

# 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 07 / 01 / 2019 through M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2019

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 01 / 28 / 2020

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)

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="2019"/>	<input type="text" value="105141.76"/>	<input type="text" value="105141.76"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="129483.92"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="147718.39"/>	<input type="text" value="263060.55"/>
(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="277202.31"/>	<input type="text" value="368202.31"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="145700.53"/>	<input type="text" value="236700.53"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="131501.78"/>	<input type="text" value="131501.78"/>
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)

Page 3

Write or Type Committee Name

**USACS PAC**

Report Covering the Period: From: M M / D D / Y Y Y Y Y 07 / 01 / 2019 To: M M / D D / Y Y Y Y Y 12 / 31 / 2019

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).....	143915.83	240750.14
(ii) Unitemized .....	3802.56	18310.41
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	147718.39	259060.55
(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) .....	147718.39	259060.55
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	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	3000.00
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)).....▶	147718.39	263060.55
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	147718.39	263060.55

**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 .....	200.53	200.53
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	200.53	200.53
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	117500.00	189500.00
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).....	28000.00	47000.00
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)) ..	145700.53	236700.53
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	145700.53	236700.53

**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) .....	147718.39	259060.55
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	147718.39	259060.55
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	200.53	200.53
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	200.53	200.53

**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 118
	<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. 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  
 Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.9878**  
 Amount of Each Receipt this Period 600.00  
 Memo Item  \$100/monthly  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Senior Director of Quality and Educati  
 Receipt For: 2019  
 Primary  General  
 Other (specify) Other  
 Aggregate Year-to-Date 1200.00

**B. Adler, Aaron, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 Midsummer Court  
 City Gaithersburg State MD Zip Code 20878-5228  
 Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.10192**  
 Amount of Each Receipt this Period 120.00  
 Memo Item  \$20/monthly  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) APP Lead  
 Receipt For:  
 Primary  General  
 Other (specify)  
 Aggregate Year-to-Date 240.00

**C. Adolph, Randall, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4858 River Oaks Rd  
 City Clover State SC Zip Code 29710  
 Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.10180**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  \$250/one-time  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Firefighter  
 Receipt For: 2019  
 Primary  General  
 Other (specify) Other  
 Aggregate Year-to-Date 250.00

**SUBTOTAL** of Receipts This Page (optional)..... 970.00  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

**A. Albaugh, Chad, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1602 River Bluff Rd  
 City Morehead City State NC Zip Code 28557  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.10044**  
 Amount of Each Receipt this Period 900.00  
 Memo Item  
 \$150/monthly

**B. Aldeen, Amer, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17327 Ladera Estates Blvd  
 City Lutz State FL Zip Code 33548-4817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Chief Medical Officer  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.10027**  
 Amount of Each Receipt this Period 900.00  
 Memo Item  
 \$150/monthly

**C. Aldred, Brian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6300 La Calma Drive, Suite 200  
 City Leander State TX Zip Code 78641-3628  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) System Medical Director  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.10039**  
 Amount of Each Receipt this Period 900.00  
 Memo Item  
 \$150/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2700.00
<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 8 OF 118
	<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. Altmin, Stephen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2641 4th Street  
 City Boulder State CO Zip Code 80304-3201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Colorado Emergency Service Physicians, Occupation (for Individual) Director Of Operations  
 Receipt For: 2019  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **450.00**

Date of Receipt **12 / 31 / 2019**  
**Transaction ID : SA11AI.10135**  
 Amount of Each Receipt this Period **300.00**  
 Memo Item  
 \$50/monthly

**B. Ammon, Stefen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2 Mountain High Ct.  
 City Littleton State CO Zip Code 80127  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Colorado Emergency Service Physicians, Occupation (for Individual) Medical Director  
 Receipt For: 2019  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **500.00**

Date of Receipt **12 / 31 / 2019**  
**Transaction ID : SA11AI.10107**  
 Amount of Each Receipt this Period **300.00**  
 Memo Item  
 \$50/monthly

**C. Anderson, Britney, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 637 Ruby Trust Way  
 City Castle Rock State CO Zip Code 80108  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Regional Vice President  
 Receipt For: 2019  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **1000.00**

Date of Receipt **12 / 31 / 2019**  
**Transaction ID : SA11AI.10041**  
 Amount of Each Receipt this Period **600.00**  
 Memo Item  
 \$100/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1200.00</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 9 OF 118
	(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

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

**A. Arwindekar, Amit, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2043 W. McLean Ave  
 City Chicago State IL Zip Code 60647  
 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: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼  
 583.31

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.10013**  
 Amount of Each Receipt this Period  
 249.99  
 Memo Item  
 \$8333/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: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼  
 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.9915**  
 Amount of Each Receipt this Period  
 600.00  
 Memo Item  
 \$100/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) Virtual Locations Occupation (for Individual) Chairman, National Clinical Governance  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼  
 1800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.9926**  
 Amount of Each Receipt this Period  
 900.00  
 Memo Item  
 \$150/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1749.99
<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 10 OF 118
	<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. Autry, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2524 North Willetts Court  
 Apt 3N  
 City Chicago State IL Zip Code 60647  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Firefighter  
 Receipt For: 2019  
 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 / 2019  
**Transaction ID : SA11AI.10178**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 \$250/one-time

**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  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Management Group Occupation (for Individual) Executive Chairman  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 4999.56

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.9908**  
 Amount of Each Receipt this Period 2499.78  
 Memo Item  
 \$416.63/monthly

**C. 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) Tampa Bay Emergency Physicians, LLC Occupation (for Individual) Regional Vice President  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.10040**  
 Amount of Each Receipt this Period 900.00  
 Memo Item  
 \$150/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3649.78
<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 118
	<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. Baker, Mark, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2019 <b>Transaction ID : SA11AI.10083</b>
Mailing Address 34 Puukani Place		Amount of Each Receipt this Period 0.00
City Kailua	State HI	Zip Code 96734
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$0/monthly
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Emergency Physician	
Receipt For: 2019 <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>B. Balewick, Donna, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2019 <b>Transaction ID : SA11AI.10056</b>
Mailing Address 626 Phillips Rd		Amount of Each Receipt this Period 900.00
City Blairsville	State PA	Zip Code 15717-4233
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$150/monthly
Name of Employer (for Individual) AHN Medical Group, LLC	Occupation (for Individual) Medical Director of Integrated Acute C	
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 1500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Barquin, Jose, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2019 <b>Transaction ID : SA11AI.10127</b>
Mailing Address 1011 charles st		Amount of Each Receipt this Period 300.00
City clearwater	State FL	Zip Code 33755
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$50/monthly
Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC	Occupation (for Individual) Associate Medical Director	
Receipt For: 2019 <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).....	1200.00
<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 118
<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. Bedolla, John, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2019
Mailing Address 1000 San Marcos Street Unit 324		<b>Transaction ID : SA11AI.10126</b>
City Austin	State TX	Zip Code 78702-2667
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1600.00
Name of Employer (for Individual) Emergency Service Partners, LLC	Occupation (for Individual) Emergency Physician	<input type="checkbox"/> Memo Item \$100/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Other</b>	Aggregate Year-to-Date ▼ 1900.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Bender, Sean, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2019
Mailing Address 520 Elm Street		<b>Transaction ID : SA11AI.10104</b>
City Denver	State CO	Zip Code 80220
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 900.00
Name of Employer (for Individual) Virtual Locations	Occupation (for Individual) Regional Vice President	<input type="checkbox"/> Memo Item \$150/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Other</b>	Aggregate Year-to-Date ▼ 1500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Bescherer, Rudolph, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2019
Mailing Address 32 Fieldcrest Dr		<b>Transaction ID : SA11AI.9984</b>
City Westampton	State NJ	Zip Code 08060-5656
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 0.00
Name of Employer (for Individual) Virtual Locations	Occupation (for Individual) Firefighter	<input type="checkbox"/> Memo Item \$0/monthly
Receipt For: 2019 <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).....	2500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 118
	<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. 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) Quality Director  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.9978**  
 Amount of Each Receipt this Period  
 600.00  
 Memo Item  
 \$100/monthly

**B. Billington, Jon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9185 Brushboro Ct  
 City Brentwood State TN Zip Code 37027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Chief Financial Officer  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.10076**  
 Amount of Each Receipt this Period  
 900.00  
 Memo Item  
 \$150/monthly

**C. Bishop, Sara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1105 Pinnacle Court  
 City Morehead City State NC Zip Code 28557  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) APP Lead  
 Receipt For: 2019  
 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 / 2019  
**Transaction ID : SA11AI.10103**  
 Amount of Each Receipt this Period  
 450.00  
 Memo Item  
 \$75/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1950.00
<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 14 OF 118
	<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. Bissell, Brad, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3535 Selwyn Farms Ln.  
 City Charlotte State NC Zip Code 28209-4082  
 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: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **1500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.10037**  
 Amount of Each Receipt this Period  
 900.00  
 Memo Item  
 \$150/monthly

**B. Blankenship, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7058 Ravens Run  
 City Cincinnati State OH Zip Code 45244-3591  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **1500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.10100**  
 Amount of Each Receipt this Period  
 900.00  
 Memo Item  
 \$150/monthly

**C. Blaum, Justin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 312 Biddle Ave  
 FI 2  
 City Pittsburgh State PA Zip Code 15221-3436  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AHN Medical Group, LLC Occupation (for Individual) ED Operations Director  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **240.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.9941**  
 Amount of Each Receipt this Period  
 120.00  
 Memo Item  
 \$20/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1920.00</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 15 OF 118
	(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. Bolden, Jason, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3011 Rock Springs Road  
 City Charlotte State NC Zip Code 28226-7357  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director  
 Receipt For: 2019  
 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 / 2019  
**Transaction ID : SA11AI.9927**  
 Amount of Each Receipt this Period  
 100.02  
 Memo Item  
 \$16.67/monthly

**B. Bown, Nicholas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 532 College Blvd  
 City San Antonio State TX Zip Code 78209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) Medical Director  
 Receipt For: 2019  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **1500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.10093**  
 Amount of Each Receipt this Period  
 900.00  
 Memo Item  
 \$150/monthly

**C. Bracey, Jefferson, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1351 Manorwood St.  
 City Las Vegas State NV Zip Code 89135  
 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: 2019  
 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 / 2019  
**Transaction ID : SA11AI.10168**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 \$500/one-time

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.02
<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 16 OF 118
	<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. Bradstreet, Jennifer, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8026 Vanity Hill

City San Antonio	State TX	Zip Code 78256-2509
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Virtual Locations	Occupation (for Individual) Regional Vice President
--------------------------------------------------------	--------------------------------------------------------

Receipt For: 2019  
 Primary  General  
 Other (specify) **Other**

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2019

**Transaction ID : SA11AI.9930**

Amount of Each Receipt this Period  
300.00

Memo Item  
\$150/monthly

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

Mailing Address 18834 Preston Road

City Hagerstown	State MD	Zip Code 21742
--------------------	-------------	-------------------

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

Name of Employer (for Individual) MEP Health, LLC	Occupation (for Individual) APP Lead
------------------------------------------------------	-----------------------------------------

Receipt For: 2019  
 Primary  General  
 Other (specify) **Other**

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2019

**Transaction ID : SA11AI.9893**

Amount of Each Receipt this Period  
110.00

Memo Item  
\$20.00/monthly

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

Mailing Address 2801 Franciscan St

City College Station	State TX	Zip Code 77845
-------------------------	-------------	-------------------

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

Name of Employer (for Individual) Emergency Service Partners, LLC	Occupation (for Individual) Medical Director
----------------------------------------------------------------------	-------------------------------------------------

Receipt For: 2019  
 Primary  General  
 Other (specify) **Other**

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2019

**Transaction ID : SA11AI.10086**

Amount of Each Receipt this Period  
600.00

Memo Item  
\$100/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1010.00
<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 17 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Brill, April, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25537 Prairiewood Ln  
 City Shorewood State IL Zip Code 60404-2526  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Site Education Director  
 Receipt For: 2019  
 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 / 2019  
**Transaction ID : SA11AI.10033**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 \$50/monthly

**B. Brougham, Matthew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1525 S St Paul St  
 City Denver State CO Zip Code 80210-2924  
 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: 2019  
 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  
 12 / 31 / 2019  
**Transaction ID : SA11AI.10129**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 \$50/monthly

**C. Brown, Lisa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2020 Wade Hampton Circle  
 City Belmont State NC Zip Code 28012-8689  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) APP Lead  
 Receipt For: 2019  
 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 / 2019  
**Transaction ID : SA11AI.10082**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 \$25/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:	PAGE 18 OF 118
	(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. Burke, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1010 Gapter Road  
 City Boulder State CO Zip Code 80303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Colorado Emergency Service Physicians, Occupation (for Individual) Emergency Physician  
 Receipt For: 2019  
 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 / 2019  
**Transaction ID : SA11AI.10113**  
 Amount of Each Receipt this Period  
**300.00**  
 Memo Item  
 \$50/monthly

**B. Burrell, Herman, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 802 Hills Creek Dr  
 City McKinney State TX Zip Code 75072  
 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: 2019  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **1625.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.10061**  
 Amount of Each Receipt this Period  
**1025.00**  
 Memo Item  
 \$150/monthly

**C. Caceres, Camilo, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2419 Smallman Street Unit 401  
 City Pittsburgh State PA Zip Code 15222-5643  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AHN Medical Group, LLC Occupation (for Individual) Quality Director  
 Receipt For: 2019  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **1500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.10043**  
 Amount of Each Receipt this Period  
**900.00**  
 Memo Item  
 \$150/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>2225.00</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 19 OF 118
	<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. Callaway, Katie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13605 Diamond Head Dr  
 City Tampa State FL Zip Code 33624-2528  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC Occupation (for Individual) PA Compliance and Regulations Coordi  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.10021**  
 Amount of Each Receipt this Period 300.00  
 Memo Item \$50/monthly

**B. Carney, Bryan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2408 Marsh Tern Ln  
 City Morehead City State NC Zip Code 28557-4772  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Assistant Medical Director  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.10042**  
 Amount of Each Receipt this Period 900.00  
 Memo Item \$150/monthly

**C. Carter, Stephen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 161 Glen Eagles Drive  
 City Cibolo State TX Zip Code 78108-3343  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) Emergency Physician  
 Receipt For: 2019  
 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 / 2019  
**Transaction ID : SA11AI.10108**  
 Amount of Each Receipt this Period 300.00  
 Memo Item \$50/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<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 118
	<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. Casey, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5156 Baker Ridge Dr.  
 City Columbus State OH Zip Code 43228  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) National Director of Scholars  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 1670.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.9937**  
 Amount of Each Receipt this Period 900.00  
 Memo Item  
 \$150/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) Chief of Integrated Acute Care  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 4700.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.9964**  
 Amount of Each Receipt this Period 2900.00  
 Memo Item  
 \$400/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) Virtual Locations Occupation (for Individual) Director of Government Affairs  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 2800.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.9955**  
 Amount of Each Receipt this Period 1900.00  
 Memo Item  
 \$150/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5700.00
<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 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

**A. Cline, Gretchann, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8506 Queen Heights  
 City San Antonio State TX Zip Code 78254-2329  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) System APP Lead  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼  
 525.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.10018**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 \$50/monthly

**B. 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) Virtual Locations Occupation (for Individual) National Director of Patient Experienc  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼  
 1600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.9973**  
 Amount of Each Receipt this Period  
 900.00  
 Memo Item  
 \$150/monthly

**C. 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: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼  
 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.9872**  
 Amount of Each Receipt this Period  
 600.00  
 Memo Item  
 \$100/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1800.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 118
<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. Cook, Alexander, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8780 Surrey Place  
 City Maineville State OH Zip Code 45039-9519  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Director of APPs  
 Receipt For: 2019  
 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  
 12 / 31 / 2019  
**Transaction ID : SA11AI.9869**  
 Amount of Each Receipt this Period  
 480.00  
 Memo Item  
 \$80/monthly

**B. Coomes, Justin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7762 Westwind Lane  
 City Montgomery State OH Zip Code 45242-5008  
 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: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **1400.01**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.9940**  
 Amount of Each Receipt this Period  
 900.00  
 Memo Item  
 \$150/monthly

**C. Correll, Bodie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 782 Archie Lane  
 City Belton State TX Zip Code 76513  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) Medical Director  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **1650.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.10017**  
 Amount of Each Receipt this Period  
 900.00  
 Memo Item  
 \$150/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>2280.00</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 118
	<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. Corrigan, Kevin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9338 Standerwick Ln  
 City Huntersville State NC Zip Code 28078  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Interim Medical Director  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼  
 1533.34

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.9946**  
 Amount of Each Receipt this Period  
 900.00  
 Memo Item  
 \$150/monthly

**B. Dabkowski, Tabitha, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12728 Westmoreland Rd  
 City Huntersville State NC Zip Code 28078-5962  
 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: 2019  
 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 / 2019  
**Transaction ID : SA11AI.10111**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 \$25/monthly

**C. Darnell, Mark, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5125 Duffy Rd. SE  
 City Lancaster State OH Zip Code 43130-9451  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼  
 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.10084**  
 Amount of Each Receipt this Period  
 900.00  
 Memo Item  
 \$150/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1950.00
<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 118
	<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. Davis, Jaclyn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10611 Moss Mill Lane  
 City Charlotte State NC Zip Code 28277-1674  
 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: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼  
 200.04

Date of Receipt  
 12 / 31 / 2019  
**Transaction ID : SA11AI.10007**  
 Amount of Each Receipt this Period  
 100.02  
 Memo Item  
 \$16.67/monthly

**B. Dayton, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1914 E Gray Fox Drive  
 City Draper State UT Zip Code 84020-5630  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Firefighter  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼  
 800.00

Date of Receipt  
 12 / 31 / 2019  
**Transaction ID : SA11AI.10137**  
 Amount of Each Receipt this Period  
 600.00  
 Memo Item  
 \$100/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) Emergency Physician  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼  
 1200.00

Date of Receipt  
 12 / 31 / 2019  
**Transaction ID : SA11AI.9995**  
 Amount of Each Receipt this Period  
 600.00  
 Memo Item  
 \$100/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1300.02
<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 25 OF 118
	<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. DeMartino, Wendy, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2019
Mailing Address 9 Amberwood Dr		<b>Transaction ID : SA11AI.10004</b>
City Exeter	State NH	Zip Code 03833-4723
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.02
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$16.67/monthly
Receipt For: 2019 <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. Denmark, Thomas, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2019
Mailing Address 13122 S Yorktown Ave		<b>Transaction ID : SA11AI.9998</b>
City Bixby	State OK	Zip Code 74008-7665
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) Chairman	<input type="checkbox"/> Memo Item \$50/monthly
Receipt For: 2019 <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. DiRando, Jesse, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2019
Mailing Address 33531 Royal Saint George Drive		<b>Transaction ID : SA11AI.9934</b>
City Avon	State OH	Zip Code 44011
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 900.00
Name of Employer (for Individual) Virtual Locations	Occupation (for Individual) Vice President, Clinical Resource Grou	<input type="checkbox"/> Memo Item \$150/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 1540.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1300.02
<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 26 OF 118
<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. Dorai, Suprina, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2019
Mailing Address 7911 El Dorado Drive		<b>Transaction ID : SA11AI.10110</b>
City Austin	State TX	Zip Code 78737-3010
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer (for Individual) Emergency Service Partners, LLC	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$50/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Other	Aggregate Year-to-Date ▼ 400.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Doss, Belinda, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2019
Mailing Address 1344 County Road 3552		<b>Transaction ID : SA11AI.10035</b>
City Queen City	State TX	Zip Code 75572
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 450.00
Name of Employer (for Individual) Emergency Service Partners, LLC	Occupation (for Individual) APP Lead	<input type="checkbox"/> Memo Item \$75/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Other	Aggregate Year-to-Date ▼ 750.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Doucette, Marc, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2019
Mailing Address 16692 W. 55th Pl.		<b>Transaction ID : SA11AI.9957</b>
City Golden	State CO	Zip Code 80403-1269
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 120.00
Name of Employer (for Individual) Colorado Emergency Service Physicians,	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$20/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Other	Aggregate Year-to-Date ▼ 240.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	770.00
<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 118
	<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. Dschaak, Tyler, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8400 Brownsboro PI  
 City Anderson State OH Zip Code 45255-4737  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Assistant Medical Director  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.10115**  
 Amount of Each Receipt this Period 900.00  
 Memo Item  
 \$150/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: 2019  
 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 / 2019  
**Transaction ID : SA11AI.9975**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 \$50/monthly

**C. Edginton, Simon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 28671 Corbara Place  
 City Wesley Chapel State FL Zip Code 33543  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC Occupation (for Individual) Regional Chief Medical Officer  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.10106**  
 Amount of Each Receipt this Period 900.00  
 Memo Item  
 \$150/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2100.00
<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 28 OF 118
	<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. 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: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼  
 1750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.9989**  
 Amount of Each Receipt this Period  
 925.00  
 Memo Item  
 \$150/monthly

**B. Falcone, Angelo, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2606 Tridelphia Lake Road  
 City Brookeville State MD Zip Code 20833  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Management Group Occupation (for Individual) President  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼  
 1800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.9879**  
 Amount of Each Receipt this Period  
 900.00  
 Memo Item  
 \$150/monthly

**C. Faulk, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3951 Fluvanna-Townline Road  
 City Jamestown State NY Zip Code 14701-9032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AHN Medical Group, LLC Occupation (for Individual) Medical Director of Integrated Acute C  
 Receipt For: 2019  
 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 / 2019  
**Transaction ID : SA11AI.10089**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 \$50/monthly

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2125.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 29 OF 118
<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. Fearheiley, Corey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2604 Rain Song  
 City Leander State TX Zip Code 78641  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) Medical Director  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.10048**  
 Amount of Each Receipt this Period  
**300.00**  
 Memo Item  
 \$50/monthly

**B. Feigenbaum, Sarah, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8 N Edsall Ave  
 City Nanuet State NY Zip Code 10954-2503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) APP Lead  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.10132**  
 Amount of Each Receipt this Period  
**125.00**  
 Memo Item  
 \$25/monthly

**C. Ferrand, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 193 Bryna Lane  
 City Carnegie State PA Zip Code 15106-1473  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Firefighter  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **1300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.9905**  
 Amount of Each Receipt this Period  
**700.00**  
 Memo Item  
 \$100/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1125.00</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 30 OF 118
	<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. Fisher, Jay, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 416 Pinnacle Hgts Ln  
 City Las Vegas State NV Zip Code 89144  
 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: 2019  
 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 / 2019  
**Transaction ID : SA11AI.9928**  
 Amount of Each Receipt this Period  
 100.02  
 Memo Item  
 \$16.67/monthly

**B. Flanigan, Alan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 195 McGregor Street Apt 405  
 City Manchester State NH Zip Code 03102-3777  
 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: 2019  
 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 / 2019  
**Transaction ID : SA11AI.10140**  
 Amount of Each Receipt this Period  
 600.00  
 Memo Item  
 \$150/monthly

**C. Fleming, Sean, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2300 Shoreham Circle  
 City Lewisville State TX Zip Code 75056  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) Medical Director  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.10105**  
 Amount of Each Receipt this Period  
 900.00  
 Memo Item  
 \$150/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1600.02
<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 31 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Flores, Anna, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2608 Del Curto Rd, Unit 3  
 City Austin State TX Zip Code 78704-6014  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) APP Lead  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 12 / 31 / 2019  
**Transaction ID : SA11AI.10030**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 \$50/monthly

**B. Forcada-Lowrie, Raymundo, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 775 Potters Ave  
 City Providence State RI Zip Code 02907-3075  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Firefighter  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼  
 1100.00

Date of Receipt  
 12 / 31 / 2019  
**Transaction ID : SA11AI.9979**  
 Amount of Each Receipt this Period  
 600.00  
 Memo Item  
 \$100/monthly

**C. Foss, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 915 Tschoepe Rd  
 City Seguin State TX Zip Code 78155  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) Medical Director  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼  
 1350.00

Date of Receipt  
 12 / 31 / 2019  
**Transaction ID : SA11AI.10123**  
 Amount of Each Receipt this Period  
 900.00  
 Memo Item  
 \$150/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1800.00
<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 118
	<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. Frary, James, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2019
Mailing Address 3845 Greenbrier Drive		<b>Transaction ID : SA11AI.10124</b>
City Dallas	State TX	Zip Code 75225
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 900.00
Name of Employer (for Individual) USACS Management Group	Occupation (for Individual) Chief Executive Officer	<input type="checkbox"/> Memo Item \$150/monthly
Receipt For: 2019 <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. Freedman, Scott, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2019
Mailing Address 12814 Doe Lane		<b>Transaction ID : SA11AI.10133</b>
City N. Potomac	State MD	Zip Code 20878
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 900.00
Name of Employer (for Individual) MEP Health, LLC	Occupation (for Individual) Pediatric Medical Director	<input type="checkbox"/> Memo Item \$150/monthly
Receipt For: 2019 <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. Gamma, Brett, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2019
Mailing Address 14930 Finegan Farm Drive		<b>Transaction ID : SA11AI.9887</b>
City Darnestown	State MD	Zip Code 20874
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) Medical Director	<input type="checkbox"/> Memo Item \$50/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2100.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 33 OF 118
<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. Garber, Suzanne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7700 Overlook Hills Lane  
 City Cincinnati State OH Zip Code 45244-3289  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Regional Quality Director  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 1040.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.9992**  
 Amount of Each Receipt this Period 600.00  
 Memo Item  
 \$100/monthly

**B. Garcia-Gonzalez, Alexander, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19916 Bluff Oak Blvd  
 City Tampa State FL Zip Code 33647-2973  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC Occupation (for Individual) Medical Director  
 Receipt For: 2019  
 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 / 2019  
**Transaction ID : SA11AI.10025**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 \$50/monthly

**C. Garfinkel, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2235 Evening Star Ln  
 City Lafayette State CO Zip Code 80026  
 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: 2019  
 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 / 2019  
**Transaction ID : SA11AI.9965**  
 Amount of Each Receipt this Period 100.02  
 Memo Item  
 \$16.67/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1000.02
<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 34 OF 118
	<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. Geary, Daniel, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2019
Mailing Address 21910 Helen Lane			<b>Transaction ID : SA11AI.9900</b>
City Leonardtown	State MD	Zip Code 20650-2220	Amount of Each Receipt this Period 499.98
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$83.33/monthly
Name of Employer (for Individual) MEP Health, LLC		Occupation (for Individual) Medical Director	
Receipt For: 2019 <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. Geers, Gregory, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2019
Mailing Address 624 James Alexander Way			<b>Transaction ID : SA11AI.9920</b>
City Davidson	State NC	Zip Code 28036-7070	Amount of Each Receipt this Period 120.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$20/monthly
Name of Employer (for Individual) USACS Medical Group, LTD		Occupation (for Individual) Medical Director	
Receipt For: 2019 <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>C. Gerhart, Caleb, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2019
Mailing Address 1111 Lancashire Drive			<b>Transaction ID : SA11AI.10122</b>
City Indian Land	State SC	Zip Code 29707	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$50/monthly
Name of Employer (for Individual) USACS Medical Group, LTD		Occupation (for Individual) Quality Director	
Receipt For: 2019 <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).....	919.98
<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 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. 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: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **1200.00**

Date of Receipt **12 / 31 / 2019**  
**Transaction ID : SA11AI.9947**  
 Amount of Each Receipt this Period **600.00**  
 Memo Item  
 \$100/monthly

**B. Glotfelty, Danielle, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 409 Shady Lane  
 City Berlin State PA Zip Code 15530  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) APP Lead  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **250.00**

Date of Receipt **12 / 31 / 2019**  
**Transaction ID : SA11AI.10051**  
 Amount of Each Receipt this Period **150.00**  
 Memo Item  
 \$25/monthly

**C. Goen, Paul, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4417 Leonard Road  
 City Bryan State TX Zip Code 77807  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) System Medical Director  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **1000.00**

Date of Receipt **12 / 31 / 2019**  
**Transaction ID : SA11AI.10097**  
 Amount of Each Receipt this Period **600.00**  
 Memo Item  
 \$100/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1350.00</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 36 OF 118
<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. Gonzalez, Javier, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4527 Scarlet Loop  
 City Wesley Chapel State FL Zip Code 33544  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC Occupation (for Individual) Medical Director  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.10066**  
 Amount of Each Receipt this Period 900.00  
 Memo Item  
 \$150/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: 2019  
 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 / 2019  
**Transaction ID : SA11AI.9977**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 \$25/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: 2019  
 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 / 2019  
**Transaction ID : SA11AI.9982**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 \$50/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1350.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 118
	<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. Guyton, Steven, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2019
Mailing Address 111 Stillwater Lane			<b>Transaction ID : SA11AI.9990</b>
City Pittsburgh	State PA	Zip Code 15143-8899	Amount of Each Receipt this Period 900.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$150/monthly
Name of Employer (for Individual) AHN Medical Group, LLC		Occupation (for Individual) Medical Director	
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 1800.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Hagen, Anne, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2019
Mailing Address 3700 Bonnie Road			<b>Transaction ID : SA11AI.10031</b>
City Austin	State TX	Zip Code 78703	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$25/monthly
Name of Employer (for Individual) Emergency Service Partners, LLC		Occupation (for Individual) APP Lead	
Receipt For: 2019 <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. Hall, Timothy, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2019
Mailing Address 1380 Woodhurst Drive			<b>Transaction ID : SA11AI.9999</b>
City Rock Hill	State SC	Zip Code 29732-2082	Amount of Each Receipt this Period 900.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$150/monthly
Name of Employer (for Individual) USACS Medical Group, LTD		Occupation (for Individual) Emergency Physician	
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 1533.34		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1950.00
<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 38 OF 118
	<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. Hall, Wyatt, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2019
Mailing Address 2310B Old Trail Rd.		<b>Transaction ID : SA11AI.10139</b>
City Avon	State CO	Zip Code 81620
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer (for Individual) Colorado Emergency Service Physicians,	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$50/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 400.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Hallock, Robert, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2019
Mailing Address 2124 Bay Front Terrace		<b>Transaction ID : SA11AI.9981</b>
City Annapolis	State MD	Zip Code 21409
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 120.00
Name of Employer (for Individual) MEP Health, LLC	Occupation (for Individual) Emergency Physician - Regional Trave	<input type="checkbox"/> Memo Item \$20/monthly
Receipt For: 2019 <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>C. Hanlon, Dennis, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2019
Mailing Address 200 Windermere Ct.		<b>Transaction ID : SA11AI.10153</b>
City McMurray	State PA	Zip Code 15317
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$100/monthly
Receipt For: 2019 <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).....	720.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 39 OF 118
<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. Hanson, Kim, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2503 Whispering Oaks Circle  
 City Bryan State TX Zip Code 77802-2024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) APP Lead  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 12 / 31 / 2019  
**Transaction ID : SA11AI.10080**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 \$50/monthly

**B. Harper, Benjamin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 680 Rim Rock Road  
 City Kerrville State TX Zip Code 78028  
 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: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 12 / 31 / 2019  
**Transaction ID : SA11AI.10120**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 \$25/monthly

**C. Harris, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 785 Joe Tyl Road  
 City Texarkana State TX Zip Code 75501-5105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Travis County Emergency Physicians, PA Occupation (for Individual) Medical Director  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 12 / 31 / 2019  
**Transaction ID : SA11AI.10146**  
 Amount of Each Receipt this Period  
 600.00  
 Memo Item  
 \$150/monthly

<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 40 OF 118
	<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. Harris, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 474 Rosina Vista Street  
 City Las Vegas State NV Zip Code 89138  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Vice President, Operations Southeast a  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.10099**  
 Amount of Each Receipt this Period 375.00  
 Memo Item \$150/monthly

**B. Hart, Alicia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8005 Villefranche  
 City Corpus Christi State TX Zip Code 78414-6024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) Assistant Medical Director  
 Receipt For: 2019  
 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 / 2019  
**Transaction ID : SA11AI.10026**  
 Amount of Each Receipt this Period 300.00  
 Memo Item \$50/monthly

**C. Henry, Androni, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 241 Sweet Gum Road  
 City Pittsburgh State PA Zip Code 15238-1353  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AHN Medical Group, LLC Occupation (for Individual) Medical Director of Integrated Acute C  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.10028**  
 Amount of Each Receipt this Period 900.00  
 Memo Item \$150/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1575.00
<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 41 OF 118
	<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. Herndon, Yalonda, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2509 Mill Wright Rd  
 City Concord State NC Zip Code 28027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Quality Director  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **500.00**

Date of Receipt **12 / 31 / 2019**  
**Transaction ID : SA11AI.10119**  
 Amount of Each Receipt this Period **300.00**  
 Memo Item  
 \$50/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) Emergency Physician  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **1200.00**

Date of Receipt **12 / 31 / 2019**  
**Transaction ID : SA11AI.9968**  
 Amount of Each Receipt this Period **600.00**  
 Memo Item  
 \$100/monthly

**C. Hicken, Wesley, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1029 Wintergreen Terrace  
 City Rockville State MD Zip Code 20850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) Regional APP Lead  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **250.00**

Date of Receipt **12 / 31 / 2019**  
**Transaction ID : SA11AI.10118**  
 Amount of Each Receipt this Period **150.00**  
 Memo Item  
 \$25/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 42 OF 118
	<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. Higginbotham, Eric, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1701B South 2nd Street Unit B  
 City Austin State TX Zip Code 78704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) Medical Director  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **1500.00**

Date of Receipt **12 / 31 / 2019**  
**Transaction ID : SA11AI.10059**  
 Amount of Each Receipt this Period **900.00**  
 Memo Item  
 \$150/monthly

**B. Hodson, Benjamin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1878 Shaker Rd  
 City Franklin State OH Zip Code 45005-9611  
 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: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **240.00**

Date of Receipt **12 / 31 / 2019**  
**Transaction ID : SA11AI.9885**  
 Amount of Each Receipt this Period **120.00**  
 Memo Item  
 \$20.00/monthly

**C. Holt, Douglas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 207 Cabbage Inlet Lane  
 City Wilmington State NC Zip Code 28409-3004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Firefighter  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **300.00**

Date of Receipt **12 / 31 / 2019**  
**Transaction ID : SA11AI.10155**  
 Amount of Each Receipt this Period **300.00**  
 Memo Item  
 \$100/monthly

**SUBTOTAL** of Receipts This Page (optional)..... **1320.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Hummel, Laura, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 807 S. Roxmere Road  
 City Tampa State FL Zip Code 33609-4235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC Occupation (for Individual) Regional Education Director  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **1000.00**

Date of Receipt **12 / 31 / 2019**  
**Transaction ID : SA11AI.9951**  
 Amount of Each Receipt this Period **600.00**  
 Memo Item  
 \$100/monthly

**B. Hydari, Irfan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3203 Walnut Ave  
 City Austin State TX Zip Code 78722-1635  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Regional Vice President  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **1500.00**

Date of Receipt **12 / 31 / 2019**  
**Transaction ID : SA11AI.10063**  
 Amount of Each Receipt this Period **900.00**  
 Memo Item  
 \$150/monthly

**C. Iyer, Sujit, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1204 Kinney Avenue  
 City Austin State TX Zip Code 78704  
 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: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **1000.00**

Date of Receipt **12 / 31 / 2019**  
**Transaction ID : SA11AI.10109**  
 Amount of Each Receipt this Period **600.00**  
 Memo Item  
 \$100/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>2100.00</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 44 OF 118
	<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. Janikas, John, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2019
Mailing Address 748 Carlton Road		<b>Transaction ID : SA11AI.9938</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 499.98
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$83.33/monthly
Receipt For: 2019 <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. Jeffrey, Douglas, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2019
Mailing Address 1109 Bluebonnet Lane		<b>Transaction ID : SA11AI.10009</b>
City Austin	State TX	Zip Code 78704-2005
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer (for Individual) Emergency Service Partners, LLC	Occupation (for Individual) Emergency Physician	<input type="checkbox"/> Memo Item \$150/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 1750.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Jenis, Andrew, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2019
Mailing Address 115 Cayuga Heights Road		<b>Transaction ID : SA11AI.9873</b>
City Ithaca	State NY	Zip Code 14850
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 900.00
Name of Employer (for Individual) Virtual Locations	Occupation (for Individual) Regional Vice President	<input type="checkbox"/> Memo Item \$150/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 1600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2399.98
<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 45 OF 118
	<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. Johnston, Christopher, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1459 Milwaukee St.  
 City Denver State CO Zip Code 80206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Colorado Emergency Service Physicians, Occupation (for Individual) Medical Director  
 Receipt For: 2019  
 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 / 2019  
**Transaction ID : SA11AI.10045**  
 Amount of Each Receipt this Period  
**300.00**  
 Memo Item  
 \$50/monthly

**B. 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: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **1700.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.9889**  
 Amount of Each Receipt this Period  
**900.00**  
 Memo Item  
 \$150/monthly

**C. Jones, Wayne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6063 Deerfield Drive  
 City Fairview State PA Zip Code 16415  
 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: 2019  
 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 / 2019  
**Transaction ID : SA11AI.10117**  
 Amount of Each Receipt this Period  
**300.00**  
 Memo Item  
 \$50/monthly

**SUBTOTAL** of Receipts This Page (optional)..... **1500.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 118
	<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. Jouriles, Nicholas, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2019
Mailing Address 398 Bentleyville Road		<b>Transaction ID : SA11AI.10094</b>
City Moreland Hills	State OH	Zip Code 44022-2433
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) Vice Chair of Faculty Development	<input type="checkbox"/> Memo Item \$50/monthly
Receipt For: 2019 <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>B. Kalaria, Amit, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2019
Mailing Address 17804 Cricket Hill Drive		<b>Transaction ID : SA11AI.9871</b>
City Germantown	State MD	Zip Code 20874
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 120.00
Name of Employer (for Individual) MEP Health, LLC	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$20.00/monthly
Receipt For: 2019 <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>C. Kapadia, Homi, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2019
Mailing Address 31281 Island Dr		<b>Transaction ID : SA11AI.9922</b>
City Evergreen	State CO	Zip Code 80439-8966
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 900.00
Name of Employer (for Individual) Virtual Locations	Occupation (for Individual) Regional Vice President	<input type="checkbox"/> Memo Item \$150/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 1540.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1320.00
<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 47 OF 118
	<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. Kella, Vipul, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2019
Mailing Address 11808 Woodthrus Lane			<b>Transaction ID : SA11AI.10003</b>
City Potomac	State MD	Zip Code 20854	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$50/monthly
Name of Employer (for Individual) MEP Health, LLC		Occupation (for Individual) Emergency Physician	
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 550.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Keller, Noah, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2019
Mailing Address 10119 Easterday Court			<b>Transaction ID : SA11AI.9972</b>
City Hagerstown	State MD	Zip Code 21742	Amount of Each Receipt this Period 900.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$150/monthly
Name of Employer (for Individual) Virtual Locations		Occupation (for Individual) Regional Vice President	
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 1600.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Kendall, Jayne, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2019
Mailing Address 21710 Parsons Green Row			<b>Transaction ID : SA11AI.9929</b>
City Cornelius	State NC	Zip Code 28031	Amount of Each Receipt this Period 600.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$100/monthly
Name of Employer (for Individual) Virtual Locations		Occupation (for Individual) Regional Vice President	
Receipt For: 2019 <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).....	1750.00
<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 48 OF 118
	<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. Kenter, Jeremy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3428 Ranch Park Trail  
 City Round Rock State TX Zip Code 78681  
 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: 2019  
 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  
 12 / 31 / 2019  
**Transaction ID : SA11AI.10125**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 \$50/monthly

**B. Kile, Tamara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10021 Fire Tower Rd  
 City Ijamsville State MD Zip Code 21754-8756  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) Medical Director  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.9996**  
 Amount of Each Receipt this Period 120.00  
 Memo Item  
 \$20/monthly

**C. Kim, Edward, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1513 Morning Moon Circle  
 City Austin State TX Zip Code 78732  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) Associate Medical Director  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.10058**  
 Amount of Each Receipt this Period 900.00  
 Memo Item  
 \$150/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1320.00
<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 49 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Kirkpatrick, Kyle, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16360 Hawkstone Place  
 City Parker State CO Zip Code 80134  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Colorado Emergency Service Physicians, Occupation (for Individual) APP Lead  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **240.00**

Date of Receipt **12 / 31 / 2019**  
**Transaction ID : SA11AI.9949**  
 Amount of Each Receipt this Period **120.00**  
 Memo Item  
 \$20/monthly

**B. Kirtz, Jeremy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 906 S Fremont Ave  
 City Tampa State FL Zip Code 33606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC Occupation (for Individual) Medical Director  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **600.00**

Date of Receipt **12 / 31 / 2019**  
**Transaction ID : SA11AI.10016**  
 Amount of Each Receipt this Period **300.00**  
 Memo Item  
 \$50/monthly

**C. Klein, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11736 Gainsborough Road  
 City Potomac State MD Zip Code 20854  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Management Group Occupation (for Individual) National Director of Quality  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **1000.00**

Date of Receipt **12 / 31 / 2019**  
**Transaction ID : SA11AI.9902**  
 Amount of Each Receipt this Period **600.00**  
 Memo Item  
 \$100/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1020.00</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 50 OF 118
<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. Kleinman, Jacob, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6014 Bryant Street  
 City Pittsburgh State PA Zip Code 15206-1740  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AHN Medical Group, LLC Occupation (for Individual) Medical Director  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 1040.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.9925**  
 Amount of Each Receipt this Period 800.00  
 Memo Item  
 \$50/monthly

**B. Kolodzik, Joan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1108 Paxon Court  
 City Bellbrook State OH Zip Code 45305-8959  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) National Director of Continuing Medica  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 1540.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.9935**  
 Amount of Each Receipt this Period 900.00  
 Memo Item  
 \$150/monthly

**C. Kornas, Rebecca, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4338 Wyandot St  
 City Denver State CO Zip Code 80211-1761  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Colorado Emergency Service Physicians, Occupation (for Individual) Emergency Physician  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.10138**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 \$50/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2000.00
<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:	PAGE 51 OF 118
	(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. Kramer, Olga, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5836 Kinglet Lane  
 City Charlotte State NC Zip Code 28269-7115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) APP Lead  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **500.00**

Date of Receipt **12 / 31 / 2019**  
**Transaction ID : SA11AI.10095**  
 Amount of Each Receipt this Period **300.00**  
 Memo Item  
 \$50/monthly

**B. Kuchinski, Joseph, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5869 Heaven View Drive  
 City Las Vegas State NV Zip Code 89135-1296  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **2950.00**

Date of Receipt **12 / 31 / 2019**  
**Transaction ID : SA11AI.9939**  
 Amount of Each Receipt this Period **1500.00**  
 Memo Item  
 \$250/monthly

**C. Laberge, Anne-Marie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 114 Nazarene Ct  
 City Fombell State PA Zip Code 16123-2420  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AHN Medical Group, LLC Occupation (for Individual) Quality Director  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **360.00**

Date of Receipt **12 / 31 / 2019**  
**Transaction ID : SA11AI.9880**  
 Amount of Each Receipt this Period **240.00**  
 Memo Item  
 \$50/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>2040.00</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 52 OF 118
	<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 28270-0683  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Regional Medical Director  
 Receipt For: 2019  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **200.04**

Date of Receipt **12 / 31 / 2019**  
**Transaction ID : SA11AI.9907**  
 Amount of Each Receipt this Period **100.02**  
 Memo Item  
 \$16.67/monthly

**B. Land, Larry, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10014 Hazelnut Court  
 City Tampa State FL Zip Code 33647  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC Occupation (for Individual) Medical Director  
 Receipt For: 2019  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **1500.00**

Date of Receipt **12 / 31 / 2019**  
**Transaction ID : SA11AI.9950**  
 Amount of Each Receipt this Period **900.00**  
 Memo Item  
 \$150/monthly

**C. Latouf, Kathleen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6 Old Farm Rd  
 City Carnegie State PA Zip Code 15106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AHN Medical Group, LLC Occupation (for Individual) Medical Director  
 Receipt For: 2019  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **240.00**

Date of Receipt **12 / 31 / 2019**  
**Transaction ID : SA11AI.9942**  
 Amount of Each Receipt this Period **120.00**  
 Memo Item  
 \$20/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1120.02</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 53 OF 118
<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. Lavina, Jay, , ,</b>		Date of Receipt MM / DD / YYYY 12 / 31 / 2019 <b>Transaction ID : SA11AI.10067</b>
Mailing Address 11651 Renaissance View Ct.		Amount of Each Receipt this Period 150.00
City Tampa	State FL	Zip Code 33626
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$25/monthly
Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC	Occupation (for Individual) Director of APPs	
Receipt For: 2019 <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>B. Lawrence, Linda, , ,</b>		Date of Receipt MM / DD / YYYY 12 / 31 / 2019 <b>Transaction ID : SA11AI.9953</b>
Mailing Address 4670 Armandale Avenue		Amount of Each Receipt this Period 1000.00
City Canton	State OH	Zip Code 44718
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$150/monthly
Name of Employer (for Individual) USACS Management Group	Occupation (for Individual) President	
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 1800.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. LeBlanc, Louis, , ,</b>		Date of Receipt MM / DD / YYYY 12 / 31 / 2019 <b>Transaction ID : SA11AI.9956</b>
Mailing Address 1428 Lacy Lane		Amount of Each Receipt this Period 400.00
City Rock Hill	State SC	Zip Code 29732-7723
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$50/monthly
Name of Employer (for Individual) Virtual Locations	Occupation (for Individual) Firefighter	
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 700.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1550.00
<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 54 OF 118
	<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. Lee, Sidney, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1200 Queen Emma Street  
 Apt 2001  
 City Honolulu State HI Zip Code 96813-6311  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director  
 Receipt For: 2019  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **600.00**

Date of Receipt **12 / 31 / 2019**  
**Transaction ID : SA11AI.9987**  
 Amount of Each Receipt this Period **300.00**  
 Memo Item  
 \$50/monthly

**B. Leineweber, Felicia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2110 Huntington Terrace  
 City Mount Airy State MD Zip Code 21771-5876  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) APP Lead  
 Receipt For: 2019  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **250.00**

Date of Receipt **12 / 31 / 2019**  
**Transaction ID : SA11AI.10060**  
 Amount of Each Receipt this Period **150.00**  
 Memo Item  
 \$25/monthly

**C. Lewis, Brandon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3648 Calusa Springs Dr  
 City College Station State TX Zip Code 77845-4545  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Regional Vice President  
 Receipt For: 2019  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **1500.00**

Date of Receipt **12 / 31 / 2019**  
**Transaction ID : SA11AI.10038**  
 Amount of Each Receipt this Period **900.00**  
 Memo Item  
 \$150/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1350.00</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 55 OF 118
	<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. Lewis, Kelli, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 137 Harrison Street  
 City Denver State CO Zip Code 80206-5538  
 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: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.10079**  
 Amount of Each Receipt this Period 450.00  
 Memo Item \$150/monthly

**B. Lim, Andrew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 81 Fieldstone Run  
 City Farmington State CT Zip Code 06032-2741  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) Medical Director  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.9875**  
 Amount of Each Receipt this Period 120.00  
 Memo Item \$20.00/monthly

**C. Little, Andrew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5514 Ayrshire Dr  
 City Dublin State OH Zip Code 43017-9428  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Emergency Physician  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.9874**  
 Amount of Each Receipt this Period 600.00  
 Memo Item \$100/monthly

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1170.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 56 OF 118
<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. Loar, Jesse, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2554 E. Maplewood Ave.  
 City Centennial State CO Zip Code 80121  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Colorado Emergency Service Physicians, Occupation (for Individual) Co-Medical Director  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.10072**  
 Amount of Each Receipt this Period 900.00  
 Memo Item  
 \$150/monthly

**B. Lojewski, Stephen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 23453 Country Club Lane  
 City Grosse Ile State MI Zip Code 48138-2246  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Firefighter  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.9988**  
 Amount of Each Receipt this Period 120.00  
 Memo Item  
 \$20/monthly

**C. Love, Lisa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2548 Franciscan Street NE  
 City Canton State OH Zip Code 44705  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Management Group Occupation (for Individual) Clinical Director, Risk Management  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : SA11AI.10081**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 \$50/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1320.00
<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 57 OF 118
	<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. Lubinsky, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3500 Rockmont Dr  
 Apt 13204  
 City Denver State CO Zip Code 80202-2170  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Firefighter  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼  
 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.10167**  
 Amount of Each Receipt this Period  
 1200.00  
 Memo Item  
 \$1200/one-time

**B. Lynch, Patrick, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 229 N Church Street Unit 204  
 City Charlotte State NC Zip Code 28202-2259  
 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: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼  
 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.10096**  
 Amount of Each Receipt this Period  
 0.00  
 Memo Item  
 \$0/monthly

**C. MacLean, Craig, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 64 Newfields Road  
 City Exeter State NH Zip Code 03833-4542  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Director of Quality  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼  
 1700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.9896**  
 Amount of Each Receipt this Period  
 900.00  
 Memo Item  
 \$150/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2100.00
<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 58 OF 118
	<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. MacLeod, Bruce, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 30 Isabella Street  
 City Pittsburgh State PA Zip Code 15228-1615  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Regional Vice President  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼  
 1502.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.9888**  
 Amount of Each Receipt this Period  
 900.00  
 Memo Item  
 \$150/monthly

**B. Madar, Merci, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7805 Valderrama Way  
 City Bradenton State FL Zip Code 34202-5651  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC Occupation (for Individual) Emergency Physician  
 Receipt For: 2019  
 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 / 2019  
**Transaction ID : SA11AI.9962**  
 Amount of Each Receipt this Period  
 100.02  
 Memo Item  
 \$16.67/monthly

**C. Mann, Rubeal, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10122 Concord Road  
 City Dublin State OH Zip Code 43017-9434  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼  
 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.9983**  
 Amount of Each Receipt this Period  
 600.00  
 Memo Item  
 \$100/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1600.02
<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: PAGE 59 OF 118  
(check only one)

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

**A. Markowski, Kevin, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 572 White Tail Ridge Drive

City Fairlawn	State OH	Zip Code 44333
------------------	-------------	-------------------

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

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

Receipt For: 2019  
 Primary  General  
 Other (specify) **Other**

Aggregate Year-to-Date ▼  
200.04

Date of Receipt  
12 / 31 / 2019  
**Transaction ID : SA11AI.9945**

Amount of Each Receipt this Period  
100.02

Memo Item  
\$16.67/monthly

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

Mailing Address 7897 Broadway St. Unit 1001

City San Antonio	State TX	Zip Code 78209
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Emergency Service Partners, LLC	Occupation (for Individual) System Medical Director
----------------------------------------------------------------------	--------------------------------------------------------

Receipt For: 2019  
 Primary  General  
 Other (specify) **Other**

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
12 / 31 / 2019  
**Transaction ID : SA11AI.10032**

Amount of Each Receipt this Period  
900.00

Memo Item  
\$150/monthly

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

Mailing Address 580 Park Ave

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

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

Name of Employer (for Individual) Colorado Emergency Service Physicians,	Occupation (for Individual) Emergency Physician
-----------------------------------------------------------------------------	----------------------------------------------------

Receipt For: 2019  
 Primary  General  
 Other (specify) **Other**

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
12 / 31 / 2019  
**Transaction ID : SA11AI.9966**

Amount of Each Receipt this Period  
120.00

Memo Item  
\$20/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1120.02
<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: PAGE 60 OF 118  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. 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 30126-5612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Firefighter  
 Receipt For: 2019  
 Primary     General  
 Other (specify) Other  
 Aggregate Year-to-Date ▼  
 630.00

Date of Receipt  
 12 / 31 / 2019  
**Transaction ID : SA11AI.9877**  
 Amount of Each Receipt this Period  
 510.00  
 Memo Item  
 \$150/monthly

**B. Mayz, Kurtis, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 E Main St Ste 404  
 City Champaign State IL Zip Code 61820-1313  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Firefighter  
 Receipt For: 2019  
 Primary     General  
 Other (specify) Other  
 Aggregate Year-to-Date ▼  
 1900.00

Date of Receipt  
 12 / 31 / 2019  
**Transaction ID : SA11AI.9948**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
 \$150/monthly

**C. McAtee, Jill, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8112 Sweet Dreams Court  
 City Las Vegas State NV Zip Code 89131-1537  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Advanced Practice Provider  
 Receipt For: 2019  
 Primary     General  
 Other (specify) Other  
 Aggregate Year-to-Date ▼  
 770.00

Date of Receipt  
 12 / 31 / 2019  
**Transaction ID : SA11AI.10012**  
 Amount of Each Receipt this Period  
 450.00  
 Memo Item  
 \$75/monthly

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1960.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

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

FOR LINE NUMBER: PAGE 62 OF 118  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Meers, Holley, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 24 Quincy Street  
 City Chevy Chase State MD Zip Code 20815-4227  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 MEP Health, LLC Medical Director  
 Receipt For: 2019  
 Primary     General  
 Other (specify) **Other**  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.10062**  
 Amount of Each Receipt this Period  
 600.00  
 Memo Item  
 \$100/monthly

**B. Mendenhall, Matthew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3257 S Steele St  
 City Denver State CO Zip Code 80210-6957  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Colorado Emergency Service Physicians, Director Of Operations  
 Receipt For: 2019  
 Primary     General  
 Other (specify) **Other**  
 Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.9960**  
 Amount of Each Receipt this Period  
 120.00  
 Memo Item  
 \$20/monthly

**C. Meyer, Kendra, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 85 Beatty Lane  
 City Scenery Hill State PA Zip Code 15360-1537  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 AHN Medical Group, LLC Director of APPs  
 Receipt For: 2019  
 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 / 2019  
**Transaction ID : SA11AI.9943**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 \$50/monthly

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1020.00  
**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 63 OF 118
	<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. Miner, D., , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2019
Mailing Address 2398 S. Garfield St.		<b>Transaction ID : SA11AI.10050</b>
City Denver	State CO	Zip Code 80210
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer (for Individual) Colorado Emergency Service Physicians,	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$50/monthly
Receipt For: 2019 <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>B. Mirhadi, Michael, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2019
Mailing Address 1984 Caversham Way		<b>Transaction ID : SA11AI.10087</b>
City Folsom	State CA	Zip Code 95630
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$50/monthly
Receipt For: 2019 <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. Misra, Swarup, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2019
Mailing Address 9667 Ashley Green Ct NW		<b>Transaction ID : SA11AI.9994</b>
City Concord	State NC	Zip Code 28027
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 950.00
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Quality Director	<input type="checkbox"/> Memo Item \$150/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 1583.34	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1550.00
<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 64 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. 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) Emergency Physician (Nantucket Cottag  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.9897**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 \$50/monthly

**B. Myers, Troy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 301 B.J. Taylor Rd  
 City Newport State NC Zip Code 28570-5133  
 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: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼  
 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.10114**  
 Amount of Each Receipt this Period  
 900.00  
 Memo Item  
 \$150/monthly

**C. Natali, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 115 Pheasant Drive  
 City Blawnox State PA Zip Code 15238-2207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AHN Medical Group, LLC Occupation (for Individual) Emergency Physician  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼  
 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.10054**  
 Amount of Each Receipt this Period  
 900.00  
 Memo Item  
 \$150/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1900.00
<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 65 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Natapraya, Kent, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6433 Empty Song Road  
 City Columbia State MD Zip Code 21044  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) Advanced Practice Provider  
 Receipt For: 2019  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **240.00**

Date of Receipt **12 / 31 / 2019**  
**Transaction ID : SA11AI.9944**  
 Amount of Each Receipt this Period **120.00**  
 Memo Item  
 \$20/monthly

**B. Nelson, Jeremy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2001 Cross Draw Trail  
 City Leander State TX Zip Code 78641  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) APP Lead  
 Receipt For: 2019  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **250.00**

Date of Receipt **12 / 31 / 2019**  
**Transaction ID : SA11AI.10070**  
 Amount of Each Receipt this Period **150.00**  
 Memo Item  
 \$25/monthly

**C. Nguyen, Vicky, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 336 E 1st Ave Apt 203  
 City Denver State CO Zip Code 80203-4379  
 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: 2019  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **500.00**

Date of Receipt **12 / 31 / 2019**  
**Transaction ID : SA11AI.10116**  
 Amount of Each Receipt this Period **300.00**  
 Memo Item  
 \$50/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>570.00</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 66 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

**A. Norris, Donald, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1201 E Market St  
 Suite 619  
 City Akron State OH Zip Code 44305-4062  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Core Faculty for Summa Health System  
 Receipt For: 2019  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **200.04**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.9909**  
 Amount of Each Receipt this Period  
 100.02  
 Memo Item  
 \$16.67/monthly

**B. Ogden, Herbert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 797 Niwot Ridge Lane  
 City Lafayette State CO Zip Code 80026  
 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: 2019  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **240.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.10010**  
 Amount of Each Receipt this Period  
 120.00  
 Memo Item  
 \$20/monthly

**C. Osmundson, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 62 East Dr.  
 City Hartville State OH Zip Code 44632-8890  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Management Group Occupation (for Individual) President  
 Receipt For: 2019  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **1800.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.9963**  
 Amount of Each Receipt this Period  
 900.00  
 Memo Item  
 \$150/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1120.02
<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 67 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

**A. Otwell, Justin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1736 Oakview Rd  
 City Decatur State GA Zip Code 30030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Management Group Occupation (for Individual) Vice President of Claims and Risk Manag  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.10014**  
 Amount of Each Receipt this Period  
 450.00  
 Memo Item  
 \$50/monthly

**B. Pacitti, Andrew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 80 Windom Ln  
 City Nicholasville State KY Zip Code 40356-8112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.9876**  
 Amount of Each Receipt this Period  
 120.00  
 Memo Item  
 \$20.00/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) USACS Management Group Occupation (for Individual) Regional Chief Administrative Officer  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.9974**  
 Amount of Each Receipt this Period  
 900.00  
 Memo Item  
 \$150/monthly

**SUBTOTAL** of Receipts This Page (optional).....▶ 1470.00  
**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 68 OF 118
	<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. Parks, Shaina, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 619 Fairway Drive  
 City Royal Oak State MI Zip Code 48073-3611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Firefighter  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **750.00**

Date of Receipt **12 / 31 / 2019**  
**Transaction ID : SA11AI.10166**  
 Amount of Each Receipt this Period **750.00**  
 Memo Item  
 \$750/one-time

**B. Parks, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11533 Sand Stone Rock Dr  
 City Riverview State FL Zip Code 33569-8709  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC Occupation (for Individual) Advanced Practice Provider  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **750.00**

Date of Receipt **12 / 31 / 2019**  
**Transaction ID : SA11AI.10112**  
 Amount of Each Receipt this Period **450.00**  
 Memo Item  
 \$75/monthly

**C. Patlovan, Matthew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19938 Terra Canyon  
 City San Antonio State TX Zip Code 78255-2344  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) President  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **2500.00**

Date of Receipt **12 / 31 / 2019**  
**Transaction ID : SA11AI.10085**  
 Amount of Each Receipt this Period **1900.00**  
 Memo Item  
 \$150/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>3100.00</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 69 OF 118
	<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. 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: 2019  
 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 / 2019  
**Transaction ID : SA11AI.9891**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 \$50/monthly

**B. Phillips, Donald, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1315 Woodglen Ct  
 City Aledo State TX Zip Code 76008  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Firefighter  
 Receipt For: 2019  
 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  
 12 / 31 / 2019  
**Transaction ID : SA11AI.10154**  
 Amount of Each Receipt this Period 450.00  
 Memo Item  
 \$150/monthly

**C. 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: 2019  
 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 / 2019  
**Transaction ID : SA11AI.9967**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 \$50/monthly

<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: PAGE 70 OF 118  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Phillips, Todd, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2407 Motif Ct  
 City Henderson State NV Zip Code 89052-5531  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) APP Lead  
 Receipt For: 2019  
 Primary     General  
 Other (specify) Other  
 Aggregate Year-to-Date ▼  
 525.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.10024**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 \$50/monthly

**B. Pines, Jesse, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2424 N Potomac St  
 City Arlington State VA Zip Code 22207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) National Director of Clinical Innovati  
 Receipt For: 2019  
 Primary     General  
 Other (specify) Other  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.10071**  
 Amount of Each Receipt this Period  
 600.00  
 Memo Item  
 \$100/monthly

**C. Pollack, Henry, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 42348 John Muir Drive  
 City Coarsegold State CA Zip Code 93614-9619  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Quality Director  
 Receipt For: 2019  
 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 / 2019  
**Transaction ID : SA11AI.9921**  
 Amount of Each Receipt this Period  
 100.02  
 Memo Item  
 \$16.67/monthly

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.02  
**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 71 OF 118
	<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. Posin, Shawn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 229 Washington Ave.  
 City Wheeling State WV Zip Code 26003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Assistant Medical Director  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **700.00**

Date of Receipt **12 / 31 / 2019**  
**Transaction ID : SA11AI.10134**  
 Amount of Each Receipt this Period **400.00**  
 Memo Item  
 \$100/monthly

**B. Pruitt, Benjamin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 826 Lincoln Ave.  
 City Lancaster State OH Zip Code 43130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) APP Lead  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **250.00**

Date of Receipt **12 / 31 / 2019**  
**Transaction ID : SA11AI.10036**  
 Amount of Each Receipt this Period **150.00**  
 Memo Item  
 \$25/monthly

**C. Pyle, Moira, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2220 Valley Oaks Cove  
 City Leander State TX Zip Code 78641  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) Regional APP Lead  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **787.50**

Date of Receipt **12 / 31 / 2019**  
**Transaction ID : SA11AI.10023**  
 Amount of Each Receipt this Period **450.00**  
 Memo Item  
 \$75/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1000.00</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 72 OF 118
	<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. Rader, Nancy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 107 Jeremy Drive  
 City Kings Mountain State NC Zip Code 28086-9102  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) APP Lead  
 Receipt For: 2019  
 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 / 2019  
**Transaction ID : SA11AI.10091**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 \$25/monthly

**B. 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: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **1700.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.9986**  
 Amount of Each Receipt this Period  
 900.00  
 Memo Item  
 \$150/monthly

**C. Reed, Rhett, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12509 Red Mesa Hollow  
 City Austin State TX Zip Code 78739  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) Medical Director  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **1000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.10098**  
 Amount of Each Receipt this Period  
 600.00  
 Memo Item  
 \$100/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1650.00</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 73 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Repine, Kamie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 456 Chapman Dam Road  
 City Clarendon State PA Zip Code 16313-3804  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AHN Medical Group, LLC Occupation (for Individual) APP Lead Salary  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.10077**  
 Amount of Each Receipt this Period  
**150.00**  
 Memo Item  
 \$25/monthly

**B. Roberts, Matthew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7826 Eglington Ct  
 City Cincinnati State OH Zip Code 45255-2413  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Education Director-Mercy Cincinnati Ea  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **240.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.9961**  
 Amount of Each Receipt this Period  
**120.00**  
 Memo Item  
 \$20/monthly

**C. Roberts, Sam, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3806 Bonnell Drive  
 City Austin State TX Zip Code 78731  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Chief Medical Officer  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.10102**  
 Amount of Each Receipt this Period  
**900.00**  
 Memo Item  
 \$150/monthly

**SUBTOTAL** of Receipts This Page (optional)..... **1170.00**  
**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 74 OF 118
	<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. Rodriguez, Jennifer, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 230 Skinner  
 City Kyle State TX Zip Code 78640  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) APP Lead  
 Receipt For: 2019  
 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 / 2019  
**Transaction ID : SA11AI.10069**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 \$25/monthly

**B. Romano, Frederick, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4516 Tuscana Drive  
 City Sarasota State FL Zip Code 34241-4201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Firefighter  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 2350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.9917**  
 Amount of Each Receipt this Period 1750.00  
 Memo Item  
 \$150/monthly

**C. Rocks, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1663 Parkdale Circle S.  
 City Erie State CO Zip Code 80516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Colorado Emergency Service Physicians, Occupation (for Individual) Medical Director  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.10064**  
 Amount of Each Receipt this Period 600.00  
 Memo Item  
 \$100/monthly

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2500.00  
**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 75 OF 118
	<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. Rosen, Nicholas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1089 S. Williams St.  
 City Denver State CO Zip Code 80209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Colorado Emergency Service Physicians, Occupation (for Individual) Medical Director  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼  
 540.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.9971**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 \$50/monthly

**B. Ross, Sanford, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5318 Wyndam Ln.  
 City Brighton State MI Zip Code 48116  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Assistant Medical Director  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.9985**  
 Amount of Each Receipt this Period  
 120.00  
 Memo Item  
 \$20/monthly

**C. Roy, Neil, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6700 Applewood Place  
 City Rockville State MD Zip Code 20855  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) Medical Director  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼  
 410.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.9970**  
 Amount of Each Receipt this Period  
 290.00  
 Memo Item  
 \$100/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	710.00
<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 76 OF 118
	<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. Rutherford, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3502 Quitman St.  
 City Denver State CO Zip Code 80212  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Senior Director of Quality  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.10052**  
 Amount of Each Receipt this Period  
 1100.00  
 Memo Item  
 \$100/monthly

**B. Saad, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 415 North Church Street Unit 113  
 City Charlotte State NC Zip Code 28202  
 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: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.10088**  
 Amount of Each Receipt this Period  
 0.00  
 Memo Item  
 \$0/monthly

**C. Sampson, Arianna, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 605 Bee St  
 City Placerville State CA Zip Code 95667-4308  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) APP Lead  
 Receipt For: 2019  
 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 / 2019  
**Transaction ID : SA11AI.10034**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 \$25/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1250.00
<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 77 OF 118
<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. Sanders, Crystal, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25 Lawrence St.  
 City Concord State NH Zip Code 03301-5323  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Advanced Practice Provider  
 Receipt For: 2019  
 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 / 2019  
**Transaction ID : SA11AI.10049**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 \$25/monthly

**B. Satkowiak, Lawrence, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5175 Raintree Dr  
 City Parker State CO Zip Code 80134-5233  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Emergency Physician  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **240.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.9952**  
 Amount of Each Receipt this Period  
 120.00  
 Memo Item  
 \$20/monthly

**C. Savitch, Benjamin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 134 8th Ave  
 City Kirkland State WA Zip Code 98033-5528  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Assistant Medical Director  
 Receipt For: 2019  
 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  
 12 / 31 / 2019  
**Transaction ID : SA11AI.9884**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 \$100/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>470.00</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 78 OF 118
<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. Scheer, Ronald, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2019
Mailing Address 285 Elder View Drive		<b>Transaction ID : SA11AI.10101</b>
City Las Vegas	State NV	Zip Code 89138
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Emergency Physician	<input type="checkbox"/> Memo Item \$50/monthly
Receipt For: 2019 <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>B. Scherer, Nathan, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2019
Mailing Address 6286 E Long Circle N		<b>Transaction ID : SA11AI.10092</b>
City Centennial	State CO	Zip Code 80112
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer (for Individual) Colorado Emergency Service Physicians,	Occupation (for Individual) Emergency Physician	<input type="checkbox"/> Memo Item \$100/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 1000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Scott, David, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2019
Mailing Address 4733 North Ridge Drive		<b>Transaction ID : SA11AI.9903</b>
City Akron	State OH	Zip Code 44333
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer (for Individual) USACS Management Group	Occupation (for Individual) Chief Clinical Officer	<input type="checkbox"/> Memo Item \$150/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 800.01	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1200.00
<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 79 OF 118
	<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. Scott, John, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1384 Leslie NE Ln.

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

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

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

Receipt For: 2019  
 Primary     General  
 Other (specify) **Other**

Aggregate Year-to-Date ▼  
200.04

Date of Receipt  
12 / 31 / 2019  
**Transaction ID : SA11AI.9936**

Amount of Each Receipt this Period  
100.02

Memo Item  
\$16.67/monthly

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

Mailing Address 21 Furnace Street #705

City Akron	State OH	Zip Code 44308
---------------	-------------	-------------------

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

Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Executive Vice President
---------------------------------------------------------------	---------------------------------------------------------

Receipt For: 2019  
 Primary     General  
 Other (specify) **Other**

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
12 / 31 / 2019  
**Transaction ID : SA11AI.10053**

Amount of Each Receipt this Period  
900.00

Memo Item  
\$150/monthly

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

Mailing Address 2855 W Pebble Road Unit 329

City Las Vegas	State NV	Zip Code 89123-6527
-------------------	-------------	------------------------

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

Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) APP Education Coordinator
---------------------------------------------------------------	----------------------------------------------------------

Receipt For: 2019  
 Primary     General  
 Other (specify) **Other**

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
12 / 31 / 2019  
**Transaction ID : SA11AI.10065**

Amount of Each Receipt this Period  
150.00

Memo Item  
\$25/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1150.02
<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 80 OF 118
	<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. Shelat, Chandresh, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2144 Grant Farm Court

City Marriottsville	State MD	Zip Code 21104
------------------------	-------------	-------------------

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

Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) Associate Medical Director
----------------------------------------------------------------	-----------------------------------------------------------

Receipt For: 2019  
 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		2019

**Transaction ID : SA11AI.10141**

Amount of Each Receipt this Period  
600.00

Memo Item  
\$150/monthly

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

Mailing Address 912 Camelot Dr.

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

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

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

Receipt For: 2019  
 Primary  General  
 Other (specify) **Other**

Aggregate Year-to-Date ▼  
1400.01

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2019

**Transaction ID : SA11AI.9906**

Amount of Each Receipt this Period  
900.00

Memo Item  
\$150/monthly

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

Mailing Address 114E Churches Street

City Frederick	State MD	Zip Code 21701
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FEC ID number of contributing federal political committee. **C**

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

Receipt For: 2019  
 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		2019

**Transaction ID : SA11AI.10185**

Amount of Each Receipt this Period  
250.00

Memo Item  
\$250/one-time

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1750.00
<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 81 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Shukovsky, Suzy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 705 Rosemary Circle  
 City Bradenton State FL Zip Code 34212-5015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC Occupation (for Individual) Emergency Physician  
 Receipt For: 2019  
 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 / 2019  
**Transaction ID : SA11AI.9993**  
 Amount of Each Receipt this Period  
 100.02  
 Memo Item  
 \$16.67/monthly

**B. Siegel, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1437 Ivey Dr  
 City Charlotte State NC Zip Code 28205-5316  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) APP Lead  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.10073**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 \$25/monthly

**C. Sinnott, Annie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1335 N. Bosworth Ave. #3  
 City Chicago State IL Zip Code 60642-2341  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 1383.34

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.9881**  
 Amount of Each Receipt this Period  
 750.00  
 Memo Item  
 \$150/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.02
<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 82 OF 118
	<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. Slabinski, Mark, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2019
Mailing Address 3004 Edison St. NW		<b>Transaction ID : SA11AI.9958</b>
City Uniontown	State OH	Zip Code 44685-7212
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 900.00
Name of Employer (for Individual) USACS Management Group	Occupation (for Individual) Regional Vice President	<input type="checkbox"/> Memo Item \$150/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 1666.66	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Smitek, Rachel, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2019
Mailing Address 234 Lakeshore Dr		<b>Transaction ID : SA11AI.9976</b>
City Mooresville	State NC	Zip Code 28117-7535
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 120.00
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Assistant Medical Director	<input type="checkbox"/> Memo Item \$20/monthly
Receipt For: 2019 <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>C. Snyder, Aaron, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2019
Mailing Address 9925 Silver Brook Drive		<b>Transaction ID : SA11AI.9868</b>
City Rockville	State MD	Zip Code 20850
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 900.00
Name of Employer (for Individual) Virtual Locations	Occupation (for Individual) Regional Vice President	<input type="checkbox"/> Memo Item \$150/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 1600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1920.00
<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 83 OF 118
	<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. Snyder, Eric, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2019
Mailing Address 311 East Carroll Street PO Box 384		<b>Transaction ID : SA11AI.9913</b>
City Carrolltown	State PA	Zip Code 15722-0384
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 120.00
Name of Employer (for Individual) AHN Medical Group, LLC	Occupation (for Individual) APP Lead	<input type="checkbox"/> Memo Item \$20/monthly
Receipt For: 2019 <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. Snyder, Mary Jo, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2019
Mailing Address 1800 Gulf Drive N Unit # 111		<b>Transaction ID : SA11AI.10022</b>
City Bradenton Beach	State FL	Zip Code 34217
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 850.00
Name of Employer (for Individual) Virtual Locations	Occupation (for Individual) President Echo Consulting Group	<input type="checkbox"/> Memo Item \$100/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 1300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Somers, Michael, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2019
Mailing Address 503 Neuse Harbour Blvd		<b>Transaction ID : SA11AI.10130</b>
City New Bern	State NC	Zip Code 28560-8958
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 900.00
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$150/monthly
Receipt For: 2019 <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).....	1870.00
<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 84 OF 118
	<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. Spohn, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6901 River Place Ct  
 City College Station State TX Zip Code 77845  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Travis County Emergency Physic Occupation (for Individual) Emergency Physician  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.10190**  
 Amount of Each Receipt this Period 400.00  
 Memo Item  
 \$400/one-time

**B. Srivastava, Geetanjali, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5447 N Sequoia Ave  
 City Fresno State CA Zip Code 93711-2849  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director  
 Receipt For: 2019  
 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 / 2019  
**Transaction ID : SA11AI.9919**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 \$25/monthly

**C. Sullivan, Richard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 117 James Place  
 City Pittsburgh State PA Zip Code 15228-1021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Medical Director  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.10149**  
 Amount of Each Receipt this Period 400.00  
 Memo Item  
 \$100/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	950.00
<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 85 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Thomas, Frank, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7432 S. 107 E. Avenue  
 City Tulsa State OK Zip Code 74133  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Advanced Practice Provider  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.9916**  
 Amount of Each Receipt this Period  
 120.00  
 Memo Item  
 \$20/monthly

**B. Thompson, Donovan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4408 Lake Shore Road North  
 City Denver State NC Zip Code 28037-9198  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.10057**  
 Amount of Each Receipt this Period  
 600.00  
 Memo Item  
 \$100/monthly

**C. Tirheimer, Wenzel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13404 Golf Crest Way  
 City Tampa State FL Zip Code 33618  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC Occupation (for Individual) Emergency Physician  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼  
 1800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.10005**  
 Amount of Each Receipt this Period  
 900.00  
 Memo Item  
 \$150/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1620.00
<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 86 OF 118
	<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. Toole, Timothy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2547 E 26th PI  
 City Tulsa State OK Zip Code 74114-4303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Emergency Physician  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.10000**  
 Amount of Each Receipt this Period 120.00  
 Memo Item  
 \$20/monthly

**B. Townsend, Martha, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16220 W 84th Drive  
 City Arvada State CO Zip Code 80007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Colorado Emergency Service Physicians, Occupation (for Individual) APP Lead  
 Receipt For: 2019  
 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  
 12 / 31 / 2019  
**Transaction ID : SA11AI.10128**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 \$50/monthly

**C. Treichler, Don, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 Pecan Grove Road  
 City Ennis State TX Zip Code 75119  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) Medical Director  
 Receipt For: 2019  
 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 / 2019  
**Transaction ID : SA11AI.10055**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 \$150.00/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	570.00
<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 87 OF 118
	<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. Trotter, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5401 South Ingleside Avenue  
 City Chicago State IL Zip Code 60615-5013  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼  
 1533.34

Date of Receipt  
 12 / 31 / 2019  
**Transaction ID : SA11AI.9904**  
 Amount of Each Receipt this Period  
 900.00  
 Memo Item  
 \$150/monthly

**B. Tucker, Jeremy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 23959 Meredith Court  
 City Hollywood State MD Zip Code 20636  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) National Director of Patient Safety  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼  
 1720.00

Date of Receipt  
 12 / 31 / 2019  
**Transaction ID : SA11AI.9931**  
 Amount of Each Receipt this Period  
 920.00  
 Memo Item  
 \$150/monthly

**C. Tucker, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 111 Mitchell Blvd  
 City Harrison State OH Zip Code 45030-2197  
 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: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼  
 900.00

Date of Receipt  
 12 / 31 / 2019  
**Transaction ID : SA11AI.10136**  
 Amount of Each Receipt this Period  
 600.00  
 Memo Item  
 \$100/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2420.00
<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 88 OF 118
<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. Tully, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8345 Rolling Acres Trail  
 City Fair Oaks Ranch State TX Zip Code 78015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) Medical Director  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.10075**  
 Amount of Each Receipt this Period  
 600.00  
 Memo Item  
 \$100/monthly

**B. Ulmer, Travis, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1240 Broadview Ave  
 City Columbus State OH Zip Code 43212-3344  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Management Group Occupation (for Individual) Vice President of Marketing and Recrui  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼  
 1533.34

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.10002**  
 Amount of Each Receipt this Period  
 900.00  
 Memo Item  
 \$150/monthly

**C. Venkat, Arvind, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 105 Breckenridge Dr.  
 City Wexford State PA Zip Code 15090-9400  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AHN Medical Group, LLC Occupation (for Individual) National Director of Research  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼  
 2300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.9882**  
 Amount of Each Receipt this Period  
 1400.00  
 Memo Item  
 \$150/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2900.00
<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 89 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Vock, Tracie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1826 Free Terrace  
 City Frederick State MD Zip Code 21702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 MEP Health, LLC Director of APPs, Observation and Hosj  
 Receipt For: 2019  
 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 / 2019  
**Transaction ID : SA11AI.10001**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 \$50/monthly

**B. Warwick-Heckman, Kelley, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 303 Four T Ranch Rd  
 City Georgetown State TX Zip Code 78633  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Emergency Service Partners, LLC Emergency Physician  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.10078**  
 Amount of Each Receipt this Period  
 600.00  
 Memo Item  
 \$100/monthly

**C. Watkins, Angela, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3128 Persimmon Tree Ct  
 City Woodstock State MD Zip Code 21163-1150  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 MEP Health, LLC Medical Director  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼  
 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.10029**  
 Amount of Each Receipt this Period  
 900.00  
 Memo Item  
 \$150/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1800.00
<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 90 OF 118
	<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. Watling, Bradley, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2019
Mailing Address 101 E. W.T. Harris Blvd Suite 3109		<b>Transaction ID : SA11AI.9886</b>
City Mooresville	State NC	Zip Code 28117-7558
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 900.00
Name of Employer (for Individual) Virtual Locations	Occupation (for Individual) Regional Vice President	<input type="checkbox"/> Memo Item \$150/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 1800.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Watson, James, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2019
Mailing Address 2158 W 5th Street Up Unit		<b>Transaction ID : SA11AI.10019</b>
City Cleveland	State OH	Zip Code 44113
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer (for Individual) USACS Management Group	Occupation (for Individual) Chief Development Officer	<input type="checkbox"/> Memo Item \$150/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 1675.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Watt, Christopher, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2019
Mailing Address 3909 Fox Glen Drive		<b>Transaction ID : SA11AI.10047</b>
City Irving	State TX	Zip Code 75062
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer (for Individual) USACS Management Group	Occupation (for Individual) Chief Accounting Officer	<input type="checkbox"/> Memo Item \$100/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2500.00
<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 91 OF 118
	<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. Wellock, Austin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2439 Clydesdale St NW  
 City North Canton State OH Zip Code 44720-9818  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **333.36**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.9883**  
 Amount of Each Receipt this Period  
 233.34  
 Memo Item  
 \$50/monthly

**B. Wellock, Kathleen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3430 Ashton Drive  
 City Uniontown State OH Zip Code 44685  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Management Group Occupation (for Individual) Vice President, Account Management  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **525.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.10020**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 \$50/monthly

**C. Welsh, Ian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1027 Gardenia Street  
 City Fort Mill State SC Zip Code 29708  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Assistant Medical Director of Firefigh  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **1400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.9923**  
 Amount of Each Receipt this Period  
 1100.00  
 Memo Item  
 \$150/monthly

**SUBTOTAL** of Receipts This Page (optional)..... **1633.34**  
**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 92 OF 118
	<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. West, Brian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 441 Carnoustie  
 City Highland State MI Zip Code 48357-4754  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Quality Director  
 Receipt For: 2019  
 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  
 12 / 31 / 2019  
**Transaction ID : SA11AI.10121**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 \$50/monthly

**B. White, Jeremy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4844 Jewell Terrace  
 City Palm Harbor State FL Zip Code 34685  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC Occupation (for Individual) Medical Director  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.9932**  
 Amount of Each Receipt this Period 120.00  
 Memo Item  
 \$20/monthly

**C. Willis, Jennifer, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 40 Knightsboro Road  
 City Henderson State NV Zip Code 89074-6315  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) APP Lead  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 237.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.10068**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 \$25/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	570.00
<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 93 OF 118
	<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. Wirtz, David, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2019
Mailing Address 1 Highgate NE		<b>Transaction ID : SA11AI.9901</b>
City Ithaca	State NY	Zip Code 14850
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 900.00
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$150/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 1400.01	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Wisniewski, Michael, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2019
Mailing Address 2813 Elmira St.		<b>Transaction ID : SA11AI.10008</b>
City Denver	State CO	Zip Code 80238
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 700.00
Name of Employer (for Individual) Colorado Emergency Service Physicians,	Occupation (for Individual) Emergency Physician	<input type="checkbox"/> Memo Item \$100/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 1300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Wong, Michelle, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2019
Mailing Address 3823 Silkwood Place		<b>Transaction ID : SA11AI.10090</b>
City El Dorado Hills	State CA	Zip Code 95762-7830
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 112.50
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Advanced Practice Provider	<input type="checkbox"/> Memo Item \$12.5/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 212.50	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1712.50
<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 94 OF 118
<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. Wright, David, , ,</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2019 <b>Transaction ID : SA11AI.10174</b>
Mailing Address 1 Old Spring Road			Amount of Each Receipt this Period 1000.00
City Barboursville	State WV	Zip Code 25504	<input type="checkbox"/> Memo Item \$1000/one-time
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Firefighter	
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other		Aggregate Year-to-Date 1000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Wyatt, Cheryl, , ,</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2019 <b>Transaction ID : SA11AI.9892</b>
Mailing Address 48252 Leachburg Road			Amount of Each Receipt this Period 300.00
City Lexington Park	State MD	Zip Code 20653	<input type="checkbox"/> Memo Item \$50/monthly
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) MEP Health, LLC		Occupation (for Individual) Director of APPs	
Receipt For: 2019 <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. Yonteck, Frederick, , ,</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2019 <b>Transaction ID : SA11AI.9918</b>
Mailing Address 27518 Pine Point Drive			Amount of Each Receipt this Period 120.00
City Wesley Chapel	State FL	Zip Code 33544-8756	<input type="checkbox"/> Memo Item \$20/monthly
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC		Occupation (for Individual) Emergency Physician	
Receipt For: 2019 <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).....	1420.00
<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 95 OF 118
<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. 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: 2019  
 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  
 12 / 31 / 2019  
**Transaction ID : SA11AI.9890**  
 Amount of Each Receipt this Period  
 600.00  
 Memo Item  
 \$100/monthly

**B. Ziebell, Christopher, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4014 Greystone Drive  
 City Austin State TX Zip Code 78731  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) Medical Director  
 Receipt For: 2019  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA11AI.10046**  
 Amount of Each Receipt this Period  
 600.00  
 Memo Item  
 \$100/monthly

**C. Zimmerman, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1913 Buffalo Speedway  
 City Leander State TX Zip Code 78641  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) Emergency Physician  
 Receipt For: 2019  
 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  
 12 / 31 / 2019  
**Transaction ID : SA11AI.10131**  
 Amount of Each Receipt this Period  
 600.00  
 Memo Item  
 \$100/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1800.00
<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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

**A. PayPal**

Full Name (Last, First, Middle Initial)

Mailing Address 2211 North First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement Processing Fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 30 / 2019

FEC Identification Number: C

Transaction ID : SB21B.10200

Amount of Each Disbursement this Period: 200.53

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).....▶	200.53
<b>TOTAL</b> This Period (last page this line number only).....▶	200.53

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. ANDY HARRIS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 426

M M M	/	D D D	/	Y Y Y Y Y
10		22		2019

City STEVENSVILLE State MD Zip Code 21666

FEC Identification Number

Purpose of Disbursement Contributions

C	C00435974
---	-----------

Candidate Name  
**HARRIS, ANDREW P, , ,**

011
Category/ Type

**Transaction ID : SB23.9757**

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
 Disbursement For: 2020  Primary  General  Other (specify) ▼  
 State: MD District: 01

2500.00
---------

Memo Item

**B. BERA FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address POST OFFICE BOX 582496

M M M	/	D D D	/	Y Y Y Y Y
10		24		2019

City ELK GROVE State CA Zip Code 95758

FEC Identification Number

Purpose of Disbursement Contribution

C	C00461061
---	-----------

Candidate Name  
**BERA, AMERISH, , ,**

011
Category/ Type

**Transaction ID : SB23.9761**

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
 Disbursement For: 2020  Primary  General  Other (specify) ▼  
 State: CA District: 07

2500.00
---------

Memo Item

**C. BLUEGRASS COMMITTEE**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 228 S Washington St Suite 115

M M M	/	D D D	/	Y Y Y Y Y
07		15		2019

City Alexandria State VA Zip Code 22314

FEC Identification Number

Purpose of Disbursement Contribution

C	C00235655
---	-----------

Candidate Name  
**BLUEGRASS COMMITTEE**

011
Category/ Type

**Transaction ID : SB23.9724**

Amount of Each Disbursement this Period

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

5000.00
---------

Memo Item

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

10000.00
----------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. BUCSHON FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 40323

City Washington State DC Zip Code 20016

Purpose of Disbursement Contribution

011

Category/  
Type

Candidate Name  
**BUCSHON, LARRY D., , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼

State: IN District: 08

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 08 / 2019

FEC Identification Number

C C00468256

Transaction ID : SB23.9716

Amount of Each Disbursement this Period

5000.00

Memo Item

**B. COLLINS FOR SENATOR**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 1096

City BANGOR State ME Zip Code 04402

Purpose of Disbursement Contribution

011

Category/  
Type

Candidate Name  
**COLLINS, SUSAN M., , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify)

State: ME District: 00

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
09 / 09 / 2019

FEC Identification Number

C C00314575

Transaction ID : SB23.9740

Amount of Each Disbursement this Period

5000.00

Memo Item

**C. CORY GARDNER FOR SENATE**

Full Name (Last, First, Middle Initial)

Mailing Address 9227 E. LINCOLN AVE., #200-234

City LONE TREE State CO Zip Code 80124

Purpose of Disbursement Contribution

011

Category/  
Type

Candidate Name  
**GARDNER, CORY, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼

State: CO District: 04

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
09 / 09 / 2019

FEC Identification Number

C C00492454

Transaction ID : SB23.9741

Amount of Each Disbursement this Period

5000.00

Memo Item

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

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

15000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. CORY GARDNER FOR SENATE**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 9227 E. LINCOLN AVE., #200-234

M M M	/	D D D	/	Y Y Y Y Y
09		09		2019

City LONE TREE State CO Zip Code 80124

FEC Identification Number

Purpose of Disbursement Contribution

011
Category/Type

C C00492454

Transaction ID : SB23.9742

Amount of Each Disbursement this Period

5000.00
---------

Candidate Name GARDNER, CORY, , ,

Office Sought:  House  Senate  President  
State: CO District: 04

Disbursement For: 2020  
 Primary  General  Other (specify) ▼

Memo Item

**B. DONNA SHALALA FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 219 PENNSYLVANIA AVE SE  
3RD FLOOR

M M M	/	D D D	/	Y Y Y Y Y
10		07		2019

City WASHINGTON State DC Zip Code 20003

FEC Identification Number

Purpose of Disbursement Contribution

011
Category/Type

C C00672311

Transaction ID : SB23.9756

Amount of Each Disbursement this Period

5000.00
---------

Candidate Name SHALALA, DONNA, , ,

Office Sought:  House  Senate  President  
State: FL District: 27

Disbursement For: 2020  
 Primary  General  Other (specify) ▼

Memo Item

**C. DONNA SHALALA FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 219 PENNSYLVANIA AVE SE  
3RD FLOOR

M M M	/	D D D	/	Y Y Y Y Y
11		26		2019

City WASHINGTON State DC Zip Code 20003

FEC Identification Number

Purpose of Disbursement Contribution

011
Category/Type

C C00672311

Transaction ID : SB23.9801

Amount of Each Disbursement this Period

5000.00
---------

Candidate Name SHALALA, DONNA, , ,

Office Sought:  House  Senate  President  
State: FL District: 27

Disbursement For: 2020  
 Primary  General  Other (specify) ▼

Memo Item

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

15000.00
----------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. DOUG JONES FOR SENATE COMMITTEE</b>		Date of Disbursement MM / DD / YYYY 09 / 27 / 2019
Mailing Address PO BOX 131025		FEC Identification Number C00640623 <b>Transaction ID : SB23.9751</b>
City BIRMINGHAM	State AL	Zip Code 35213
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name <b>JONES, DOUG, , ,</b>		Amount of Each Disbursement this Period 5000.00
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: AL	District: 00	

Full Name (Last, First, Middle Initial) <b>B. DR. CAMERON WEBB FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 12 / 18 / 2019
Mailing Address PO BOX 679		FEC Identification Number C00714964 <b>Transaction ID : SB23.9807</b>
City CHARLOTTESVILLE	State VA	Zip Code 22902
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name <b>WEBB, BRYANT CAMERON, , ,</b>		Amount of Each Disbursement this Period 500.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: VA	District: 05	

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF SCHUMER</b>		Date of Disbursement MM / DD / YYYY 07 / 08 / 2019
Mailing Address 600 Pennsylvania Ave SE Suite 201		FEC Identification Number C00346312 <b>Transaction ID : SB23.9717</b>
City Washington	State DC	Zip Code 20003
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name <b>SCHUMER, CHARLES E, , ,</b>		Amount of Each Disbursement this Period 5000.00
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: NY	District: 00	

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

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

10500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. GUTHRIE FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 499 South Capitol Street SW  
Suite 420

M M M	/	D D D	/	Y Y Y Y Y
07		08		2019

City Washington State DC Zip Code 20003

FEC Identification Number

Purpose of Disbursement  
Contribution

011
Category/ Type

**C** C00445023

**Transaction ID : SB23.9719**

Amount of Each Disbursement this Period

Candidate Name  
**Guthrie, Brett, , ,**

4000.00
---------

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼  
State: KY District: 02

Memo Item

**B. HORSFORD FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 900 S PAVILION CENTER DR.  
SUITE 160

M M M	/	D D D	/	Y Y Y Y Y
10		24		2019

City LAS VEGAS State NV Zip Code 89144

FEC Identification Number

Purpose of Disbursement  
Contribution

011
Category/ Type

**C** C00504613

**Transaction ID : SB23.9763**

Amount of Each Disbursement this Period

Candidate Name  
**HORSFORD, STEVEN ALEXZANDER, , ,**

1500.00
---------

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼  
State: NV District: 04

Memo Item

**C. HORSFORD FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 900 S PAVILION CENTER DR.  
SUITE 160

M M M	/	D D D	/	Y Y Y Y Y
10		24		2019

City LAS VEGAS State NV Zip Code 89144

FEC Identification Number

Purpose of Disbursement  
Contribution

011
Category/ Type

**C** C00504613

**Transaction ID : SB23.9766**

Amount of Each Disbursement this Period

Candidate Name  
**HORSFORD, STEVEN ALEXZANDER, , ,**

1500.00
---------

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼  
State: NV District: 04

Memo Item

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

7000.00
---------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. HOYER'S MAJORITY FUND**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 499 S Capitol Street SW  
Ste. 406

M M M	/	D D D	/	Y Y Y Y Y
07		10		2019

City WASHINGTON State DC Zip Code 20003

FEC Identification Number

Purpose of Disbursement  
Contribution

011
Category/ Type

C H2MD05155

**Transaction ID : SB23.9722**

Amount of Each Disbursement this Period

Candidate Name  
**HOYER, STENY, , ,**

2500.00
---------

Office Sought:  House  
 Senate  
 President  
State: MD District: 05

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

**B. KANSANS FOR MARSHALL**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 1588

M M M	/	D D D	/	Y Y Y Y Y
10		24		2019

City GREAT BEND State KS Zip Code 67530

FEC Identification Number

Purpose of Disbursement  
Contribution

011
Category/ Type

C C00576173

**Transaction ID : SB23.9767**

Amount of Each Disbursement this Period

Candidate Name  
**MARSHALL, ROGER W, , ,**

1000.00
---------

Office Sought:  House  
 Senate  
 President  
State: KS District: 00

Disbursement For: 2020  
 Primary  General  
 Other (specify)

Memo Item

**C. KEVIN MCCARTHY FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 12667

M M M	/	D D D	/	Y Y Y Y Y
09		09		2019

City BAKERSFIELD State CA Zip Code 93389

FEC Identification Number

Purpose of Disbursement  
Contribution

011
Category/ Type

C C00420935

**Transaction ID : SB23.9743**

Amount of Each Disbursement this Period

Candidate Name  
**MCCARTHY, KEVIN, , ,**

5000.00
---------

Office Sought:  House  
 Senate  
 President  
State: CA District: 23

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

Memo Item

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

8500.00
---------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. MCCONNELL SENATE COMMITTEE</b>		Date of Disbursement MM / DD / YYYY 07 / 15 / 2019
Mailing Address PO BOX 1496		FEC Identification Number C00193342 <b>Transaction ID : SB23.9726</b>
City LOUISVILLE	State KY	Zip Code 40201
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name <b>MCCONNELL, MITCH, , ,</b>		Amount of Each Disbursement this Period 5000.00
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: KY	District: 00	

Full Name (Last, First, Middle Initial) <b>B. MICHAEL BURGESS FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 07 / 15 / 2019
Mailing Address PO Box 15239		FEC Identification Number C00372532 <b>Transaction ID : SB23.9725</b>
City Washington	State DC	Zip Code 20003
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name <b>Burgess, Michael, , ,</b>		Amount of Each Disbursement this Period 1000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: TX	District: 26	

Full Name (Last, First, Middle Initial) <b>C. MIKE THOMPSON FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 10 / 22 / 2019
Mailing Address 5429 MADISON AVENUE		FEC Identification Number C00326363 <b>Transaction ID : SB23.9758</b>
City SACRAMENTO	State CA	Zip Code 95841
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name <b>THOMPSON, MIKE MR., , ,</b>		Amount of Each Disbursement this Period 5000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: CA	District: 05	

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

11000.00

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. NANCY PELOSI FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address 700 13TH STREET, NW  
SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
Contribution

011  
Category/  
Type

Candidate Name  
**PELOSI, NANCY, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼  
State: CA District: 12

Date of Disbursement

MM / DD / YYYY  
10 / 22 / 2019

FEC Identification Number

C00213512

**Transaction ID : SB23.9759**

Amount of Each Disbursement this Period

5000.00

Memo Item

**B. NEVADANS FOR STEVEN HORSFORD**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 336664

City NORTH LAS VEGAS State NV Zip Code 89033

Purpose of Disbursement  
Contributions

011  
Category/  
Type

Candidate Name  
**HORSFORD, STEVEN ALEXZANDER, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼  
State: NV District: 04

Date of Disbursement

MM / DD / YYYY  
08 / 27 / 2019

FEC Identification Number

C00668228

**Transaction ID : SB23.9732**

Amount of Each Disbursement this Period

3500.00

Memo Item

**C. STEPHANIE MURPHY FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 205

City WINTER PARK State FL Zip Code 32790

Purpose of Disbursement  
Contribution

011  
Category/  
Type

Candidate Name  
**MURPHY, STEPHANIE, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼  
State: FL District: 07

Date of Disbursement

MM / DD / YYYY  
10 / 07 / 2019

FEC Identification Number

C00620443

**Transaction ID : SB23.9755**

Amount of Each Disbursement this Period

5000.00

Memo Item

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

13500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. SUSIE LEE FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Date of Disbursement: 08 / 27 / 2019

Mailing Address 5130 S FORT APACHE RD  
STE. 215-382

City LAS VEGAS State NV Zip Code 89148

Purpose of Disbursement Contribution  
Category/Type: 011

Candidate Name  
**LEE, SUSIE, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼

FEC Identification Number: C00655613  
Transaction ID : SB23.9735  
Amount of Each Disbursement this Period: 3000.00

State: NV District: 03  Memo Item

**B. THOM TILLIS COMMITTEE**

Full Name (Last, First, Middle Initial)  
Date of Disbursement: 08 / 27 / 2019

Mailing Address PO BOX 97396

City RALEIGH State NC Zip Code 27624

Purpose of Disbursement Contribution  
Category/Type: 011

Candidate Name  
**TILLIS, THOM R. SEN., , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼

FEC Identification Number: C00545772  
Transaction ID : SB23.9738  
Amount of Each Disbursement this Period: 4500.00

State: NC District: 00  Memo Item

**C. THOM TILLIS COMMITTEE**

Full Name (Last, First, Middle Initial)  
Date of Disbursement: 08 / 27 / 2019

Mailing Address PO BOX 97396

City RALEIGH State NC Zip Code 27624

Purpose of Disbursement Contribution  
Category/Type: 011

Candidate Name  
**TILLIS, THOM R. SEN., , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼

FEC Identification Number: C00545772  
Transaction ID : SB23.9739  
Amount of Each Disbursement this Period: 4500.00

State: NC District: 00  Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 12000.00

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. WALDEN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 439 New Jersey Ave SE

M M M	/	D D D	/	Y Y Y Y Y Y
07		08		2019

City Washington State DC Zip Code 20003

FEC Identification Number

Purpose of Disbursement Contribution

011
Category/Type

C C00333427

Transaction ID : SB23.9721

Amount of Each Disbursement this Period

Candidate Name

Walden, Greg, , ,

4000.00
---------

Office Sought:  House  Senate  President  
State: OR District: 02

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

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

City State Zip Code

FEC Identification Number

Purpose of Disbursement

Category/Type

C

Amount of Each Disbursement this Period

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

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

City State Zip Code

FEC Identification Number

Purpose of Disbursement

Category/Type

C

Amount of Each Disbursement this Period

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

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

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

4000.00
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117500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Benninghoff for Representative Committee**

Full Name (Last, First, Middle Initial)  
Mailing Address 225 State St 2nd Flr

City Harrisburg State PA Zip Code 17101

Purpose of Disbursement Contribution  
Candidate Name Benninghoff, Kerry, , ,  
Office Sought:  House  Senate  President  
Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement: 11 / 12 / 2019

FEC Identification Number: C  
Transaction ID : SB29.9771  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**B. Boscola, Lisa, , ,**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 1294

City Bethlehem State PA Zip Code 18016

Purpose of Disbursement Contribution  
Candidate Name Boscola, Lisa, , ,  
Office Sought:  House  Senate  President  
Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement: 08 / 27 / 2019

FEC Identification Number: C  
Transaction ID : SB29.9736  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**C. Citizens for Browne**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 792

City Harrisburg State PA Zip Code 17108

Purpose of Disbursement Contribution  
Candidate Name Browne, Pat, , ,  
Office Sought:  House  Senate  President  
Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement: 11 / 12 / 2019

FEC Identification Number: C  
Transaction ID : SB29.9772  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 3000.00

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

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

**A. Citizens for Jordan Harris**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 32097

City Philadelphia State PA Zip Code 19146

Purpose of Disbursement Contribution  
Candidate Name **Harris, Jordan, , ,**  
Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼

Date of Disbursement: 08 / 27 / 2019

FEC Identification Number: C  
Transaction ID : **SB29.9730**  
Amount of Each Disbursement this Period: 1000.00

Category/Type: 011

Memo Item

**B. Citizens for Obhof**

Full Name (Last, First, Middle Initial)  
Mailing Address 5206 Crown Pointe Drive

City Medina State OH Zip Code 44256

Purpose of Disbursement Contribution  
Candidate Name **Obhof, Larry, , ,**  
Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼

Date of Disbursement: 09 / 23 / 2019

FEC Identification Number: C  
Transaction ID : **SB29.9744**  
Amount of Each Disbursement this Period: 2000.00

Category/Type: 011

Memo Item

**C. Citizens for Schuring**

Full Name (Last, First, Middle Initial)  
Mailing Address 330 Third St NW

City Canton State OH Zip Code 44702

Purpose of Disbursement Contribution  
Candidate Name **Schuring, Kirk, , ,**  
Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼

Date of Disbursement: 09 / 18 / 2019

FEC Identification Number: C  
Transaction ID : **SB29.9745**  
Amount of Each Disbursement this Period: 1000.00

Category/Type: 011

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 4000.00

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

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

Full Name (Last, First, Middle Initial) <b>A. Friends of Bryan Cutler</b>		Date of Disbursement MM / DD / YYYY 11 / 05 / 2019
Mailing Address PO Box 412		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.9770</b>
City Harrisburg	State PA	Zip Code 17101
Purpose of Disbursement Contribution		Category/Type 011
Candidate Name <b>Cutler, Bryan, , ,</b>		Amount of Each Disbursement this Period 1000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA	District:	
<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>B. Friends of Joanna McClinton</b>		Date of Disbursement MM / DD / YYYY 08 / 13 / 2019
Mailing Address PO Box 16668		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.9728</b>
City Philadelphia	State PA	Zip Code 19139
Purpose of Disbursement Contribution		Category/Type 011
Candidate Name <b>McClinton, Joanna, , ,</b>		Amount of Each Disbursement this Period 1000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	
<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>C. Friends of Joe Scarnati</b>		Date of Disbursement MM / DD / YYYY 11 / 12 / 2019
Mailing Address PO Box 177		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.9781</b>
City Brockway	State PA	Zip Code 15824
Purpose of Disbursement Contributions		Category/Type 011
Candidate Name <b>Scarnati, Joe, , ,</b>		Amount of Each Disbursement this Period 2000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	
<input type="checkbox"/> Memo Item		

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

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

4000.00
[REDACTED]



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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Friends of John Gordner**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 12103

City Harrisburg State PA Zip Code 17108

Purpose of Disbursement Contributions  
Candidate Name Gordner, John, , ,  
Office Sought:  House  Senate  President  
State: District: Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

Date of Disbursement: 11 / 12 / 2019

FEC Identification Number: C  
Transaction ID : SB29.9775  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**B. Friends of Kim Ward**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 792

City Harrisburg State PA Zip Code 17108

Purpose of Disbursement Contributions  
Candidate Name Ward, Kim, , ,  
Office Sought:  House  Senate  President  
State: District: Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

Date of Disbursement: 11 / 12 / 2019

FEC Identification Number: C  
Transaction ID : SB29.9794  
Amount of Each Disbursement this Period: 500.00

Memo Item

**C. Friends of Kristin Phillips-Hill**

Full Name (Last, First, Middle Initial)  
Mailing Address 225 State St  
2nd Floor

City Harrisburg State PA Zip Code 17101

Purpose of Disbursement Contribution  
Candidate Name Phillips-Hill, Kristin, , ,  
Office Sought:  House  Senate  President  
State: District: Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

Date of Disbursement: 09 / 23 / 2019

FEC Identification Number: C  
Transaction ID : SB29.9747  
Amount of Each Disbursement this Period: 500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 2000.00

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

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

**A. Friends of Larry Householder**

Full Name (Last, First, Middle Initial)  
Mailing Address 207 N. Market St

City Somerset State OH Zip Code 43783

Purpose of Disbursement Contribution  
Candidate Name Householder, Larry, , ,  
Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
09 / 23 / 2019

FEC Identification Number: C  
Transaction ID : SB29.9746  
Amount of Each Disbursement this Period: 2000.00

Memo Item

**B. Friends of Mercy Toepel**

Full Name (Last, First, Middle Initial)  
Mailing Address 307 Hampton Circle

City Gilbertsville State PA Zip Code 19525

Purpose of Disbursement Contribution  
Candidate Name Toepel, Mercy, , ,  
Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
11 / 12 / 2019

FEC Identification Number: C  
Transaction ID : SB29.9790  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**C. Friends of Mike Reese**

Full Name (Last, First, Middle Initial)  
Mailing Address 1222 Village Rd

City Mt Pleasant State PA Zip Code 15666

Purpose of Disbursement Contributions  
Candidate Name Reese, Mike, , ,  
Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
11 / 12 / 2019

FEC Identification Number: C  
Transaction ID : SB29.9777  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 4000.00

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

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

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF MIKE TURZAI</b>		Date of Disbursement MM / DD / YYYY 09 / 09 / 2019
Mailing Address 11676 PERRY HIGHWAY SUITE 2106		FEC Identification Number C H8PA04066 <b>Transaction ID : SB29.9813</b>
City WEXFORD	State PA	Zip Code 15090
Purpose of Disbursement Refund of State Contribution		Amount of Each Disbursement this Period - 1000.00
Candidate Name <b>TURZAI, MICHAEL C, ,</b>		Category/ Type 011
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) ▼	<input type="checkbox"/> Memo Item
State: PA	District: 04	

Full Name (Last, First, Middle Initial) <b>B. Friends of Sharif Street</b>		Date of Disbursement MM / DD / YYYY 11 / 12 / 2019
Mailing Address 1421 W Susquehanna Ave		FEC Identification Number C <b>Transaction ID : SB29.9785</b>
City Philadelphia	State PA	Zip Code 19121
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 1000.00
Candidate Name <b>Street, Sharif, ,</b>		Category/ Type 011
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Memo Item
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. House Republican Campaign Committee</b>		Date of Disbursement MM / DD / YYYY 09 / 23 / 2019
Mailing Address 4679 Winterset Drive		FEC Identification Number C <b>Transaction ID : SB29.9748</b>
City Columbus	State OH	Zip Code 43220
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 500.00
Candidate Name <b>Householder, Larry, ,</b>		Category/ Type 011
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) ▼	<input type="checkbox"/> Memo Item
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	500.00
<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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. Oelslager for Ohio</b>		Date of Disbursement MM / DD / YYYY 08 / 27 / 2019
Mailing Address 6706 Lake Cable Ave NW		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.9733</b>
City North Canton	State OH	Zip Code 44720
Purpose of Disbursement Contribution		Category/Type 011
Candidate Name <b>Oelslager, Scott, , ,</b>		Amount of Each Disbursement this Period 1000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. Paul Renner for State Representative</b>		Date of Disbursement MM / DD / YYYY 07 / 31 / 2019
Mailing Address 70 Riverview Bend South #713		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.9727</b>
City Palm Coast	State FL	Zip Code 32137
Purpose of Disbursement Contribution		Category/Type 011
Candidate Name <b>Renner, Paul, , ,</b>		Amount of Each Disbursement this Period 1000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. Republican Senate Campaign Committee</b>		Date of Disbursement MM / DD / YYYY 09 / 23 / 2019
Mailing Address 88 E Broad Street Suite 1650		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.9750</b>
City Columbus	State OH	Zip Code 43215
Purpose of Disbursement Contribution		Category/Type 011
Candidate Name		Amount of Each Disbursement this Period 500.00
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) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

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

2500.00

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

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

**A. STEVE HUFFMAN FOR OHIO**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address P.O. BOX 739

M M M	/	D D D	/	Y Y Y Y Y
10		01		2019

City TROY State OH Zip Code 45372

FEC Identification Number

Purpose of Disbursement Contribution

011
Category/Type

C
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Transaction ID : SB29.9754  
Amount of Each Disbursement this Period

Candidate Name Huffman, Steve, , ,

1000.00
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Office Sought:  House  Senate  President  
State: OH District: 05

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

Memo Item

**B. Volunteers for Argall**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 241

M M M	/	D D D	/	Y Y Y Y Y
11		12		2019

City Tamaqua State PA Zip Code 18252

FEC Identification Number

Purpose of Disbursement Contributions

011
Category/Type

C
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Transaction ID : SB29.9800  
Amount of Each Disbursement this Period

Candidate Name Argall, Dave, , ,

1000.00
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Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2020  
 Primary  General  
 Other (specify)

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

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

City State Zip Code

FEC Identification Number

Purpose of Disbursement

Category/Type

C
---

Amount of Each Disbursement this Period

Candidate Name

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Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

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

2000.00
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**TOTAL** This Period (last page this line number only)..... ▶

28000.00
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