.....	76992.10	
(c) Total Receipts (from Line 19) .....	26881.50	73329.19
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	103873.60	160623.60
7. Total Disbursements (from Line 31).....	17400.00	74150.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	86473.60	86473.60
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

## DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**USACS PAC**

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2018 To: M M / D D / Y Y Y Y 09 / 30 / 2018

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	17219.86	49797.58
(ii) Unitemized .....	4661.64	18531.61
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	21881.50	68329.19
(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) .....	21881.50	68329.19
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.....	5000.00	5000.00
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)).....▶	26881.50	73329.19
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	26881.50	73329.19

**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.....	17400.00	74150.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	17400.00	74150.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	17400.00	74150.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	21881.50	68329.19
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	21881.50	68329.19
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 34
	<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
-----------------------------	-----------------------------	-----------------------------

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

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

**A. Aboutalib, Angela, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2 East Erie St  
 Apt 3306  
 City Chicago State IL Zip Code 60611-3169  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Director of Clinical Operations  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **900.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2018  
**Transaction ID : SA11AI.8435**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 \$100.00/monthly

**B. Atez, Francisco, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17376 Emerald Chase Drive  
 City Tampa State FL Zip Code 33647  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC Occupation (for Individual) Regional Director of Risk Management  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **900.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2018  
**Transaction ID : SA11AI.8473**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 \$100.00/monthly

**C. Augustine, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7868 Classics Dr.  
 City Naples State FL Zip Code 34113-3063  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Management Group Occupation (for Individual) Chairman, National Clinical Governance  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **1350.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2018  
**Transaction ID : SA11AI.8486**  
 Amount of Each Receipt this Period  
 450.00  
 Memo Item  
 \$150.00/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1050.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 34
	<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	

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

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

**A. Bagnoli, Dominic, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 East Drive  
 City Hartville State OH Zip Code 44632  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Management Group Occupation (for Individual) Executive Chairman  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **3749.67**

Date of Receipt **09 / 30 / 2018**  
**Transaction ID : SA11AI.8466**  
 Amount of Each Receipt this Period **1249.89**  
 Memo Item  
 \$416.63/monthly

**B. Bescherer, Rudolph, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 32 Fieldcrest Dr  
 City Westampton State NJ Zip Code 08060-5656  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Firefighter  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **900.00**

Date of Receipt **09 / 30 / 2018**  
**Transaction ID : SA11AI.8543**  
 Amount of Each Receipt this Period **300.00**  
 Memo Item  
 \$100.00/monthly

**C. Biersbach, Raymond, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 234 Lakeshore Dr  
 City Mooresville State NC Zip Code 28117-7535  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Emergency Physician  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **900.00**

Date of Receipt **09 / 30 / 2018**  
**Transaction ID : SA11AI.8537**  
 Amount of Each Receipt this Period **300.00**  
 Memo Item  
 \$100.00/monthly

**SUBTOTAL** of Receipts This Page (optional)..... **1849.89**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 34
	<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	

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

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

**A. Bradstreet, Jennifer, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 249 S. Franklin St.  
 City Chagrin Falls State OH Zip Code 44022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) System Medical Director  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 30 / 2018  
**Transaction ID : SA11AI.8490**  
 Amount of Each Receipt this Period 150.00  
 Memo Item \$50.00/monthly

**B. Cetta, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16 Piney Glen Court  
 City Potomac State MD Zip Code 20854  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Management Group Occupation (for Individual) Interim Chief of Integrated Acute Care  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 30 / 2018  
**Transaction ID : SA11AI.8523**  
 Amount of Each Receipt this Period 300.00  
 Memo Item \$100.00/monthly

**C. Cirillo, Louis, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 91 Woodridge Drive  
 City Saunderstown State RI Zip Code 02874-1943  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt 09 / 30 / 2018  
**Transaction ID : SA11AI.8514**  
 Amount of Each Receipt this Period 450.00  
 Memo Item \$150.00/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	900.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

**A. Colfer, Orion, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2523 Hanover Ave  
 City Richmond State VA Zip Code 23220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Management Group Occupation (for Individual) National Director of Patient Experienc  
 Receipt For: 2018  
 Primary     General  
 Other (specify) Other  
 Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 09 / 30 / 2018  
**Transaction ID : SA11AI.8532**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 \$50.00/monthly

**B. 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) Regional Transfer Center Director  
 Receipt For: 2018  
 Primary     General  
 Other (specify) Other  
 Aggregate Year-to-Date ▼  
 800.00

Date of Receipt  
 09 / 30 / 2018  
**Transaction ID : SA11AI.8428**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 \$100.00/monthly

**C. De Angelis, Sydney, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 114 E Church St  
 City Frederick State MD Zip Code 21701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) Medical Director  
 Receipt For: 2018  
 Primary     General  
 Other (specify) Other  
 Aggregate Year-to-Date ▼  
 900.00

Date of Receipt  
 09 / 30 / 2018  
**Transaction ID : SA11AI.8555**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 \$100.00/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

**A. Denmark, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13122 S Yorktown Ave  
 City Bixby State OK Zip Code 74008-7665  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Chairman  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2018  
**Transaction ID : SA11AI.8560**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 \$50.00/monthly

**B. Eakin, Paul, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1455 Hunakai St. Apt. 1  
 City Honolulu State HI Zip Code 96816-5526  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Associate Medical Director  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2018  
**Transaction ID : SA11AI.8534**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 \$50.00/monthly

**C. Eisenberg, Steven, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 35590 Michael Drive  
 City Solon State OH Zip Code 44139  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Management Group Occupation (for Individual) General Counsel  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2018  
**Transaction ID : SA11AI.8549**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 \$100.00/monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 34
	<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. Falcone, Angelo, , ,</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2018
Mailing Address 2606 Tridelphia Lake Road		<b>Transaction ID : SA11AI.8436</b>
City Brookeville	State MD	Zip Code 20833
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 450.00
Name of Employer (for Individual) MEP Health, LLC	Occupation (for Individual) President	<input type="checkbox"/> Memo Item \$150.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 1350.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Ferrand, David, , ,</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2018
Mailing Address 193 Bryna Lane		<b>Transaction ID : SA11AI.8463</b>
City Carnegie	State PA	Zip Code 15106-1473
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer (for Individual) Virtual Locations	Occupation (for Individual) Firefighter	<input type="checkbox"/> Memo Item \$100.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 900.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Forcada-Lowrie, Raymundo, , ,</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2018
Mailing Address PO BOX 232339		<b>Transaction ID : SA11AI.8538</b>
City Encinitas	State CA	Zip Code 92023-2339
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer (for Individual) Virtual Locations	Occupation (for Individual) Firefighter	<input type="checkbox"/> Memo Item \$100.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 900.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1050.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Gamma, Brett, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14930 Finegan Farm Drive  
 City Darnestown State MD Zip Code 20874  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) Medical Director  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 09 / 30 / 2018  
**Transaction ID : SA11AI.8444**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 \$50.00/monthly

**B. Geary, Daniel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21910 Helen Lane  
 City Leonardtown State MD Zip Code 20650-2220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) Medical Director  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼  
 749.97

Date of Receipt  
 09 / 30 / 2018  
**Transaction ID : SA11AI.8457**  
 Amount of Each Receipt this Period  
 249.99  
 Memo Item  
 \$83.33/monthly

**C. Gindlesperger, Krisi, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6203 Renninger Road  
 City New Franklin State OH Zip Code 44319-4741  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Management Group Occupation (for Individual) Vice President - National Director of  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 09 / 30 / 2018  
**Transaction ID : SA11AI.8507**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 \$100.00/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	699.99
<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 34
	<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
-----------------------------	-----------------------------	-----------------------------

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

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

**A. Gooch, Christopher, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 52675 Timber Dr.  
 City Bridgeport State OH Zip Code 43912-7724  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Associate Medical Director  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **225.00**

Date of Receipt **09 / 30 / 2018**  
**Transaction ID : SA11AI.8451**  
 Amount of Each Receipt this Period **75.00**  
 Memo Item  
 \$25.00/monthly

**B. Grant, Randall, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1536 Forest Ave  
 City River Forest State IL Zip Code 60305-1004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **225.00**

Date of Receipt **09 / 30 / 2018**  
**Transaction ID : SA11AI.8536**  
 Amount of Each Receipt this Period **75.00**  
 Memo Item  
 \$25.00/monthly

**C. Groomes, Roderick, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 417 Edgewood Drive  
 City Sarver State PA Zip Code 16055-9266  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AHN Medical Group, LLC Occupation (for Individual) Medical Director  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **450.00**

Date of Receipt **09 / 30 / 2018**  
**Transaction ID : SA11AI.8541**  
 Amount of Each Receipt this Period **150.00**  
 Memo Item  
 \$50.00/monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 OF 34
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A. Guyton, Steven, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 111 Stillwater Lane  
 City Pittsburgh State PA Zip Code 15143-8899  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AHN Medical Group, LLC Occupation (for Individual) Medical Director  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 09 / 30 / 2018  
**Transaction ID : SA11AI.8550**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 \$25.00/monthly

**B. Hibbs, Nathaniel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6634 S. Prescott Way  
 City Littleton State CO Zip Code 80120  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Colorado Emergency Service Physicians, Occupation (for Individual) Medical Director  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 09 / 30 / 2018  
**Transaction ID : SA11AI.8527**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 \$100.00/monthly

**C. Hill, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9801 Sardis Oaks Road  
 City Charlotte State NC Zip Code 28270-1003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Director of APPs  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 09 / 30 / 2018  
**Transaction ID : SA11AI.8485**  
 Amount of Each Receipt this Period 120.00  
 Memo Item  
 \$80.00/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	495.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 34
	<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	

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. Hummel, Laura, , ,</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2018
Mailing Address 807 S. Roxmere Road		<b>Transaction ID : SA11AI.8510</b>
City Tampa	State FL	Zip Code 33609-4235
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00	
Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC	Occupation (for Individual) Regional Education Director	<input type="checkbox"/> Memo Item \$100.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 900.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Janikas, John, , ,</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2018
Mailing Address 748 Carlton Road		<b>Transaction ID : SA11AI.8498</b>
City Clifton Park	State NY	Zip Code 12065-1023
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 249.99	
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$83.33/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 749.97	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Javery, Thomas, , ,</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2018
Mailing Address 726 Broadstone		<b>Transaction ID : SA11AI.8558</b>
City painesville	State OH	Zip Code 44077-8207
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00	
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Emergency Physician	<input type="checkbox"/> Memo Item \$100.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 900.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	849.99
<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 16 OF 34
	(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

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

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

**A. Jeffrey, Douglas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1907 W 30th Street Unit A  
 City Austin State TX Zip Code 78703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) Emergency Physician  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼  
 1100.00

Date of Receipt  
 09 / 30 / 2018  
**Transaction ID : SA11AI.8572**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 \$100.00/monthly

**B. Jenis, Andrew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 115 Cayuga Heights Road  
 City Ithaca State NY Zip Code 14850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Regional Vice President  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 09 / 30 / 2018  
**Transaction ID : SA11AI.8430**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 \$50.00/monthly

**C. Jones, Bruce, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4187 Colister Drive  
 City Dublin State OH Zip Code 43016-6162  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼  
 900.00

Date of Receipt  
 09 / 30 / 2018  
**Transaction ID : SA11AI.8446**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 \$100.00/monthly

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 34
	<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	

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

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

**A. Kella, Vipul, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11808 Woodthrus Lane  
 City Potomac State MD Zip Code 20854  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) Emergency Physician  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2018  
**Transaction ID : SA11AI.8565**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 \$50.00/monthly

**B. Keller, Noah, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10119 Easterday Court  
 City Hagerstown State MD Zip Code 21742  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Regional Vice President  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2018  
**Transaction ID : SA11AI.8531**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 \$50.00/monthly

**C. Kendall, Jayne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21710 Parsons Green Row  
 City Cornelius State NC Zip Code 28031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Regional Vice President  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2018  
**Transaction ID : SA11AI.8489**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 \$100.00/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	600.00
<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 18 OF 34
<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. Klein, David, , ,</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2018
Mailing Address 11736 Gainsborough Road		<b>Transaction ID : SA11AI.8460</b>
City Potomac	State MD	Zip Code 20854
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer (for Individual) USACS Management Group	Occupation (for Individual) National Director of Quality	<input type="checkbox"/> Memo Item \$50.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 450.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Kuchinski, Joseph, , ,</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2018
Mailing Address 5869 Heaven View Drive		<b>Transaction ID : SA11AI.8499</b>
City Las Vegas	State NV	Zip Code 89135-1296
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$200.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 1400.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Lawrence, Linda, , ,</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2018
Mailing Address 4670 Armandale Avenue		<b>Transaction ID : SA11AI.8512</b>
City Canton	State OH	Zip Code 44718
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) President	<input type="checkbox"/> Memo Item \$100.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 900.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1050.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. LeBlanc, Louis, , ,</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2018
Mailing Address 1428 Lacy Lane		<b>Transaction ID : SA11AI.8515</b>
City Rock Hill	State SC	Zip Code 29732-7723
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer (for Individual) Virtual Locations	Occupation (for Individual) Firefighter	<input type="checkbox"/> Memo Item \$50.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 450.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Lee, Sidney, , ,</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2018
Mailing Address 1200 Queen Emma Street Apt 2001		<b>Transaction ID : SA11AI.8547</b>
City Honolulu	State HI	Zip Code 96813-6311
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$50.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 450.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Little, Andrew, , ,</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2018
Mailing Address 5514 Ayrshire Dr		<b>Transaction ID : SA11AI.8431</b>
City Dublin	State OH	Zip Code 43017-9428
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Emergency Physician	<input type="checkbox"/> Memo Item \$100.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 900.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	600.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 34
	<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. Mann, Rubeal, , ,</b>			Date of Receipt MM / DD / YYYY 09 / 30 / 2018
Mailing Address 3334 Club Way Court			<b>Transaction ID : SA11AI.8542</b>
City Powell	State OH	Zip Code 43065-5146	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$100.00/monthly
Name of Employer (for Individual) USACS Medical Group, LTD		Occupation (for Individual) Medical Director	
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other		Aggregate Year-to-Date 900.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Mayz, Kurtis, , ,</b>			Date of Receipt MM / DD / YYYY 09 / 30 / 2018
Mailing Address 1 E Main St Ste 404			<b>Transaction ID : SA11AI.8508</b>
City Champaign	State IL	Zip Code 61820-1313	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$50.00/monthly
Name of Employer (for Individual) Virtual Locations		Occupation (for Individual) Firefighter	
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other		Aggregate Year-to-Date 450.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Meyer, Kendra, , ,</b>			Date of Receipt MM / DD / YYYY 09 / 30 / 2018
Mailing Address 85 Beatty Lane			<b>Transaction ID : SA11AI.8503</b>
City Scenery Hill	State PA	Zip Code 15360-1537	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$50.00/monthly
Name of Employer (for Individual) AHN Medical Group, LLC		Occupation (for Individual) Director of APPs	
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other		Aggregate Year-to-Date 450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	600.00
<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 34
	<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	

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

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

**A. Mittleman, Craig, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25 Equestrian Ridge  
 City Newtown State CT Zip Code 06470  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) Medical Director  
 Receipt For: 2018  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **450.00**

Date of Receipt  
 09 / 30 / 2018  
**Transaction ID : SA11AI.8454**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 \$50.00/monthly

**B. Osmundson, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 62 East Dr.  
 City Hartville State OH Zip Code 44632-8890  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) President  
 Receipt For: 2018  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **900.00**

Date of Receipt  
 09 / 30 / 2018  
**Transaction ID : SA11AI.8522**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 \$100.00/monthly

**C. Panitch, Orlee, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11753 Gainsborough Road  
 City Potomac State MD Zip Code 20854  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) Regional Chief Administrative Officer  
 Receipt For: 2018  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **1350.00**

Date of Receipt  
 09 / 30 / 2018  
**Transaction ID : SA11AI.8533**  
 Amount of Each Receipt this Period  
 450.00  
 Memo Item  
 \$150.00/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>900.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 34
	<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
-----------------------------	-----------------------------	-----------------------------

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

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

**A. Percy, Carmella, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6875 Stonebridge Lane  
 City Clover State SC Zip Code 29710-9372  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **450.00**

Date of Receipt  
 09 / 30 / 2018  
**Transaction ID : SA11AI.8448**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 \$50.00/monthly

**B. Phillips, Miranda, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7122 S. Sheridan Rd. Ste. 2-335  
 City Tulsa State OK Zip Code 74133-2748  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) System Medical Director  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **450.00**

Date of Receipt  
 09 / 30 / 2018  
**Transaction ID : SA11AI.8526**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 \$50.00/monthly

**C. Radford, Shawn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 210 N Wells St Apt 4101  
 City Chicago State IL Zip Code 60606-1352  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Director of Firefighters  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **900.00**

Date of Receipt  
 09 / 30 / 2018  
**Transaction ID : SA11AI.8546**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 \$100.00/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>600.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 34
	<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	

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. Romano, Frederick, , ,</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2018
Mailing Address 4516 Tuscana Drive		<b>Transaction ID : SA11AI.8475</b>
City Sarasota	State FL	Zip Code 34241-4201
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer (for Individual) Virtual Locations	Occupation (for Individual) Firefighter	<input type="checkbox"/> Memo Item \$100.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 900.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Slabinski, Mark, , ,</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2018
Mailing Address 3004 Edison St. NW		<b>Transaction ID : SA11AI.8517</b>
City Uniontown	State OH	Zip Code 44685-7212
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 249.99
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Regional Vice President	<input type="checkbox"/> Memo Item \$83.33/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 749.97	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Snyder, Aaron, , ,</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2018
Mailing Address 9925 Silver Brook Drive		<b>Transaction ID : SA11AI.8425</b>
City Rockville	State MD	Zip Code 20850
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 450.00
Name of Employer (for Individual) Virtual Locations	Occupation (for Individual) Regional Vice President	<input type="checkbox"/> Memo Item \$150.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 1350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	999.99
<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 34
	<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. Srivastava, Geetanjali, , ,</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2018 <b>Transaction ID : SA11AI.8477</b>
Mailing Address 5447 N Sequoia Ave		Amount of Each Receipt this Period 75.00
City Fresno	State CA	Zip Code 93711-2849
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$50.00/monthly
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Medical Director	
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 375.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Tirheimer, Wenzel, , ,</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2018 <b>Transaction ID : SA11AI.8567</b>
Mailing Address 13404 Golf Crest Way		Amount of Each Receipt this Period 450.00
City Tampa	State FL	Zip Code 33618
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$150.00/monthly
Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC	Occupation (for Individual) Emergency Physician	
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 1350.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Tucker, Jeremy, , ,</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2018 <b>Transaction ID : SA11AI.8491</b>
Mailing Address 23959 Meredith Court		Amount of Each Receipt this Period 300.00
City Hollywood	State MD	Zip Code 20636
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$100.00/monthly
Name of Employer (for Individual) Virtual Locations	Occupation (for Individual) National Director of Patient Safety	
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 900.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	825.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 34
	<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	

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

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

**A. Vaill, Samuel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 315 Bridge Street  
 City South Hamilton State MA Zip Code 01982  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Management Group Occupation (for Individual) Chief Development Officer  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2018  
**Transaction ID : SA11AI.8544**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 \$50.00/monthly

**B. Vock, Tracie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1826 Free Terrace  
 City Frederick State MD Zip Code 21702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) Director of APPs, Observation Medicine  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2018  
**Transaction ID : SA11AI.8563**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 \$50.00/monthly

**C. Watling, Bradley, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 101 E. W.T. Harris Blvd Suite 3109  
 City Mooresville State NC Zip Code 28117-7558  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Regional Vice President  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2018  
**Transaction ID : SA11AI.8443**  
 Amount of Each Receipt this Period  
 450.00  
 Memo Item  
 \$150.00/monthly

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 34
	<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. Welsh, Ian, , ,</b>			Date of Receipt MM / DD / YYYY 09 / 30 / 2018 <b>Transaction ID : SA11AI.8481</b>
Mailing Address 1027 Gardenia Street			Amount of Each Receipt this Period 150.00
City Fort Mill	State SC	Zip Code 29708	<input type="checkbox"/> Memo Item \$50.00/monthly
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 450.00	
Name of Employer (for Individual) Virtual Locations		Occupation (for Individual) Assistant Medical Director of Firefigh	
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Wisniewski, Michael, , ,</b>			Date of Receipt MM / DD / YYYY 09 / 30 / 2018 <b>Transaction ID : SA11AI.8571</b>
Mailing Address 2813 Elmira St.			Amount of Each Receipt this Period 300.00
City Denver	State CO	Zip Code 80238	<input type="checkbox"/> Memo Item \$100.00/monthly
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 800.00	
Name of Employer (for Individual) Colorado Emergency Service Physicians,		Occupation (for Individual) Emergency Physician	
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Wyatt, Cheryl, , ,</b>			Date of Receipt MM / DD / YYYY 09 / 30 / 2018 <b>Transaction ID : SA11AI.8449</b>
Mailing Address PO Box 141			Amount of Each Receipt this Period 150.00
City Lexington Park	State MD	Zip Code 20653-0141	<input type="checkbox"/> Memo Item \$50.00/monthly
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 450.00	
Name of Employer (for Individual) MEP Health, LLC		Occupation (for Individual) Director of APPs	
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 34
	<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
-----------------------------	-----------------------------	-----------------------------

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

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

**A. 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) Virtual Locations Occupation (for Individual) Firefighter  
 Receipt For: 2018  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **700.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2018  
**Transaction ID : SA11AI.8447**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 \$100.00/monthly

**B. Zimmerman, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 319 Vine St Apt 205  
 City Philadelphia State PA Zip Code 19106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Firefighter  
 Receipt For: 2018  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **800.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2018  
**Transaction ID : SA11AI.8568**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 \$100.00/monthly

**C.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Virtual Locations 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).....	400.00
<b>TOTAL</b> This Period (last page this line number only).....	17219.86

**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 34
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16
			<input type="checkbox"/> 17

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. SINEMA FOR ARIZONA</b>		Date of Receipt
Mailing Address PO BOX 7586		<input type="text" value="09"/> / <input type="text" value="04"/> / <input type="text" value="2018"/>
City PHOENIX	State AZ	Zip Code 85011
FEC ID number of contributing federal political committee. <b>C</b> C00508804		<b>Transaction ID : SA16.8608</b>
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="2500.00"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item Refund of Contribution
Receipt For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2500.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. SINEMA FOR ARIZONA</b>		Date of Receipt
Mailing Address PO BOX 7586		<input type="text" value="09"/> / <input type="text" value="14"/> / <input type="text" value="2018"/>
City PHOENIX	State AZ	Zip Code 85011
FEC ID number of contributing federal political committee. <b>C</b> C00508804		<b>Transaction ID : SA16.8609</b>
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="2500.00"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item Refund of Contribution
Receipt For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C.</b>		Date of Receipt
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <input type="text"/>
Name of Employer (for Individual)		<input type="checkbox"/> Memo Item
Occupation (for Individual)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="5000.00"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text" value="5000.00"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

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

**A. AFTAB FOR OHIO**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 713

City CINCINNATI State OH Zip Code 45201

Purpose of Disbursement Contribution  
Category/Type **011**

Candidate Name  
**PUREVAL, AFTAB, , ,**

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

State: OH District: 01

Date of Disbursement: 08 / 30 / 2018

FEC Identification Number: **C** C00667519  
**Transaction ID : SB23.8598**  
Amount of Each Disbursement this Period: 500.00

Memo Item

**B. ANDY BARR FOR CONGRESS, INC.**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 2059

City LEXINGTON State KY Zip Code 40588

Purpose of Disbursement Contribution  
Category/Type **011**

Candidate Name  
**BARR, GARLAND ANDY, , ,**

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

State: KY District: 06

Date of Disbursement: 08 / 30 / 2018

FEC Identification Number: **C** C00467571  
**Transaction ID : SB23.8599**  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**C. Citizens for Brian Feldman**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 34408

City Bethesda State MD Zip Code 20827

Purpose of Disbursement Contribution  
Category/Type **011**

Candidate Name  
**Feldman, Brian, , ,**

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

State: MD District: 15

Date of Disbursement: 09 / 13 / 2018

FEC Identification Number: **C**  
**Transaction ID : SB23.8602**  
Amount of Each Disbursement this Period: 1200.00

Memo Item

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

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

2700.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

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

**A. FRIENDS OF FRANK DERMODY**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address P.O. BOX 274

M M M	/	D D D	/	Y Y Y Y Y
07		17		2018

City TARENTUM State PA Zip Code 15084

FEC Identification Number

Purpose of Disbursement Contribution

011
Category/Type

C
---

Transaction ID : SB23.8592  
Amount of Each Disbursement this Period

Candidate Name  
**Dermody, Frank, , ,**

1000.00
---------

Office Sought:  House  Senate  President  
State: PA District: 33

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Memo Item

**B. FRIENDS OF FRANK DERMODY**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address P.O. BOX 274

M M M	/	D D D	/	Y Y Y Y Y
07		17		2018

City TARENTUM State PA Zip Code 15084

FEC Identification Number

Purpose of Disbursement Void Contribution from June

010
Category/Type

C
---

Transaction ID : SB23.8756  
Amount of Each Disbursement this Period

Candidate Name  
**Dermody, Frank, , ,**

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

Office Sought:  House  Senate  President  
State: PA District: 33

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Memo Item

**C. Friends of John Zerwas**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 852

M M M	/	D D D	/	Y Y Y Y Y
09		13		2018

City Fulshear State TX Zip Code 77441

FEC Identification Number

Purpose of Disbursement Contribution

011
Category/Type

C
---

Transaction ID : SB23.8603  
Amount of Each Disbursement this Period

Candidate Name  
**Zerwas, John, , ,**

1000.00
---------

Office Sought:  House  Senate  President  
State: TX District: 28

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Memo Item

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

1500.00
---------

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

--

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB23

Transaction ID : SB23.8756

Originally had this on line 16 as a refund. It's a voided check so amended it to be a negative on line 23 after speaking with Michael-Ann.

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER:  
(check only one)

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

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 (Last, First, Middle Initial) <b>A. Friends of Joseline Pena-Melnyk</b>		Date of Disbursement MM / DD / YYYY 09 / 13 / 2018
Mailing Address PO Box 1251		FEC Identification Number C H6MD04217 <b>Transaction ID : SB23.8607</b> Amount of Each Disbursement this Period 1200.00
City College Park	State MD	Zip Code 20741-1251
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name <b>PENA-MELNYK, JOSELINE A., , ,</b>		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MD	District: 04	

Full Name (Last, First, Middle Initial) <b>B. GETTING STUFF DONE PAC (GSD-PAC)</b>		Date of Disbursement MM / DD / YYYY 09 / 13 / 2018
Mailing Address PO BOX 7586		FEC Identification Number C C00571182 <b>Transaction ID : SB23.8605</b> Amount of Each Disbursement this Period 2500.00
City PHOENIX	State AZ	Zip Code 85011
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. JULIO GONZALEZ FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 07 / 31 / 2018
Mailing Address 133 SOUTH HARBOR DRIVE		FEC Identification Number C C00671537 <b>Transaction ID : SB23.8597</b> Amount of Each Disbursement this Period 1000.00
City VENICE	State FL	Zip Code 34285
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name <b>GONZALEZ, JULIO, , ,</b>		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL	District: 17	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

FOR LINE NUMBER:  
(check only one)

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

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

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

**A. LANGEVIN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address 181A KNIGHT STREET

City WARWICK State RI Zip Code 02886

Purpose of Disbursement Contribution

011  
Category/Type

Candidate Name  
**LANGEVIN, JAMES R. HONORABLE, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  
 Primary  General  Other (specify) ▼  
State: RI District: 02

Date of Disbursement

MM / DD / YYYY  
09 / 13 / 2018

FEC Identification Number

C C00344697

**Transaction ID : SB23.8604**

Amount of Each Disbursement this Period

2000.00

Memo Item

**B. MCCREADY FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 78855

City CHARLOTTE State NC Zip Code 28277

Purpose of Disbursement Contribution

011  
Category/Type

Candidate Name  
**MCCREADY, DANIEL, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  
 Primary  General  Other (specify) ▼  
State: NC District: 09

Date of Disbursement

MM / DD / YYYY  
08 / 30 / 2018

FEC Identification Number

C C00641381

**Transaction ID : SB23.8601**

Amount of Each Disbursement this Period

2000.00

Memo Item

**C. SINEMA FOR ARIZONA**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 7586

City PHOENIX State AZ Zip Code 85011

Purpose of Disbursement Contribution

011  
Category/Type

Candidate Name  
**SINEMA, KYRSTEN, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  
 Primary  General  Other (specify) ▼  
State: AZ District: 09

Date of Disbursement

MM / DD / YYYY  
09 / 13 / 2018

FEC Identification Number

C C00508804

**Transaction ID : SB23.8606**

Amount of Each Disbursement this Period

2500.00

Memo Item

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

6500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

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

**A. STEVE FERRARA FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 97130

City PHOENIX State AZ Zip Code 85060

Purpose of Disbursement Contribution

Candidate Name FERRARA, STEVE MD, , ,

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

State: AZ District: 09

Date of Disbursement: 08 / 30 / 2018

FEC Identification Number: C 00640268  
Transaction ID : SB23.8600

Amount of Each Disbursement this Period: 2000.00

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

State: District:

Date of Disbursement: / /

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

State: District:

Date of Disbursement: / /

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	17400.00