

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

USACS PAC

ADDRESS (number and street)

Check if different than previously reported. (ACC)

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

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

### 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

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

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

Election on  /  /  in the State of

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

Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Guyton, Steven, , ,

Type or Print Name of Treasurer

Signature of Treasurer Guyton, Steven, , , [Electronically Filed] Date  /  /

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

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

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

**USACS PAC**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2021"/>		143219.41
(b) Cash on Hand at Beginning of Reporting Period.....	240957.69	
(c) Total Receipts (from Line 19) .....	113209.94	229448.22
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	354167.63	372667.63
7. Total Disbursements (from Line 31).....	61000.00	79500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	293167.63	293167.63
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

USACS PAC

Report Covering the Period: From: MM / DD / YYYY 07 / 01 / 2021 To: MM / DD / YYYY 12 / 31 / 2021

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).....	112737.44	221954.70
(ii) Unitemized .....	472.50	7493.52
(iii) TOTAL (add		
Lines 11(a)(i) and (ii).....▶	113209.94	229448.22
(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) .....	113209.94	229448.22
12. Transfers From Affiliated/Other		
Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees.....	0.00	0.00
17. Other Federal Receipts		
(Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account		
(from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c)).....▶	113209.94	229448.22
20. Total Federal Receipts		
(subtract Line 18(c) from Line 19).....▶	113209.94	229448.22

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	29000.00	49000.00
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).....	32000.00	30500.00
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)) ..	61000.00	79500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	61000.00	79500.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

<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) .....	113209.94	229448.22
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	113209.94	229448.22
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 92
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Aaron, Adler, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2021
Mailing Address 7 Midsummer Court			<b>Transaction ID : SA11AI.5330</b>
City Gaithersburg	State MD	Zip Code 20878-5228	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) APP Lead	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Aaron, Snyder, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2021
Mailing Address 9925 Silver Brook Drive			<b>Transaction ID : SA11AI.5249</b>
City Rockville	State MD	Zip Code 20850	Amount of Each Receipt this Period 600.00
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) President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Adam, Kimmerling, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2021
Mailing Address 19252 Long Lake Ranch Blvd			<b>Transaction ID : SA11AI.5423</b>
City Lutz	State FL	Zip Code 33558-5510	Amount of Each Receipt this Period 450.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$75/Monthly
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) APP Lead	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 900.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1170.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 92
<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. Alan, Flanigan, , ,**  
 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:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5315**  
 Amount of Each Receipt this Period 900.00  
 Memo Item \$150/Monthly

**B. Alexander, Cook, , ,**  
 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:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 960.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5424**  
 Amount of Each Receipt this Period 480.00  
 Memo Item \$80/Monthly

**C. Alexander, Garcia-Gonzalez, , ,**  
 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) USACS Medical Group, Ltd. Occupation (for Individual) Medical Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5385**  
 Amount of Each Receipt this Period 300.00  
 Memo Item \$50/Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1680.00
<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 92
	<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. Alexis, Long, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5761 Reservoir Rd  
 City Georgetown State CA Zip Code 95634  
 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:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5331**  
 Amount of Each Receipt this Period 120.00  
 Memo Item \$20/Monthly

**B. Alicia, Hart, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 24625 Wilderness Oak Apt 1324  
 City San Antonio State TX Zip Code 78260-7210  
 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:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5386**  
 Amount of Each Receipt this Period 300.00  
 Memo Item \$50/Monthly

**C. Amer, Aldeen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18631 Rue Beauvais  
 City Lutz State FL Zip Code 33558-7112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Chief Medical Officer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5286**  
 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 9 OF 92
<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. Amit, Kalaria, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13813 Mustang Hill Lane  
 City North Potomac State MD Zip Code 20878-3872  
 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:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5332**  
 Amount of Each Receipt this Period 120.00  
 Memo Item \$20/Monthly

**B. Amy, Conley, , ,**  
 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) USACS Medical Group, Ltd. Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5211**  
 Amount of Each Receipt this Period 600.00  
 Memo Item \$100/Monthly

**C. Andrew, Jenis, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 115 Cayuga Heights Road  
 City Ithaca State NY Zip Code 14850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Regional Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5250**  
 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 10 OF 92
<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. Andrew, Lim, , ,**  
 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) USACS Medical Group, Ltd. Occupation (for Individual) Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5333**  
 Amount of Each Receipt this Period 120.00  
 Memo Item \$20/Monthly

**B. Andrew, Little, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 535 Valley Stream Dr  
 City Geneva State FL Zip Code 32732-9234  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Travis County Emergency Physicians, PA Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5209**  
 Amount of Each Receipt this Period 200.00  
 Memo Item \$100/Monthly

**C. Androni, Henry, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2116 Shiloh Point Dr  
 City Grand Rapids State MI Zip Code 49546-8288  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Senior Director of Quality  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1650.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5287**  
 Amount of Each Receipt this Period 750.00  
 Memo Item \$150/Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1070.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 92
	<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. Angela, Aboutalib, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2 East Erie St  
 Apt 3306  
 City Chicago State IL Zip Code 60611-3169  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) National Director of Quality and Educa  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5212**  
 Amount of Each Receipt this Period 600.00  
 Memo Item \$100/Monthly

**B. Angela, Watkins, , ,**  
 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) USACS Management Group, Ltd. Occupation (for Individual) Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5288**  
 Amount of Each Receipt this Period 900.00  
 Memo Item \$150/Monthly

**C. Angelo, Falcone, , ,**  
 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 Medical Group, Ltd. Occupation (for Individual) Board Member  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5251**  
 Amount of Each Receipt this Period 900.00  
 Memo Item \$150/Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2400.00
<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 92
	<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. Anna, Flores, , ,**  
 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) USACS Medical Group, Ltd. Occupation (for Individual) APP Lead  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5387**  
 Amount of Each Receipt this Period 300.00  
 Memo Item \$50/Monthly

**B. Anthony, Martinez, , ,**  
 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) USACS Medical Group, Ltd. Occupation (for Individual) System Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5289**  
 Amount of Each Receipt this Period 900.00  
 Memo Item \$150/Monthly

**C. April, Brill, , ,**  
 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:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5388**  
 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 13 OF 92
<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. Arianna, Campbell, , ,**  
 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:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 262.50

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5355**  
 Amount of Each Receipt this Period 150.00  
 Memo Item \$25/Monthly

**B. Arvind, Venkat, , ,**  
 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) USACS Medical Group, Ltd. Occupation (for Individual) National Director of Research  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5252**  
 Amount of Each Receipt this Period 300.00  
 Memo Item \$150/Monthly

**C. Audriana, Willis, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 405 Hardy Rd  
 City Newport State NC Zip Code 28570-8401  
 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:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5367**  
 Amount of Each Receipt this Period 150.00  
 Memo Item \$25/Monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 92
	<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. Austin, Wellock, , ,**  
 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:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5371**  
 Amount of Each Receipt this Period 300.00  
 Memo Item \$50/Monthly

**B. Belinda, Doss, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1344 County Road 3552  
 City Queen City State TX Zip Code 75572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Travis County Emergency Physicians, PA Occupation (for Individual) APP Lead  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5420**  
 Amount of Each Receipt this Period 450.00  
 Memo Item \$75/Monthly

**C. Benjamin, Hodson, , ,**  
 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:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5334**  
 Amount of Each Receipt this Period 120.00  
 Memo Item \$20/Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	870.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 92
	<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. Bodie, Correll, , ,**  
 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) USACS Medical Group, Ltd. Occupation (for Individual) Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2021  
**Transaction ID : SA11AI.5284**  
 Amount of Each Receipt this Period 900.00  
 Memo Item  
 \$150/Monthly

**B. Brandon, Lewis, , ,**  
 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) Travis County Emergency Physicians, PA Occupation (for Individual) Regional Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2021  
**Transaction ID : SA11AI.5290**  
 Amount of Each Receipt this Period 900.00  
 Memo Item  
 \$150/Monthly

**C. Brett, Gamma, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14930 Finegan Farm Drive  
 City Darnestown State MD Zip Code 20874  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Associate Medical Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2021  
**Transaction ID : SA11AI.5372**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 \$50/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: PAGE 16 OF 92  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Brian, Aldred, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3508 Good Night Trail  
 City Leander State TX Zip Code 78641-3628  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Travis County Emergency Physicians, PA Occupation (for Individual) Director of Telemedicine  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5291**  
 Amount of Each Receipt this Period 900.00  
 Memo Item \$150/Monthly

**B. Brian, Baker, , ,**  
 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) USACS Management Group, Ltd. Occupation (for Individual) Regional Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5292**  
 Amount of Each Receipt this Period 900.00  
 Memo Item \$150/Monthly

**C. Brian, West, , ,**  
 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:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5403**  
 Amount of Each Receipt this Period 300.00  
 Memo Item \$50/Monthly

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2100.00  
**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 17 OF 92  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Bruce, Jones, , ,**  
 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) Travis County Emergency Physicians, PA Occupation (for Individual) Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5254**  
 Amount of Each Receipt this Period 900.00  
 Memo Item \$150/Monthly

**B. Bruce, MacLeod, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1515 Mohican Dr.  
 City Pittsburgh State PA Zip Code 15228-1615  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Travis County Emergency Physicians, PA Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5253**  
 Amount of Each Receipt this Period 900.00  
 Memo Item \$150/Monthly

**C. Bryan, Carney, , ,**  
 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) Travis County Emergency Physicians, PA Occupation (for Individual) Assistant Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5293**  
 Amount of Each Receipt this Period 900.00  
 Memo Item \$150/Monthly

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2700.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 92
	<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. Caleb, Gerhart, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1111 Lancashire Drive  
 City Indian Land State SC Zip Code 29707  
 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:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5404**  
 Amount of Each Receipt this Period 300.00  
 Memo Item \$50/Monthly

**B. Camilo, Caceres, , ,**  
 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) USACS Medical Group, Ltd. Occupation (for Individual) Quality Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5294**  
 Amount of Each Receipt this Period 900.00  
 Memo Item \$150/Monthly

**C. Carl, Zayac, , ,**  
 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) Travis County Emergency Physicians, PA Occupation (for Individual) Firefighter  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5214**  
 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 19 OF 92
	<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. Carmella, Percy, , ,**  
 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:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5373**  
 Amount of Each Receipt this Period 300.00  
 Memo Item \$50/Monthly

**B. Chad, Albaugh, , ,**  
 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:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5295**  
 Amount of Each Receipt this Period 900.00  
 Memo Item \$150/Monthly

**C. Chandresh, Shelat, , ,**  
 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:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5316**  
 Amount of Each Receipt this Period 900.00  
 Memo Item \$150/Monthly

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2100.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 92
	<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. Cheryl, Wyatt, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 48252 Leachburg Road  
 City Lexington Park State MD Zip Code 20653  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Travis County Emergency Physicians, PA Occupation (for Individual) Director of APPs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5374**  
 Amount of Each Receipt this Period 300.00  
 Memo Item \$50/Monthly

**B. Christopher, Brandon, , ,**  
 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) USACS Medical Group, Ltd. Occupation (for Individual) Advanced Practice Provider  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5335**  
 Amount of Each Receipt this Period 120.00  
 Memo Item \$20/Monthly

**C. Christopher, Johnston, , ,**  
 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) Travis County Emergency Physicians, PA Occupation (for Individual) Medical Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5389**  
 Amount of Each Receipt this Period 300.00  
 Memo Item \$50/Monthly

<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 21 OF 92
	<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. Christopher, Lloyd, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2021
Mailing Address 2286 Picket Post Ln.			<b>Transaction ID : SA11AI.5321</b>
City Columbus	State OH	Zip Code 43220-2918	Amount of Each Receipt this Period 100.02
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$16.67/Monthly
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Director of Clinical Education	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 200.04	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Christopher, Ziebell, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2021
Mailing Address 4014 Greystone Drive			<b>Transaction ID : SA11AI.5227</b>
City Austin	State TX	Zip Code 78731	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) USACS Management Group, Ltd.		Occupation (for Individual) Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1200.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Corey, Fearheiley, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2021
Mailing Address 2604 Rain Song			<b>Transaction ID : SA11AI.5390</b>
City Leander	State TX	Zip Code 78641	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) Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 600.00	

<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 22 OF 92
<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. Craig, MacLean, , ,**  
 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) Senior Director of Quality  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5255**  
 Amount of Each Receipt this Period 900.00  
 Memo Item \$150/Monthly

**B. Curtis, Buchanan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3608 Shadow Arbor Way  
 City Lutz State FL Zip Code 33548  
 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:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5319**  
 Amount of Each Receipt this Period 900.00  
 Memo Item \$150/Monthly

**C. D., Miner, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2398 S. Garfield St.  
 City Denver State CO Zip Code 80210  
 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:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5391**  
 Amount of Each Receipt this Period 300.00  
 Memo Item \$50/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 23 OF 92
<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. Dacia, Russell Goman, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6611 Marshview Dr  
 City Hilliard State OH Zip Code 43026-2108  
 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:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt **12 / 31 / 2021**  
**Transaction ID : SA11AI.5246**  
 Amount of Each Receipt this Period 600.00  
 Memo Item \$100/Monthly

**B. Daniel, Ricciardi, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 736 Cole Street  
 City Charlottesville State VA Zip Code 22901-3210  
 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:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt **12 / 31 / 2021**  
**Transaction ID : SA11AI.5414**  
 Amount of Each Receipt this Period 300.00  
 Memo Item \$50/Monthly

**C. Danielle, Glotfelty, , ,**  
 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) Travis County Emergency Physicians, PA Occupation (for Individual) APP Lead  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **12 / 31 / 2021**  
**Transaction ID : SA11AI.5356**  
 Amount of Each Receipt this Period 150.00  
 Memo Item \$25/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 24 OF 92
	(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**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. David, Ferrand, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2021
Mailing Address 193 Bryna Lane			<b>Transaction ID : SA11AI.5216</b>
City Carnegie	State PA	Zip Code 15106-1473	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) USACS Medical Group, Ltd.		Occupation (for Individual) Firefighter	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. David, Foss, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2021
Mailing Address 915 Tschoepe Rd			<b>Transaction ID : SA11AI.5311</b>
City Seguin	State TX	Zip Code 78155	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) Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. David, Klein, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2021
Mailing Address 11736 Gainsborough Road			<b>Transaction ID : SA11AI.5215</b>
City Potomac	State MD	Zip Code 20854	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) USACS Medical Group, Ltd.		Occupation (for Individual) National Director of Quality	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1200.00		

<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 25 OF 92
<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. David, Lancaster, , ,</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2021
Mailing Address 6633 Silver Fox Road			<b>Transaction ID : SA11AI.5322</b>
City Charlotte	State NC	Zip Code 28270-0683	Amount of Each Receipt this Period 100.02
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$16.67/Monthly
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Emergency Physician - Regional Travel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 200.04	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. David, Lim, , ,</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2021
Mailing Address 3919 Luz Del Faro			<b>Transaction ID : SA11AI.5410</b>
City San Antonio	State TX	Zip Code 78261-2765	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) Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. David, Natali, , ,</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2021
Mailing Address 115 Pheasant Drive			<b>Transaction ID : SA11AI.5297</b>
City Blawnox	State PA	Zip Code 15238-2207	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 1800.00	

<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 92
<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. David, Rutherford, , ,**  
 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) USACS Medical Group, Ltd. Occupation (for Individual) Senior Director of Quality  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5228**  
 Amount of Each Receipt this Period 600.00  
 Memo Item \$100/Monthly

**B. David, Scott, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 749 Bentwater Circle Unit 102  
 City Naples State FL Zip Code 34108-6762  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Management Group, Ltd. Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5257**  
 Amount of Each Receipt this Period 900.00  
 Memo Item \$150/Monthly

**C. David, Seaberg, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1221 1st St S Unit 3A  
 City Jacksonville Beach State FL Zip Code 32250-6446  
 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:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5296**  
 Amount of Each Receipt this Period 900.00  
 Memo Item \$150/Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2400.00
<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 92
	<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. David, Wirtz, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 Highgate NE

City Ithaca	State NY	Zip Code 14850
----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2021

**Transaction ID : SA11AI.5256**

Amount of Each Receipt this Period  
900.00

Memo Item  
\$150/Monthly

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

Mailing Address 200 Windermere Ct.

City McMurray	State PA	Zip Code 15317
------------------	-------------	-------------------

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:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2021

**Transaction ID : SA11AI.5244**

Amount of Each Receipt this Period  
600.00

Memo Item  
\$100/Monthly

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

Mailing Address 50 East Drive

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

Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) Executive Chairman
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
4999.56

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2021

**Transaction ID : SA11AI.5370**

Amount of Each Receipt this Period  
2499.78

Memo Item  
\$416.63/Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3999.78
<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:	PAGE 28 OF 92
	(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. Donald, Norris, , ,**  
 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:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2021  
**Transaction ID : SA11AI.5323**  
 Amount of Each Receipt this Period  
 100.02  
 Memo Item  
 \$16.67/Monthly

**B. Donald, Phillips, , ,**  
 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) Travis County Emergency Physicians, PA Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2021  
**Transaction ID : SA11AI.5318**  
 Amount of Each Receipt this Period  
 900.00  
 Memo Item  
 \$150/Monthly

**C. Donna, Balewick, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 626 Phillips Rd  
 City Blairsville State PA Zip Code 15717-4233  
 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:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2021  
**Transaction ID : SA11AI.5298**  
 Amount of Each Receipt this Period  
 900.00  
 Memo Item  
 \$150/Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1900.02
<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 29 OF 92
	<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. Donovan, Thompson, , ,**  
 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:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5229**  
 Amount of Each Receipt this Period 600.00  
 Memo Item \$100/Monthly

**B. Douglas, Holt, , ,**  
 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:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5245**  
 Amount of Each Receipt this Period 600.00  
 Memo Item \$100/Monthly

**C. Douglas, Jeffrey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1109 Bluebonnet Lane  
 City Austin State TX Zip Code 78704-2005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5283**  
 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 30 OF 92
<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. Eric, Higginbotham, , ,**  
 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) USACS Medical Group, Ltd. Occupation (for Individual) Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5299**  
 Amount of Each Receipt this Period 900.00  
 Memo Item \$150/Monthly

**B. Eric, Kramer, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1889 West Trout Spring Rd  
 City McGaheysville State VA Zip Code 22840-2162  
 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:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5366**  
 Amount of Each Receipt this Period 150.00  
 Memo Item \$25/Monthly

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

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5336**  
 Amount of Each Receipt this Period 120.00  
 Memo Item \$20/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 31 OF 92
<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. Francisco, Atez, , ,**  
 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) USACS Medical Group, Ltd. Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt **12 / 31 / 2021**  
**Transaction ID : SA11AI.5217**  
 Amount of Each Receipt this Period 600.00  
 Memo Item \$100/Monthly

**B. Frederick, Romano, , ,**  
 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) USACS Medical Group, Ltd. Occupation (for Individual) Firefighter  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt **12 / 31 / 2021**  
**Transaction ID : SA11AI.5258**  
 Amount of Each Receipt this Period 900.00  
 Memo Item \$150/Monthly

**C. Frederick, Yonteck, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 27518 Pine Point Drive  
 City Wesley Chapel State FL Zip Code 33544-8756  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt **12 / 31 / 2021**  
**Transaction ID : SA11AI.5337**  
 Amount of Each Receipt this Period 120.00  
 Memo Item \$20/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 32 OF 92
	<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. Geetanjali, Srivastava, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2021
Mailing Address 5447 N Sequoia Ave		<b>Transaction ID : SA11AI.5353</b>
City Fresno	State CA	Zip Code 93711-2849
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$25/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. George, Gibson, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2021
Mailing Address 4100 Wallace Shire Dr.		<b>Transaction ID : SA11AI.5411</b>
City College Station	State TX	Zip Code 77845
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) Travis County Emergency Physicians, PA	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$50/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Gregory, Geers, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2021
Mailing Address 624 James Alexander Way		<b>Transaction ID : SA11AI.5338</b>
City Davidson	State NC	Zip Code 28036-7070
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) Medical Director	<input type="checkbox"/> Memo Item \$20/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 220.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	320.00
<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 33 OF 92
	(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. Gretchann, Cline, , ,**  
 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) Occupation (for Individual)  
 Travis County Emergency Physicians, PA System APP Lead  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2021  
**Transaction ID : SA11AI.5354**  
 Amount of Each Receipt this Period  
 275.00  
 Memo Item  
 \$25/Monthly

**B. Herbert, Ogden, , ,**  
 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) Occupation (for Individual)  
 USACS Medical Group, Ltd. Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2021  
**Transaction ID : SA11AI.5352**  
 Amount of Each Receipt this Period  
 120.00  
 Memo Item  
 \$20/Monthly

**C. Holley, Meers, , ,**  
 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)  
 USACS Medical Group, Ltd. Medical Director of Integrated Acute C  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2021  
**Transaction ID : SA11AI.5230**  
 Amount of Each Receipt this Period  
 600.00  
 Memo Item  
 \$100/Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	995.00
<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 34 OF 92  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Homi, Kapadia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 31281 Island Dr  
 City Evergreen State CO Zip Code 80439-8966  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Management Group, Ltd. Occupation (for Individual) Regional Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5259**  
 Amount of Each Receipt this Period 900.00  
 Memo Item \$150/Monthly

**B. Ian, Welsh, , ,**  
 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) Travis County Emergency Physicians, PA Occupation (for Individual) Firefighter  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5260**  
 Amount of Each Receipt this Period 900.00  
 Memo Item \$150/Monthly

**C. Irfan, Hydari, , ,**  
 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) USACS Management Group, Ltd. Occupation (for Individual) Regional Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5300**  
 Amount of Each Receipt this Period 900.00  
 Memo Item \$150/Monthly

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2700.00  
**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 35 OF 92
	<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. Jaclyn, Davis, , ,</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2021
Mailing Address 10611 Moss Mill Lane			<b>Transaction ID : SA11AI.5329</b>
City Charlotte	State NC	Zip Code 28277-1674	Amount of Each Receipt this Period 100.02
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$16.67/Monthly
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.04		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Jacob, Kleinman, , ,</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2021
Mailing Address 120 Marvelwood Place			<b>Transaction ID : SA11AI.5375</b>
City Pittsburgh	State PA	Zip Code 15215-1569	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) Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. James, Augustine, , ,</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2021
Mailing Address 7868 Classics Dr.			<b>Transaction ID : SA11AI.5261</b>
City Naples	State FL	Zip Code 34113-3063	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 Management Group, Ltd.		Occupation (for Individual) Chairman, National Clinical Governance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1800.00		

<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 36 OF 92
	<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. James, Frary, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4009 Grassmere Lane  
 City Dallas State TX Zip Code 75205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5312**  
 Amount of Each Receipt this Period 900.00  
 Memo Item \$150/Monthly

**B. James, Rooks, , ,**  
 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) USACS Medical Group, Ltd. Occupation (for Individual) Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5231**  
 Amount of Each Receipt this Period 600.00  
 Memo Item \$100/Monthly

**C. James, Watson, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2158 W 5th Street Up Unit  
 City Cleveland State OH Zip Code 44113  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Chief Development Officer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5285**  
 Amount of Each Receipt this Period 900.00  
 Memo Item \$150/Monthly

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2400.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 37 OF 92
<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. Jason, Bolden, , ,**  
 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:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200.04

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5324**  
 Amount of Each Receipt this Period 100.02  
 Memo Item \$16.67/Monthly

**B. Javier, Gonzalez, , ,**  
 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) USACS Medical Group, Ltd. Occupation (for Individual) Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5301**  
 Amount of Each Receipt this Period 900.00  
 Memo Item \$150/Monthly

**C. Jay, Lavina, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11651 Renaissance View Ct.  
 City Tampa State FL Zip Code 33626  
 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:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5357**  
 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: PAGE 38 OF 92  
(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. Jayne, Kendall, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21710 Parsons Green Row

City Cornelius	State NC	Zip Code 28031
-------------------	-------------	-------------------

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

Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) Regional Vice President
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2021

**Transaction ID : SA11AI.5218**

Amount of Each Receipt this Period  
600.00

Memo Item  
\$100/Monthly

**B. Jennifer, Bradstreet, , ,**  
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) USACS Medical Group, Ltd.	Occupation (for Individual) Regional Vice President
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2021

**Transaction ID : SA11AI.5262**

Amount of Each Receipt this Period  
900.00

Memo Item  
\$150/Monthly

**C. Jeremy, Kirtz, , ,**  
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) USACS Medical Group, Ltd.	Occupation (for Individual) Medical Director
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2021

**Transaction ID : SA11AI.5384**

Amount of Each Receipt this Period  
300.00

Memo Item  
\$50/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 39 OF 92
<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. Jeremy, Nelson, , ,</b>			Date of Receipt
Mailing Address 2001 Cross Draw Trail			<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2021"/>
City Leander	State TX	Zip Code 78641	<b>Transaction ID : SA11AI.5358</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="150.00"/>
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) APP Lead	<input type="checkbox"/> Memo Item \$25/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Jeremy, White, , ,</b>			Date of Receipt
Mailing Address 4844 Jewell Terrace			<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2021"/>
City Palm Harbor	State FL	Zip Code 34685	<b>Transaction ID : SA11AI.5339</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="120.00"/>
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$20/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="240.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Jesse, DiRando, , ,</b>			Date of Receipt
Mailing Address 33531 Royal Saint George Drive			<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2021"/>
City Avon	State OH	Zip Code 44011	<b>Transaction ID : SA11AI.5263</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="900.00"/>
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Chief Documentation Officer	<input type="checkbox"/> Memo Item \$150/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="1800.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1170.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 92
	<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. Jesse, Loar, , ,**  
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) USACS Management Group, Ltd.	Occupation (for Individual) Co-Medical Director
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2021

**Transaction ID : SA11AI.5302**

Amount of Each Receipt this Period  
900.00

Memo Item  
\$150/Monthly

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

Name of Employer (for Individual) USACS Management Group, Ltd.	Occupation (for Individual) National Director of Clinical Innovati
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2021

**Transaction ID : SA11AI.5232**

Amount of Each Receipt this Period  
600.00

Memo Item  
\$100/Monthly

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

Mailing Address 1108 Paxon Court

City Bellbrook	State OH	Zip Code 45305-8959
-------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2021

**Transaction ID : SA11AI.5264**

Amount of Each Receipt this Period  
900.00

Memo Item  
\$150/Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2400.00
<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 41 OF 92 (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**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. John, Bedolla, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2021		
Mailing Address 1000 San Marcos Street Unit 324			<b>Transaction ID : SA11AI.5240</b>		
City Austin	State TX	Zip Code 78702-2667	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) Travis County Emergency Physicians, PA		Occupation (for Individual) Emergency Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1200.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. John, Casey, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2021		
Mailing Address 5156 Baker Ridge Dr.			<b>Transaction ID : SA11AI.5265</b>		
City Columbus	State OH	Zip Code 43228	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) National Director of Scholars			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1800.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. John, Harris, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2021		
Mailing Address 785 Joe Tyl Road			<b>Transaction ID : SA11AI.5317</b>		
City Texarkana	State TX	Zip Code 75501-5105	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) Medical Director			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 1800.00			

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2400.00
<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 42 OF 92
<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. John, Janikas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 748 Carlton Road  
 City Clifton Park State NY Zip Code 12065-1023  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Regional Vice President of Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5425**  
 Amount of Each Receipt this Period 499.98  
 Memo Item \$83.33/Monthly

**B. John, McManus, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 3484  
 City Durango State CO Zip Code 81302-3484  
 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:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5303**  
 Amount of Each Receipt this Period 900.00  
 Memo Item \$150/Monthly

**C. John, Scott, , ,**  
 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:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 200.04

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5325**  
 Amount of Each Receipt this Period 100.02  
 Memo Item \$16.67/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 43 OF 92
	<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. John, Siegel, , ,**  
 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:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5359**  
 Amount of Each Receipt this Period 150.00  
 Memo Item \$25/Monthly

**B. John, Tully, , ,**  
 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) USACS Medical Group, Ltd. Occupation (for Individual) System Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5233**  
 Amount of Each Receipt this Period 600.00  
 Memo Item \$100/Monthly

**C. Jose, Barquin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1011 charles st  
 City clearwater State FL Zip Code 33755  
 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:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5405**  
 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: (check only one)	PAGE 44 OF 92
	<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. Joyce, Perfetti, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2021
Mailing Address 29470 Picana Lane		<b>Transaction ID : SA11AI.5247</b>
City Wesley Chapel	State FL	Zip Code 33543-6615
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period 600.00
Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) Associate Medical Director	<input type="checkbox"/> Memo Item \$100/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Justin, Blaum, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2021
Mailing Address 312 Biddle Ave FI 2		<b>Transaction ID : SA11AI.5267</b>
City Pittsburgh	State PA	Zip Code 15221-3436
FEC ID number of contributing federal political committee.	<b>C</b>	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Justin, Coomes, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2021
Mailing Address 7762 Westwind Lane		<b>Transaction ID : SA11AI.5266</b>
City Montgomery	State OH	Zip Code 45242-5008
FEC ID number of contributing federal political committee.	<b>C</b>	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1800.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2400.00
<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 45 OF 92  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Justin, Otwell, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1028 East Lake Drive  
 City Decatur State GA Zip Code 30030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Vice President of Claims and Risk Manag  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 775.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5369**  
 Amount of Each Receipt this Period 475.00  
 Memo Item \$25/Monthly

**B. Kamie, Repine, , ,**  
 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) Travis County Emergency Physicians, PA Occupation (for Individual) APP Lead  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5360**  
 Amount of Each Receipt this Period 150.00  
 Memo Item \$25/Monthly

**C. Kathleen, Latouf, , ,**  
 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) USACS Medical Group, Ltd. Occupation (for Individual) Medical Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5340**  
 Amount of Each Receipt this Period 120.00  
 Memo Item \$20/Monthly

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 745.00  
**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 92
	<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. Kelley, Warwick-Heckman, , ,**  
 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) Travis County Emergency Physicians, PA Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5234**  
 Amount of Each Receipt this Period 400.00  
 Memo Item \$100/Monthly

**B. Kendra, Meyer, , ,**  
 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) USACS Medical Group, Ltd. Occupation (for Individual) Director of APPs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5376**  
 Amount of Each Receipt this Period 300.00  
 Memo Item \$50/Monthly

**C. Kenneth, Chatfield, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5923 W Gable Ridge Ct  
 City Hlghland State UT Zip Code 84003-8978  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Management Group, Ltd. Occupation (for Individual) Chief Information Officer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5413**  
 Amount of Each Receipt this Period 300.00  
 Memo Item \$50/Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1000.00
<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 92
<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. Kenneth, Domuczicz, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3217 Raspberry Rd  
 City Austin State TX Zip Code 78748  
 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:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5412**  
 Amount of Each Receipt this Period 300.00  
 Memo Item \$50/Monthly

**B. Kevin, Corrigan, , ,**  
 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) Assistant Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5268**  
 Amount of Each Receipt this Period 900.00  
 Memo Item \$150/Monthly

**C. Kevin, Markowski, , ,**  
 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) Travis County Emergency Physicians, PA Occupation (for Individual) Quality Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 200.04

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5326**  
 Amount of Each Receipt this Period 100.02  
 Memo Item \$16.67/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 48 OF 92
	<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. Kim, Hanson, , ,</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2021
Mailing Address 2503 Whispering Oaks Circle			<b>Transaction ID : SA11AI.5392</b>
City Bryan	State TX	Zip Code 77802-2024	Amount of Each Receipt this Period 200.00
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) APP Lead	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Krisi, Gindlesperger, , ,</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2021
Mailing Address 6203 Renninger Road			<b>Transaction ID : SA11AI.5219</b>
City New Franklin	State OH	Zip Code 44319-4741	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) USACS Medical Group, Ltd.		Occupation (for Individual) Vice President - National Director of	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1200.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Kurtis, Mayz, , ,</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2021
Mailing Address 1 E Main St Ste 404			<b>Transaction ID : SA11AI.5269</b>
City Champaign	State IL	Zip Code 61820-1313	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) Firefighter	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 1800.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1700.00
<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 92
<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. Kyle, Kirkpatrick, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2021
Mailing Address 16360 Hawkstone Place		<b>Transaction ID : SA11AI.5341</b>
City Parker	State CO	Zip Code 80134
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) APP Lead	<input type="checkbox"/> Memo Item \$20/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Larry, Land, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2021
Mailing Address 10014 Hazelnut Court		<b>Transaction ID : SA11AI.5270</b>
City Tampa	State FL	Zip Code 33647
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) Emergency Physician	<input type="checkbox"/> Memo Item \$150/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Laura, Hummel, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2021
Mailing Address 807 S. Roxmere Road		<b>Transaction ID : SA11AI.5220</b>
City Tampa	State FL	Zip Code 33609-4235
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) Emergency Physician	<input type="checkbox"/> Memo Item \$100/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1000.00	

<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 50 OF 92
	<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. Louis, Cirillo, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 91 Woodridge Drive  
 City Saunderstown State RI Zip Code 02874-1943  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Director of Government Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5271**  
 Amount of Each Receipt this Period 900.00  
 Memo Item \$150/Monthly

**B. Marc, Doucette, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16692 W. 55th Pl.  
 City Golden State CO Zip Code 80403-1269  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5343**  
 Amount of Each Receipt this Period 120.00  
 Memo Item \$20/Monthly

**C. Mark, Darnell, , ,**  
 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:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5304**  
 Amount of Each Receipt this Period 900.00  
 Memo Item \$150/Monthly

<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 51 OF 92
	<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. Mark, Slabinski, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3004 Edison St. NW  
 City Uniontown State OH Zip Code 44685-7212  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Travis County Emergency Physicians, PA Occupation (for Individual) Regional Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2021  
**Transaction ID : SA11AI.5272**  
 Amount of Each Receipt this Period 900.00  
 Memo Item  
 \$150/Monthly

**B. Martha, Townsend, , ,**  
 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) USACS Medical Group, Ltd. Occupation (for Individual) Advanced Practice Provider  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2021  
**Transaction ID : SA11AI.5406**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 \$50/Monthly

**C. Matthew, Brice, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17007 Arrowhead 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 Physicians, PA Occupation (for Individual) Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2021  
**Transaction ID : SA11AI.5235**  
 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 52 OF 92
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Matthew, Champeau, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16 Stony Hill Rd  
 City Burlington State CT Zip Code 06013-2601  
 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:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5417**  
 Amount of Each Receipt this Period 300.00  
 Memo Item \$50/Monthly

**B. Matthew, Patlovany, , ,**  
 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) USACS Medical Group, Ltd. Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5305**  
 Amount of Each Receipt this Period 900.00  
 Memo Item \$150/Monthly

**C. Matthew, Roberts, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7826 Eglinton 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) Emergency Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5344**  
 Amount of Each Receipt this Period 120.00  
 Memo Item \$20/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 53 OF 92
	<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. Melissa, Reese, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 838 North Rd NE  
 City Warren State OH Zip Code 44483  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Senior Director, Site Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5418**  
 Amount of Each Receipt this Period 300.00  
 Memo Item \$50/Monthly

**B. Merci, Madar, , ,**  
 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) USACS Medical Group, Ltd. Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200.04

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5327**  
 Amount of Each Receipt this Period 100.02  
 Memo Item \$16.67/Monthly

**C. Michael, Argus, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 198 Barbados Dr  
 City Jupiter State FL Zip Code 33458-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Regional Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5320**  
 Amount of Each Receipt this Period 900.00  
 Memo Item \$150/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:	PAGE 54 OF 92
	(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. Michael, Cetta, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16 Piney Glen Court  
 City Potomac State MD Zip Code 20854-1411  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Chief of Integrated Acute Care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2021  
**Transaction ID : SA11AI.5368**  
 Amount of Each Receipt this Period 2400.00  
 Memo Item \$400/Monthly

**B. Michael, DiCaprio, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3960 N. Monet Ct.  
 City Allison Park State PA Zip Code 15101  
 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:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2021  
**Transaction ID : SA11AI.5415**  
 Amount of Each Receipt this Period 300.00  
 Memo Item \$50/Monthly

**C. Michael, Faulk, , ,**  
 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) USACS Medical Group, Ltd. Occupation (for Individual) Medical Director of Integrated Acute C  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2021  
**Transaction ID : SA11AI.5394**  
 Amount of Each Receipt this Period 300.00  
 Memo Item \$50/Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3000.00
<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 55 OF 92
	<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. Michael, Maruska, , ,**  
 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) USACS Medical Group, Ltd. Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5345**  
 Amount of Each Receipt this Period 120.00  
 Memo Item \$20/Monthly

**B. Michael, Mirhadi, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1984 Caversham Way  
 City Folsom State CA Zip Code 95630  
 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:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5393**  
 Amount of Each Receipt this Period 300.00  
 Memo Item \$50/Monthly

**C. Michael, Osmundson, , ,**  
 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) Travis County Emergency Physicians, PA Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5273**  
 Amount of Each Receipt this Period 900.00  
 Memo Item \$150/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:	PAGE 56 OF 92
	(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. Michael, Somers, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 503 Neuse Harbour Blvd

City New Bern	State NC	Zip Code 28560-8958
------------------	-------------	------------------------

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:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2021

**Transaction ID : SA11AI.5313**

Amount of Each Receipt this Period  
900.00

Memo Item  
\$150/Monthly

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

Mailing Address 2813 Elmira St.

City Denver	State CO	Zip Code 80238
----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2021

**Transaction ID : SA11AI.5226**

Amount of Each Receipt this Period  
600.00

Memo Item  
\$100/Monthly

**C. Michael, Zimmerman, , ,**  
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) USACS Medical Group, Ltd.	Occupation (for Individual) Emergency Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2021

**Transaction ID : SA11AI.5241**

Amount of Each Receipt this Period  
600.00

Memo Item  
\$100/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 57 OF 92
	<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. Michelle, Wong, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3823 Silkwood Place  
 City El Dorado Hills State CA Zip Code 95762-7830  
 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:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 262.50

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5361**  
 Amount of Each Receipt this Period 137.50  
 Memo Item \$25/Monthly

**B. Moira, Pyle, , ,**  
 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) USACS Medical Group, Ltd. Occupation (for Individual) Regional APP Lead  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5419**  
 Amount of Each Receipt this Period 450.00  
 Memo Item \$75/Monthly

**C. Nancy, Rader, , ,**  
 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:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5362**  
 Amount of Each Receipt this Period 150.00  
 Memo Item \$25/Monthly

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 737.50  
**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 58 OF 92
	<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. Nathan, Scherer, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6286 E Long Circle N  
 City Centennial State CO Zip Code 80112  
 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:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2021  
**Transaction ID : SA11AI.5236**  
 Amount of Each Receipt this Period 600.00  
 Memo Item  
 \$100/Monthly

**B. Nathaniel, Hibbs, , ,**  
 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) USACS Medical Group, Ltd. Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2021  
**Transaction ID : SA11AI.5221**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 \$100/Monthly

**C. Neil, Roy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2408 Henslowe Drive  
 City Potomac State MD Zip Code 20854  
 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:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2021  
**Transaction ID : SA11AI.5377**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 \$50/Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1000.00
<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 59 OF 92
<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. Nicholas, Bown, , ,**  
 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) Travis County Emergency Physicians, PA Occupation (for Individual) Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5306**  
 Amount of Each Receipt this Period 900.00  
 Memo Item \$150/Monthly

**B. Nicholas, Jouriles, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 398 Bentleyville Road  
 City Moreland Hills State OH Zip Code 44022-2433  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Vice Chair of Faculty Development  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5395**  
 Amount of Each Receipt this Period 300.00  
 Memo Item \$50/Monthly

**C. Nicholas, Rosen, , ,**  
 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) USACS Medical Group, Ltd. Occupation (for Individual) Medical Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5378**  
 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 60 OF 92
	<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. Noah, Keller, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10119 Easterday Court

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

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

Name of Employer (for Individual) Travis County Emergency Physicians, PA	Occupation (for Individual) Regional Vice President
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2021

**Transaction ID : SA11AI.5274**

Amount of Each Receipt this Period  
900.00

Memo Item  
\$150/Monthly

**B. Olga, Kramer, , ,**  
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:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2021

**Transaction ID : SA11AI.5396**

Amount of Each Receipt this Period  
300.00

Memo Item  
\$50/Monthly

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

Mailing Address 2523 Hanover Ave

City Richmond	State VA	Zip Code 23220
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2021

**Transaction ID : SA11AI.5275**

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 61 OF 92
	<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. Paul, Eakin, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2021
Mailing Address 1455 Hunakai St. Apt. 1		<b>Transaction ID : SA11AI.5379</b>
City Honolulu	State HI	Zip Code 96816-5526
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer (for Individual) Travis County Emergency Physicians, PA	Occupation (for Individual) Associate Medical Director	<input type="checkbox"/> Memo Item \$50/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Paul, Goen, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2021
Mailing Address 4417 Leonard Road		<b>Transaction ID : SA11AI.5237</b>
City Bryan	State TX	Zip Code 77807
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer (for Individual) Travis County Emergency Physicians, PA	Occupation (for Individual) System Medical Director	<input type="checkbox"/> Memo Item \$100/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Rachel, Smitek, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2021
Mailing Address 234 Lakeshore Dr		<b>Transaction ID : SA11AI.5346</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) Senior Director of Quality	<input type="checkbox"/> Memo Item \$20/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 240.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1020.00
<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 62 OF 92
<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. Raymond, Biersbach, , ,</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2021
Mailing Address 234 Lakeshore Dr			<b>Transaction ID : SA11AI.5222</b>
City Mooresville	State NC	Zip Code 28117-7535	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) USACS Medical Group, Ltd.		Occupation (for Individual) Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1200.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Rebecca, Kornas, , ,</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2021
Mailing Address 4129 Utica St			<b>Transaction ID : SA11AI.5408</b>
City Denver	State CO	Zip Code 80212-2248	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) Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Rhett, Reed, , ,</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2021
Mailing Address 12509 Red Mesa Hollow			<b>Transaction ID : SA11AI.5238</b>
City Austin	State TX	Zip Code 78739-7535	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) USACS Medical Group, Ltd.		Occupation (for Individual) Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 1200.00	

<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 63 OF 92
	<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. Richard, Sullivan, , ,**  
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:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2021

**Transaction ID : SA11AI.5243**

Amount of Each Receipt this Period  
600.00

Memo Item  
\$100/Monthly

**B. Robert, Blankenship, , ,**  
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:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2021

**Transaction ID : SA11AI.5307**

Amount of Each Receipt this Period  
900.00

Memo Item  
\$150/Monthly

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

Mailing Address 1578 Uluhao Street

City Kailua	State HI	Zip Code 96734
----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
200.04

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2021

**Transaction ID : SA11AI.5328**

Amount of Each Receipt this Period  
100.02

Memo Item  
\$16.67/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 64 OF 92
	<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**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Roderick, Grooms, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2021
Mailing Address 417 Edgewood Drive		<b>Transaction ID : SA11AI.5380</b>
City Sarver	State PA	Zip Code 16055-9266
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) Assistant Medical Director	<input type="checkbox"/> Memo Item \$50/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Rubeal, Mann, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2021
Mailing Address 10122 Concord Road		<b>Transaction ID : SA11AI.5223</b>
City Dublin	State OH	Zip Code 43017-9434
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 600.00
Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$100/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Sanford, Ross, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2021
Mailing Address 5318 Wyndam Ln.		<b>Transaction ID : SA11AI.5348</b>
City Brighton	State MI	Zip Code 48116
FEC ID number of contributing federal political committee. <b>C</b>		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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 240.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1020.00
<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 92
	<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. Sara, Bishop, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2021
Mailing Address P.O. Box 2175		<b>Transaction ID : SA11AI.5421</b>
City Morehead City	State NC	Zip Code 28557-2175
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 450.00	
Name of Employer (for Individual) Travis County Emergency Physicians, PA	Occupation (for Individual) APP Lead	<input type="checkbox"/> Memo Item \$75/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 712.50	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Sarah, Feigenbaum, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2021
Mailing Address 8 N Edsall Ave		<b>Transaction ID : SA11AI.5365</b>
City Nanuet	State NY	Zip Code 10954-2503
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 150.00	
Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) APP Lead	<input type="checkbox"/> Memo Item \$25/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Sasha, Rihter, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2021
Mailing Address 56 Seiver Street		<b>Transaction ID : SA11AI.5416</b>
City Asheville	State NC	Zip Code 28804
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 150.00	
Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) Firefighter	<input type="checkbox"/> Memo Item \$50/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 450.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 92
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Scott, Freedman, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12814 Doe Lane  
 City N. Potomac State MD Zip Code 20878  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Pediatric Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2021  
**Transaction ID : SA11AI.5314**  
 Amount of Each Receipt this Period 900.00  
 Memo Item  
 \$150/Monthly

**B. Sean, Bender, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 520 Elm Street  
 City Denver State CO Zip Code 80220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Regional Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2021  
**Transaction ID : SA11AI.5308**  
 Amount of Each Receipt this Period 900.00  
 Memo Item  
 \$150/Monthly

**C. Sean, Fleming, , ,**  
 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) USACS Medical Group, Ltd. Occupation (for Individual) Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2021  
**Transaction ID : SA11AI.5309**  
 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 67 OF 92
<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. Shawn, Posin, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2021
Mailing Address 47575 Hidden Springs Dr			<b>Transaction ID : SA11AI.5242</b>
City Saint Clairsville	State OH	Zip Code 43950-8626	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) USACS Medical Group, Ltd.		Occupation (for Individual) Board Member	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1200.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Shawn, Radford, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2021
Mailing Address 8017 Jean Court			<b>Transaction ID : SA11AI.5276</b>
City Pasadena	State MD	Zip Code 21122-1063	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 Management Group, Ltd.		Occupation (for Individual) Director of Firefighters	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1800.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Sidney, Lee, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2021
Mailing Address 1200 Queen Emma Street Apt 2001			<b>Transaction ID : SA11AI.5381</b>
City Honolulu	State HI	Zip Code 96813-6311	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) Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 600.00	

<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 68 OF 92
<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. Simon, Edginton, , ,**  
 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) USACS Medical Group, Ltd. Occupation (for Individual) Regional Chief Medical Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5310**  
 Amount of Each Receipt this Period 900.00  
 Memo Item \$150/Monthly

**B. Stefen, Ammon, , ,**  
 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) USACS Medical Group, Ltd. Occupation (for Individual) Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5397**  
 Amount of Each Receipt this Period 300.00  
 Memo Item \$50/Monthly

**C. Stephen, Altmin, , ,**  
 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) USACS Medical Group, Ltd. Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5407**  
 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: PAGE 69 OF 92  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A. Stephen, Carter, , ,**  
 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) USACS Medical Group, Ltd. Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5398**  
 Amount of Each Receipt this Period 300.00  
 Memo Item \$50/Monthly

**B. Stephen, Lojewski, , ,**  
 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) USACS Medical Group, Ltd. Occupation (for Individual) Firefighter  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5349**  
 Amount of Each Receipt this Period 120.00  
 Memo Item \$20/Monthly

**C. Steven, Eisenberg, , ,**  
 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 Medical Group, Ltd. Occupation (for Individual) Chief Administrative Officer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5277**  
 Amount of Each Receipt this Period 900.00  
 Memo Item \$150/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 70 OF 92
<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. Steven, Guyton, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 111 Stillwater Lane  
 City Sewickley State PA Zip Code 15143-8899  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Management Group, Ltd. Occupation (for Individual) Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5278**  
 Amount of Each Receipt this Period 900.00  
 Memo Item  
 \$150/Monthly

**B. Sujit, Iyer, , ,**  
 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) USACS Medical Group, Ltd. Occupation (for Individual) Pediatric Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5239**  
 Amount of Each Receipt this Period 600.00  
 Memo Item  
 \$100/Monthly

**C. Suprina, Dorai, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7911 El Dorado Drive  
 City Austin State TX Zip Code 78737-3010  
 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:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5399**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 \$50/Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1700.00
<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 71 OF 92  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

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) Quality Director
--	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2021

**Transaction ID : SA11AI.5224**

Amount of Each Receipt this Period  
500.00

Memo Item  
\$100/Monthly

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

Mailing Address 9667 Ashley Green Ct NW

City Concord	State NC	Zip Code 28027
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2021

**Transaction ID : SA11AI.5279**

Amount of Each Receipt this Period  
900.00

Memo Item  
\$150/Monthly

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

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) USACS Medical Group, Ltd.	Occupation (for Individual) Emergency Physician
--	--

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2021

**Transaction ID : SA11AI.5225**

Amount of Each Receipt this Period  
600.00

Memo Item  
\$100/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: (check only one)	PAGE 72 OF 92
	<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. Tabitha, Dabkowski, , ,**  
 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:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2021  
**Transaction ID : SA11AI.5363**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 \$25/Monthly

**B. Tamara, Kile, , ,**  
 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) USACS Medical Group, Ltd. Occupation (for Individual) Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2021  
**Transaction ID : SA11AI.5350**  
 Amount of Each Receipt this Period 120.00  
 Memo Item  
 \$20/Monthly

**C. Thomas, Denmark, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13122 S Yorktown Ave  
 City Bixby State OK Zip Code 74008-7665  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Medical Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2021  
**Transaction ID : SA11AI.5382**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 \$50/Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	520.00
<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 73 OF 92
	(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. Thomas, Parks, , ,**  
 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) Travis County Emergency Physicians, PA Occupation (for Individual) Advanced Practice Provider  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5422**  
 Amount of Each Receipt this Period 450.00  
 Memo Item \$75/Monthly

**B. Timothy, Hall, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1380 Woodhurst Drive  
 City Rock Hill State SC Zip Code 29732-2082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Travis County Emergency Physicians, PA Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5280**  
 Amount of Each Receipt this Period 900.00  
 Memo Item \$150/Monthly

**C. Timothy, Toole, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2547 E 26th Pl  
 City Tulsa State OK Zip Code 74114-4303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Travis County Emergency Physicians, PA Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5351**  
 Amount of Each Receipt this Period 120.00  
 Memo Item \$20/Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1470.00
<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 74 OF 92
	<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. Tracie, Vock, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2021
Mailing Address 7911 Fingerboard Road			<b>Transaction ID : SA11AI.5383</b>
City Frederick	State MD	Zip Code 21704-7628	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 Management Group, Ltd.		Occupation (for Individual) Director of APPs, IAC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Travis, Ulmer, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2021
Mailing Address 1240 Broadview Ave			<b>Transaction ID : SA11AI.5281</b>
City Columbus	State OH	Zip Code 43212-3344	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) Chief Clinical Recruiting Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1800.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Vicky, Nguyen, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2021
Mailing Address 336 E 1st Ave Apt 203			<b>Transaction ID : SA11AI.5400</b>
City Denver	State CO	Zip Code 80203-4379	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) Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 600.00	

<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 75 OF 92
<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. Wayne, Jones, , ,**  
 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) USACS Medical Group, Ltd. Occupation (for Individual) Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5401**  
 Amount of Each Receipt this Period 300.00  
 Memo Item \$50/Monthly

**B. Wenzel, Tirheimer, , ,**  
 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) USACS Medical Group, Ltd. Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5282**  
 Amount of Each Receipt this Period 900.00  
 Memo Item \$150/Monthly

**C. Wyatt, Hall, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2310B Old Trail Rd.  
 City Avon State CO Zip Code 81620  
 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:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.5409**  
 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: PAGE 76 OF 92  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

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) Travis County Emergency Physicians, PA    Occupation (for Individual) Medical Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2021

**Transaction ID : SA11AI.5402**

Amount of Each Receipt this Period  
300.00

Memo Item  
\$50/Monthly

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

Mailing Address

City    State    Zip Code

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City    State    Zip Code

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

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

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	112737.44

**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. BILL CASSIDY FOR US SENATE</b>		Date of Disbursement MM / DD / YYYY 12 / 13 / 2021
Mailing Address PO BOX 80505		FEC Identification Number C 000543983 <b>Transaction ID : SB23.5058</b> Amount of Each Disbursement this Period 5000.00
City BATON ROUGE	State LA	Zip Code 70898
Purpose of Disbursement	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name <b>Cassidy, Bill, , ,</b>	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>B. BRADY FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 12 / 16 / 2021
Mailing Address PO Box 8277		FEC Identification Number C 000311043 <b>Transaction ID : SB23.5065</b> Amount of Each Disbursement this Period - 5000.00
City THE WOODLANDS	State TX	Zip Code 77387
Purpose of Disbursement Void Outstanding Ch1211 from Feb 2020	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name <b>Brady, Kevin, , ,</b>	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>C. BRADY FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 12 / 16 / 2021
Mailing Address PO Box 8277		FEC Identification Number C 000311043 <b>Transaction ID : SB23.5069</b> Amount of Each Disbursement this Period - 5000.00
City THE WOODLANDS	State TX	Zip Code 77387
Purpose of Disbursement Void Outstanding Ch1219 From Mar 20	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name <b>Brady, Kevin, , ,</b>	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	- 5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Brady Victory Fund</b>		Date of Disbursement MM / DD / YYYY 12 / 16 / 2021
Mailing Address PO Box 8277		FEC Identification Number C [ ] <b>Transaction ID : SB23.5070</b>
City The Woodlands	State TX	Zip Code 77387
Purpose of Disbursement Void Outstanding Ch1212 from Feb 20		Amount of Each Disbursement this Period [ ] - 5000.00
Candidate Name <b>Brady Victory Fund</b>		Category/Type [ ]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. BRIAN FITZPATRICK FOR ALL OF US</b>		Date of Disbursement MM / DD / YYYY 07 / 22 / 2021
Mailing Address PO Box 939		FEC Identification Number C C00607416 <b>Transaction ID : SB23.5072</b>
City LANGHORNE	State PA	Zip Code 19047
Purpose of Disbursement		Amount of Each Disbursement this Period [ ] 2500.00
Candidate Name <b>Fitzpatrick, Brian, , ,</b>		Category/Type [ ]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <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. CARAVEO FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 12 / 22 / 2021
Mailing Address PO Box 953		FEC Identification Number C C00787788 <b>Transaction ID : SB23.5078</b>
City EASTLAKE	State CO	Zip Code 80614
Purpose of Disbursement		Amount of Each Disbursement this Period [ ] 1000.00
Candidate Name <b>Caraveo, Yadira, , ,</b>		Category/Type [ ]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] - 1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. COLIN ALLRED FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 07 / 22 / 2021
Mailing Address PO Box 601631		FEC Identification Number C 000637868 <b>Transaction ID : SB23.5159</b>
City DALLAS	State TX	Zip Code 75360
Purpose of Disbursement		Amount of Each Disbursement this Period 2500.00
Candidate Name <b>Allred, Colin, , ,</b>		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <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. Conor Lamb for Congress</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2021
Mailing Address PO Box 10381		FEC Identification Number C <b>Transaction ID : SB23.5160</b>
City Pittsburgh	State PA	Zip Code 15234
Purpose of Disbursement		Amount of Each Disbursement this Period 2500.00
Candidate Name <b>Lamb, Conor, , ,</b>		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <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. CONOR LAMB FOR SENATE</b>		Date of Disbursement MM / DD / YYYY 09 / 09 / 2021
Mailing Address PO Box 10381		FEC Identification Number C 000657411 <b>Transaction ID : SB23.5161</b>
City PITTSBURGH	State PA	Zip Code 15234
Purpose of Disbursement		Amount of Each Disbursement this Period 2500.00
Candidate Name <b>Lamb, Conor, , ,</b>		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" 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).....▶	7500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. DARREN SOTO FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 421349

M M M	/	D D D	/	Y Y Y Y Y
07		22		2021

City KISSIMMEE State FL Zip Code 34742

FEC Identification Number

Purpose of Disbursement

**C** C00581074

Candidate Name  
**Soto, Darren, , ,**

Category/  
Type

**Transaction ID : SB23.5162**

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

2500.00

State: District:

Memo Item

**B. DR. RAUL RUIZ FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 3433

M M M	/	D D D	/	Y Y Y Y Y
12		22		2021

City PALM DESERT State CA Zip Code 92261

FEC Identification Number

Purpose of Disbursement

**C** C00502575

Candidate Name  
**Ruiz, Raul, , ,**

Category/  
Type

**Transaction ID : SB23.5163**

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President

Disbursement For: 2022  
 Primary  General  
 Other (specify)

5000.00

State: District:

Memo Item

**C. 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
12		16		2021

City Washington State DC Zip Code 20003

FEC Identification Number

Purpose of Disbursement  
Void Outstanding Ch1150 from 7/8/19

**C** C00445023

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

Category/  
Type

**Transaction ID : SB23.5164**

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

- 4000.00

State: District:

Memo Item

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

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

3500.00



**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. HUDSON FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 5053

City  
CONCORD

State  
NC

Zip Code  
28027

Purpose of Disbursement

Candidate Name

**Hudson, Richard, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			12			2021			

FEC Identification Number

**C** C00504522

**Transaction ID : SB23.5165**

Amount of Each Disbursement this Period

1000.00

Memo Item

**B. MAGGIE FOR NH**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 298

City  
CONCORD

State  
NH

Zip Code  
03302

Purpose of Disbursement

Candidate Name

**Hassan, Maggie, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2021  
 Primary  General  
 Other (specify)

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
09			30			2021			

FEC Identification Number

**C** C00588772

**Transaction ID : SB23.5166**

Amount of Each Disbursement this Period

5000.00

Memo Item

**C. PAC TO THE FUTURE**

Full Name (Last, First, Middle Initial)

Mailing Address SUITE 600

City  
WASHINGTON

State  
DC

Zip Code  
20005

Purpose of Disbursement

Candidate Name

**PAC TO THE FUTURE**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
09			30			2021			

FEC Identification Number

**C** C00344234

**Transaction ID : SB23.5167**

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)..... ▶

11000.00

**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**

Full Name (Last, First, Middle Initial) <b>A. RUIZ VICTORY FUND</b>		Date of Disbursement MM / DD / YYYY 07 / 22 / 2021
Mailing Address PO Box 3433		FEC Identification Number C 00525402 <b>Transaction ID : SB23.5169</b> Amount of Each Disbursement this Period 5000.00
City PALM DESERT	State CA	Zip Code 92261
Purpose of Disbursement	Category/Type	
Candidate Name <b>RUIZ VICTORY FUND</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: CA	District: 36	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. SOTO PAC</b>		Date of Disbursement MM / DD / YYYY 09 / 30 / 2021
Mailing Address 600 Pennsylvanie Ave SE #15845		FEC Identification Number C <b>Transaction ID : SB23.5170</b> Amount of Each Disbursement this Period 1000.00
City Washington	State DC	Zip Code 20003
Purpose of Disbursement	Category/Type	
Candidate Name <b>SOTO PAC</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. SOTO PAC</b>		Date of Disbursement MM / DD / YYYY 12 / 22 / 2021
Mailing Address 600 Pennsylvanie Ave SE #15845		FEC Identification Number C <b>Transaction ID : SB23.5171</b> Amount of Each Disbursement this Period 2500.00
City Washington	State DC	Zip Code 20003
Purpose of Disbursement	Category/Type	
Candidate Name <b>SOTO PAC</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	8500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. SUOZZI FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 669

City GLEN COVE State NY Zip Code 11542

Purpose of Disbursement  Category/Type

Candidate Name  
**Suozzi, Thomas, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2021  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 30 / 2021

FEC Identification Number: **C00607200**  
Transaction ID : **SB23.5172**  
Amount of Each Disbursement this Period: 2500.00

Memo Item

**B. WENSTRUP FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 9551

City CINCINNATI State OH Zip Code 45209

Purpose of Disbursement  Category/Type

Candidate Name  
**Wenstrup, Brad, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 22 / 2021

FEC Identification Number: **C00497818**  
Transaction ID : **SB23.5173**  
Amount of Each Disbursement this Period: 2500.00

Memo Item

**C.**

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

City State Zip Code

Purpose of Disbursement  Category/Type

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).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	29000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Advancing Florida Agriculture</b>		Date of Disbursement MM / DD / YYYY 08 / 26 / 2021
Mailing Address 1103 Hays Street		FEC Identification Number <b>C</b> <b>Transaction ID : SB29.5174</b> Amount of Each Disbursement this Period 2500.00
City Tallahassee	State FL	
Zip Code 32301	Purpose of Disbursement	Memo Item <input type="checkbox"/>
Candidate Name <b>Advancing Florida Agriculture</b>	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Bird for Colorado</b>		Date of Disbursement MM / DD / YYYY 12 / 22 / 2021
Mailing Address 1125 W 140th Dr		FEC Identification Number <b>C</b> <b>Transaction ID : SB29.5177</b> Amount of Each Disbursement this Period 200.00
City Westminster	State CO	
Zip Code 80023	Purpose of Disbursement	Memo Item <input type="checkbox"/>
Candidate Name <b>Bird, Shannon, , ,</b>	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Citizens for Brian Feldman</b>		Date of Disbursement MM / DD / YYYY 12 / 31 / 2021
Mailing Address PO Box 34408		FEC Identification Number <b>C</b> <b>Transaction ID : SB29.5179</b> Amount of Each Disbursement this Period 2500.00
City Bethesda	State MD	
Zip Code 20827	Purpose of Disbursement	Memo Item <input type="checkbox"/>
Candidate Name <b>Feldman, Brian, , ,</b>	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5200.00
<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. Committee to Elect Hugh McKean</b>		Date of Disbursement M M / D D / Y Y Y Y Y Y 12 / 22 / 2021	
Mailing Address 1151 Eagle Dr #193		FEC Identification Number C [ ] <b>Transaction ID : SB29.5181</b> Amount of Each Disbursement this Period [ ] 200.00	
City Loveland State CO Zip Code 80537	Purpose of Disbursement [ ] Category/ Type	Memo Item <input type="checkbox"/>	
Candidate Name <b>McKean, Hugh, , ,</b>	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>B. Conservatives for Good Government</b>		Date of Disbursement M M / D D / Y Y Y Y Y Y 08 / 26 / 2021	
Mailing Address 1103 Hays Street		FEC Identification Number C [ ] <b>Transaction ID : SB29.5182</b> Amount of Each Disbursement this Period [ ] 2500.00	
City Tallahassee State FL Zip Code 32301	Purpose of Disbursement [ ] Category/ Type	Memo Item <input type="checkbox"/>	
Candidate Name <b>Conservatives for Good Government</b>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>C. Dana Trabulsy Campaign</b>		Date of Disbursement M M / D D / Y Y Y Y Y Y 08 / 26 / 2021	
Mailing Address 5428 Stately Oaks Street		FEC Identification Number C [ ] <b>Transaction ID : SB29.5183</b> Amount of Each Disbursement this Period [ ] 1000.00	
City Fort Pierce State FL Zip Code 34981	Purpose of Disbursement [ ] Category/ Type	Memo Item <input type="checkbox"/>	
Candidate Name <b>Trabulsy, Dana, , ,</b>		Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶	[ ] 3700.00
<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**

**A. Danny Burgess Campaign**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 880

City Zephyrhillis State FL Zip Code 33539

Purpose of Disbursement  Category/Type

Candidate Name **Burgess, Danny, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 26 / 2021

FEC Identification Number: **C**  
Transaction ID : **SB29.5184**  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**B. Erin Grall Campaign**

Full Name (Last, First, Middle Initial)  
Mailing Address 7555 20th Street

City Vero Beach State FL Zip Code 32966

Purpose of Disbursement  Category/Type

Candidate Name **Grall, Erin, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 26 / 2021

FEC Identification Number: **C**  
Transaction ID : **SB29.5185**  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**C. Florida House Republican Campaign**

Full Name (Last, First, Middle Initial)  
Mailing Address 1103 Hays Street

City Tallahassee State FL Zip Code 32301

Purpose of Disbursement  Category/Type

Candidate Name **Florida House Republican Campaign**

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

State: District:

Date of Disbursement: 08 / 26 / 2021

FEC Identification Number: **C**  
Transaction ID : **SB29.5186**  
Amount of Each Disbursement this Period: 2500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 4500.00

**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. Floridians for Common Sense**

Full Name (Last, First, Middle Initial)  
Mailing Address 535 Central Avenue  
Suite 406

City St Petersburg State FL Zip Code 33701

Purpose of Disbursement  Category/Type

Candidate Name  
**Rouson, Darryl, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2021  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 30 / 2021

FEC Identification Number: **C**  
Transaction ID : **SB29.5187**  
Amount of Each Disbursement this Period: 500.00

Memo Item

**B. Friends of Colleen Burton**

Full Name (Last, First, Middle Initial)  
Mailing Address 1103 Hays Street

City Tallahassee State FL Zip Code 32301

Purpose of Disbursement  Category/Type

Candidate Name  
**Burton, Colleen, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 26 / 2021

FEC Identification Number: **C**  
Transaction ID : **SB29.5188**  
Amount of Each Disbursement this Period: 2000.00

Memo Item

**C. Friends of Ed Hooper**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 4268

City Clearwater State FL Zip Code 33578

Purpose of Disbursement  Category/Type

Candidate Name  
**Hooper, Ed, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 26 / 2021

FEC Identification Number: **C**  
Transaction ID : **SB29.5189**  
Amount of Each Disbursement this Period: 2500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 5000.00

**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 Joseline Pena-Melny</b>		Date of Disbursement MM / DD / YYYY 12 / 13 / 2021
Mailing Address PO Box 1251		FEC Identification Number <b>C</b>
City College Park	State MD	
Zip Code 20741-1251	Purpose of Disbursement	Transaction ID : <b>SB29.5190</b>
Candidate Name <b>Pena-Melny, Joseline, , ,</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Amount of Each Disbursement this Period 2500.00
Disbursement For: 2022 <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>B. Friends of Rob Mercuri</b>		Date of Disbursement MM / DD / YYYY 09 / 23 / 2021
Mailing Address 3000 Villiage Run Rd Suite 103-300		FEC Identification Number <b>C</b>
City Wexford	State PA	
Zip Code 15090	Purpose of Disbursement	Transaction ID : <b>SB29.5208</b>
Candidate Name <b>Friends of Rob Mercuri</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Amount of Each Disbursement this Period 500.00
Disbursement For: <input 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 Sharif Street</b>		Date of Disbursement MM / DD / YYYY 12 / 16 / 2021
Mailing Address 1421 W Susquehanna Ave		FEC Identification Number <b>C</b>
City Philadelphia	State PA	
Zip Code 19121	Purpose of Disbursement Void Outstanding Ch1201 from Nov 2019	Transaction ID : <b>SB29.5191</b>
Candidate Name <b>Street, Sharif, , ,</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Amount of Each Disbursement this Period - 1000.00
Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2000.00
<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. Gaydos for PA</b>		Date of Disbursement MM / DD / YYYY 09 / 30 / 2021
Mailing Address PO Box 515		FEC Identification Number <b>C</b> <b>Transaction ID : SB29.5192</b> Amount of Each Disbursement this Period 500.00
City Sewickley	State PA	
Zip Code 15143	Purpose of Disbursement	Memo Item <input type="checkbox"/>
Candidate Name <b>Gaydos, Valerie, , ,</b>	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Gayle Harrell Campaign</b>		Date of Disbursement MM / DD / YYYY 08 / 26 / 2021
Mailing Address 1885 Northwest Eagle Point		FEC Identification Number <b>C</b> <b>Transaction ID : SB29.5193</b> Amount of Each Disbursement this Period 1000.00
City Stuart	State FL	
Zip Code 34994	Purpose of Disbursement	Memo Item <input type="checkbox"/>
Candidate Name <b>Harrel, Gayle, , ,</b>	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Janet Cruz Campaign</b>		Date of Disbursement MM / DD / YYYY 08 / 26 / 2021
Mailing Address PO Box 4544		FEC Identification Number <b>C</b> <b>Transaction ID : SB29.5194</b> Amount of Each Disbursement this Period 1000.00
City Tampa	State FL	
Zip Code 33677	Purpose of Disbursement	Memo Item <input type="checkbox"/>
Candidate Name <b>Cruz, Janet, , ,</b>	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2500.00
<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. Kyle Mullica for SD 24</b>		Date of Disbursement MM / DD / YYYY 12 / 22 / 2021
Mailing Address 11187 Elati St		FEC Identification Number C <b>Transaction ID : SB29.5197</b> Amount of Each Disbursement this Period 200.00
City Northglenn	State CO	
Zip Code 80234	Purpose of Disbursement	Memo Item <input type="checkbox"/>
Candidate Name <b>Mullica, Kyle, , ,</b>	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Lindsey for Colorado</b>		Date of Disbursement MM / DD / YYYY 12 / 22 / 2021
Mailing Address 5743 Teller St #407		FEC Identification Number C <b>Transaction ID : SB29.5199</b> Amount of Each Disbursement this Period 200.00
City Arvada	State CO	
Zip Code 80002	Purpose of Disbursement	Memo Item <input type="checkbox"/>
Candidate Name <b>Daughtery, Lindsey, , ,</b>	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Lindsey Williams for PA</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2021
Mailing Address PO Box 97024		FEC Identification Number C <b>Transaction ID : SB29.5200</b> Amount of Each Disbursement this Period 500.00
City Pittsburgh	State PA	
Zip Code 15229	Purpose of Disbursement	Memo Item <input type="checkbox"/>
Candidate Name <b>Williams, Lindsey, , ,</b>	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	900.00
<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)	PAGE 91 OF 92
	<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. Nick DeCeglie Campaign</b>		Date of Disbursement MM / DD / YYYY 08 / 26 / 2021
Mailing Address 2840 West Bay Drive #211		FEC Identification Number C [ ] <b>Transaction ID : SB29.5201</b>
City Belleair Bluffs	State FL	Zip Code 33770
Purpose of Disbursement		Amount of Each Disbursement this Period [ ] 1000.00
Candidate Name <b>DeCeglie, Nick, , ,</b>		Category/Type [ ]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <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. Ralph Massullo Campaign</b>		Date of Disbursement MM / DD / YYYY 08 / 26 / 2021
Mailing Address 525 North Dacie Point		FEC Identification Number C [ ] <b>Transaction ID : SB29.5202</b>
City Lacanto	State FL	Zip Code 34461
Purpose of Disbursement		Amount of Each Disbursement this Period [ ] 1000.00
Candidate Name <b>Massullo, Ralph, , ,</b>		Category/Type [ ]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <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. Sarah Davis Campaign</b>		Date of Disbursement MM / DD / YYYY 12 / 16 / 2021
Mailing Address 4148 Bellaire Blvd		FEC Identification Number C [ ] <b>Transaction ID : SB29.5203</b>
City Houston	State TX	Zip Code 77025
Purpose of Disbursement Void Outstanding Ch1305 from 10/1/2020		Amount of Each Disbursement this Period [ ] - 1000.00
Candidate Name <b>Davis, Sarah, , ,</b>		Category/Type [ ]
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: [ ]		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 1000.00
<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**

**A. Tyler Sirois Campaign**

Full Name (Last, First, Middle Initial)

Mailing Address 125 E Merritt Island Causeway  
#107-306

City Merritt Island State FL Zip Code 32952

Purpose of Disbursement

Candidate Name  
**Sirois, Tyler, , ,**

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

Category/Type

Date of Disbursement  
MM / DD / YYYY  
08 / 26 / 2021

FEC Identification Number  
C  
Transaction ID : **SB29.5204**  
Amount of Each Disbursement this Period  
1000.00

Memo Item

**B. Van Winkle for Colorado**

Full Name (Last, First, Middle Initial)

Mailing Address 9547 S University Blvd  
Suite 102

City Highlands Ranch State CO Zip Code 80126

Purpose of Disbursement

Candidate Name  
**Van Winkle, Kevin, , ,**

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

Category/Type

Date of Disbursement  
MM / DD / YYYY  
12 / 22 / 2021

FEC Identification Number  
C  
Transaction ID : **SB29.5206**  
Amount of Each Disbursement this Period  
200.00

Memo Item

**C. Working Together for Florida PAC**

Full Name (Last, First, Middle Initial)

Mailing Address 133 S Harbor Dr

City Venice State FL Zip Code 34285

Purpose of Disbursement

Candidate Name  
**Working Together for Florida PAC**

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

Category/Type

Date of Disbursement  
MM / DD / YYYY  
08 / 19 / 2021

FEC Identification Number  
C  
Transaction ID : **SB29.5207**  
Amount of Each Disbursement this Period  
5000.00

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	6200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	31000.00