

**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="2020"/>		131501.78
(b) Cash on Hand at Beginning of Reporting Period.....	141113.60	
(c) Total Receipts (from Line 19)	40294.15	239155.97
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	181407.75	370657.75
7. Total Disbursements (from Line 31).....	38500.00	227750.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	142907.75	142907.75
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

USACS PAC

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 15 / 2020 To: M M / D D / Y Y Y Y 11 / 23 / 2020

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).....	39588.25	214086.34
(ii) Unitemized	705.90	20569.63
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	40294.15	234655.97
(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)	40294.15	234655.97
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	2500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	2000.00
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)).....▶	40294.15	239155.97
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	40294.15	239155.97

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.....	12500.00	111000.00
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).....	26000.00	116750.00
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)) ..	38500.00	227750.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	38500.00	227750.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	40294.15	234655.97
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	40294.15	234655.97
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 91
	<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 A. Aboutalib, Angela, , ,			Date of Receipt MM / DD / YYYY 11 / 23 / 2020 Transaction ID : SA11AI.12585		
Mailing Address 2 East Erie St Apt 3306			Amount of Each Receipt this Period 200.00		
City Chicago	State IL	Zip Code 60611-3169	<input type="checkbox"/> Memo Item \$100.00/Monthly		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) Virtual Locations		Occupation (for Individual) Senior Director of Quality and Educati			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1100.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Adler, Aaron, , ,			Date of Receipt MM / DD / YYYY 11 / 23 / 2020 Transaction ID : SA11AI.12459		
Mailing Address 7 Midsummer Court			Amount of Each Receipt this Period 30.00		
City Gaithersburg	State MD	Zip Code 20878-5228	<input type="checkbox"/> Memo Item \$20.00/Monthly		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) MEP Health, LLC		Occupation (for Individual) APP Lead			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Albaugh, Chad, , ,			Date of Receipt MM / DD / YYYY 11 / 23 / 2020 Transaction ID : SA11AI.12642		
Mailing Address 1602 River Bluff Rd			Amount of Each Receipt this Period 300.00		
City Morehead City	State NC	Zip Code 28557	<input type="checkbox"/> Memo Item \$150.00/Monthly		
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 1650.00			

SUBTOTAL of Receipts This Page (optional).....	530.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 91
	<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. Aldeen, Amer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17327 Ladera Estates Blvd
 City Lutz State FL Zip Code 33548-4817
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Chief Medical Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1650.00

Date of Receipt 11 / 23 / 2020
Transaction ID : SA11AI.12618
 Amount of Each Receipt this Period 300.00
 Memo Item \$150.00/Monthly

B. Aldred, Brian, , ,
 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) Emergency Svc Partners, LLC Occupation (for Individual) System Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1650.00

Date of Receipt 11 / 23 / 2020
Transaction ID : SA11AI.12671
 Amount of Each Receipt this Period 300.00
 Memo Item \$150.00/Monthly

C. Altmin, Stephen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2641 4th Street
 City Boulder State CO Zip Code 80304-3201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Colorado Emergency Service Physicians, Occupation (for Individual) Director Of Operations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 23 / 2020
Transaction ID : SA11AI.12525
 Amount of Each Receipt this Period 100.00
 Memo Item \$50.00/Monthly

SUBTOTAL of Receipts This Page (optional).....	700.00
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 8 OF 91
	<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. Ammon, Stefen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 Mountain High Ct.
 City Littleton State CO Zip Code 80127
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Colorado Emergency Service Physicians, Occupation (for Individual) Medical Director
 Receipt For: 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
 11 / 23 / 2020
Transaction ID : SA11AI.12526
 Amount of Each Receipt this Period 100.00
 Memo Item \$50.00/Monthly

B. Argus, Michael, , ,
 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 ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2020
Transaction ID : SA11AI.12687
 Amount of Each Receipt this Period 300.00
 Memo Item \$150/Monthly

C. Atez, Francisco, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17376 Emerald Chase Drive
 City Tampa State FL Zip Code 33647
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC Occupation (for Individual) Regional Director of Risk Management
 Receipt For: 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
 11 / 23 / 2020
Transaction ID : SA11AI.12581
 Amount of Each Receipt this Period 200.00
 Memo Item \$100.00/Monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 91
	<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. Augustine, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7868 Classics Dr.
 City Naples State FL Zip Code 34113-3063
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Chairman, National Clinical Governance
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1650.00

Date of Receipt 11 / 23 / 2020
Transaction ID : SA11AI.12619
 Amount of Each Receipt this Period 300.00
 Memo Item \$150.00/Monthly

B. Bagnoli, Dominic, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 East Drive
 City Hartville State OH Zip Code 44632
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Management Group Occupation (for Individual) Executive Chairman
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2916.41

Date of Receipt 11 / 23 / 2020
Transaction ID : SA11AI.12689
 Amount of Each Receipt this Period 833.26
 Memo Item \$0/Monthly

C. Baker, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1209 E Cumberland Ave Unit #1404
 City Tampa State FL Zip Code 33602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC Occupation (for Individual) Regional Vice President
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1575.00

Date of Receipt 11 / 23 / 2020
Transaction ID : SA11AI.12610
 Amount of Each Receipt this Period 225.00
 Memo Item \$150.00/Monthly

SUBTOTAL of Receipts This Page (optional).....	1358.26
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 91
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Balewick, Donna, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 23 / 2020 Transaction ID : SA11AI.12659
Mailing Address 626 Phillips Rd			Amount of Each Receipt this Period 300.00
City Blairsville	State PA	Zip Code 15717-4233	<input type="checkbox"/> Memo Item \$150.00/Monthly
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) AHN Medical Group, LLC	Occupation (for Individual) Medical Director of Integrated Acute C		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1650.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Barquin, Jose, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 23 / 2020 Transaction ID : SA11AI.12533
Mailing Address 1011 charles st			Amount of Each Receipt this Period 100.00
City clearwater	State FL	Zip Code 33755	<input type="checkbox"/> Memo Item \$50.00/Monthly
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC	Occupation (for Individual) Associate Medical Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Bedolla, John, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 23 / 2020 Transaction ID : SA11AI.12599
Mailing Address 1000 San Marcos Street Unit 324			Amount of Each Receipt this Period 200.00
City Austin	State TX	Zip Code 78702-2667	<input type="checkbox"/> Memo Item \$100.00/Monthly
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Emergency Service Partners, LLC	Occupation (for Individual) Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1100.00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 91
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Bender, Sean, , ,		Date of Receipt MM / DD / YYYY 11 / 23 / 2020 Transaction ID : SA11AI.12614
Mailing Address 520 Elm Street		Amount of Each Receipt this Period 300.00
City Denver	State CO	Zip Code 80220
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$150.00/Monthly
Name of Employer (for Individual) Virtual Locations	Occupation (for Individual) Regional Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1650.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Biersbach, Raymond, , ,		Date of Receipt MM / DD / YYYY 11 / 23 / 2020 Transaction ID : SA11AI.12589
Mailing Address 234 Lakeshore Dr		Amount of Each Receipt this Period 200.00
City Mooresville	State NC	Zip Code 28117-7535
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$100.00/Monthly
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Quality Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Bishop, Sara, , ,		Date of Receipt MM / DD / YYYY 11 / 23 / 2020 Transaction ID : SA11AI.12567
Mailing Address PO Box 2175		Amount of Each Receipt this Period 112.50
City Morehead City	State NC	Zip Code 28557
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$75.00/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 ▼ 787.50	

SUBTOTAL of Receipts This Page (optional).....	612.50
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 12 OF 91
	<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. Blankenship, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7058 Ravens Run
 City Cincinnati State OH Zip Code 45244-3591
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1650.00

Date of Receipt 11 / 23 / 2020
Transaction ID : SA11AI.12648
 Amount of Each Receipt this Period 300.00
 Memo Item \$150.00/Monthly

B. Blaum, Justin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 312 Biddle Ave FI 2
 City Pittsburgh State PA Zip Code 15221-3436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AHN Medical Group, LLC Occupation (for Individual) ED Operations Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 740.00

Date of Receipt 11 / 23 / 2020
Transaction ID : SA11AI.12660
 Amount of Each Receipt this Period 300.00
 Memo Item \$150.00/Monthly

C. Bown, Nicholas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 532 College Blvd
 City San Antonio State TX Zip Code 78209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1650.00

Date of Receipt 11 / 23 / 2020
Transaction ID : SA11AI.12672
 Amount of Each Receipt this Period 300.00
 Memo Item \$150.00/Monthly

SUBTOTAL of Receipts This Page (optional).....	900.00
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 13 OF 91
	<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. Bradstreet, Jennifer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8026 Vanity Hill
 City San Antonio State TX Zip Code 78256-2509
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Regional Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1650.00

Date of Receipt 11 / 23 / 2020
Transaction ID : SA11AI.12673
 Amount of Each Receipt this Period 300.00
 Memo Item \$150.00/Monthly

B. Brice, Matthew, , ,
 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) Emergency Svc Partners, LLC Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 23 / 2020
Transaction ID : SA11AI.12600
 Amount of Each Receipt this Period 200.00
 Memo Item \$100.00/Monthly

C. Brill, April, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25537 Prairiewood Ln
 City Shorewood State IL Zip Code 60404-2526
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Site Education Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 23 / 2020
Transaction ID : SA11AI.12538
 Amount of Each Receipt this Period 100.00
 Memo Item \$50.00/Monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 91
	<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. Brown, Lisa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2020 Wade Hampton Circle
 City Belmont State NC Zip Code 28012-8689
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) APP Lead
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 262.50

Date of Receipt 11 / 23 / 2020
Transaction ID : SA11AI.12478
 Amount of Each Receipt this Period 37.50
 Memo Item \$25.00/Monthly

B. Buchanan, Curtis, , ,
 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 ▼ 1650.00

Date of Receipt 11 / 23 / 2020
Transaction ID : SA11AI.12620
 Amount of Each Receipt this Period 300.00
 Memo Item \$150.00/Monthly

C. Burke, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1010 Gapter Road
 City Boulder State CO Zip Code 80303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Colorado Emergency Service Physicians, Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 23 / 2020
Transaction ID : SA11AI.12527
 Amount of Each Receipt this Period 100.00
 Memo Item \$50.00/Monthly

SUBTOTAL of Receipts This Page (optional).....	437.50
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 15 OF 91
	<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. Caceres, Camilo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2419 Smallman Street
 Unit 401
 City Pittsburgh State PA Zip Code 15222-5643
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AHN Medical Group, LLC Occupation (for Individual) Quality Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1650.00

Date of Receipt 11 / 23 / 2020
Transaction ID : SA11AI.12661
 Amount of Each Receipt this Period 300.00
 Memo Item \$150.00/Monthly

B. Carney, Bryan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2408 Marsh Tern Ln
 City Morehead City State NC Zip Code 28557-4772
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Assistant Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1650.00

Date of Receipt 11 / 23 / 2020
Transaction ID : SA11AI.12643
 Amount of Each Receipt this Period 300.00
 Memo Item \$150.00/Monthly

C. Carter, Stephen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 161 Glen Eagles Drive
 City Cibolo State TX Zip Code 78108-3343
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 23 / 2020
Transaction ID : SA11AI.12557
 Amount of Each Receipt this Period 100.00
 Memo Item \$50.00/Monthly

SUBTOTAL of Receipts This Page (optional)..... ▶ 700.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 91
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Casey, John, , ,		Date of Receipt MM / DD / YYYY 11 / 23 / 2020 Transaction ID : SA11AI.12649
Mailing Address 5156 Baker Ridge Dr.		Amount of Each Receipt this Period 300.00
City Columbus	State OH	Zip Code 43228
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$150.00/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 ▼ 1650.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Cetta, Michael, , ,		Date of Receipt MM / DD / YYYY 11 / 23 / 2020 Transaction ID : SA11AI.12688
Mailing Address 16 Piney Glen Court		Amount of Each Receipt this Period 800.00
City Potomac	State MD	Zip Code 20854
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$400.00/Monthly
Name of Employer (for Individual) USACS Management Group	Occupation (for Individual) Chief of Integrated Acute Care	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4400.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Champeau, Matthew, , ,		Date of Receipt MM / DD / YYYY 11 / 23 / 2020 Transaction ID : SA11AI.12513
Mailing Address 234 Spielman Hwy		Amount of Each Receipt this Period 75.00
City Burlington	State CT	Zip Code 06013
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$50.00/Monthly
Name of Employer (for Individual) USACS Medical Group, LLC	Occupation (for Individual) Director of APPs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 425.00	

SUBTOTAL of Receipts This Page (optional).....▶	1175.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 91
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Chatfield, Kenneth, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 23 / 2020 Transaction ID : SA11AI.12522		
Mailing Address 142 Isle of Venice Dr			Amount of Each Receipt this Period 75.00		
City Ft Lauderdale	State FL	Zip Code 33301	Memo Item \$50.00/Monthly		
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 525.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Cirillo, Louis, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 23 / 2020 Transaction ID : SA11AI.12668		
Mailing Address 91 Woodridge Drive			Amount of Each Receipt this Period 300.00		
City Saunderstown	State RI	Zip Code 02874-1943	Memo Item \$150.00/Monthly		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) Virtual Locations		Occupation (for Individual) Director of Government Affairs			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1650.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Cline, Gretchann, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 23 / 2020 Transaction ID : SA11AI.12520		
Mailing Address 8506 Queen Heights			Amount of Each Receipt this Period 75.00		
City San Antonio	State TX	Zip Code 78254-2329	Memo Item \$50.00/Monthly		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) Emergency Service Partners, LLC		Occupation (for Individual) System APP Lead			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 525.00			

SUBTOTAL of Receipts This Page (optional).....	450.00
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 91
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Colfer, Orion, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 23 / 2020 Transaction ID : SA11AI.12686		
Mailing Address 2523 Hanover Ave			Amount of Each Receipt this Period 300.00		
City Richmond	State VA	Zip Code 23220	Memo Item <input type="checkbox"/> \$150.00/Monthly		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) Virtual Locations		Occupation (for Individual) National Director of Patient Experienc			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1650.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Conley, Amy, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 23 / 2020 Transaction ID : SA11AI.12582		
Mailing Address 6419 Renwick Circle			Amount of Each Receipt this Period 200.00		
City Tampa	State FL	Zip Code 33647	Memo Item <input type="checkbox"/> \$100.00/Monthly		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC		Occupation (for Individual) Regional Transfer Center Director			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1100.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Cook, Alexander, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 23 / 2020 Transaction ID : SA11AI.12571		
Mailing Address 8780 Surrey Place			Amount of Each Receipt this Period 120.00		
City Maineville	State OH	Zip Code 45039-9519	Memo Item <input type="checkbox"/> \$80.00/Monthly		
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 840.00			

SUBTOTAL of Receipts This Page (optional).....▶	620.00
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 19 OF 91
	<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. Coomes, Justin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7762 Westwind Lane
 City Montgomery State OH Zip Code 45242-5008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director
 Receipt For: 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
 11 / 23 / 2020
Transaction ID : SA11AI.12650
 Amount of Each Receipt this Period 300.00
 Memo Item
 \$150.00/Monthly

B. Correll, Bodie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 782 Archie Lane
 City Belton State TX Zip Code 76513
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) Medical Director
 Receipt For: 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
 11 / 23 / 2020
Transaction ID : SA11AI.12674
 Amount of Each Receipt this Period 300.00
 Memo Item
 \$150.00/Monthly

C. Corrigan, Kevin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9338 Standerwick Ln
 City Huntersville State NC Zip Code 28078
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Interim Medical Director
 Receipt For: 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
 11 / 23 / 2020
Transaction ID : SA11AI.12644
 Amount of Each Receipt this Period 300.00
 Memo Item
 \$150.00/Monthly

SUBTOTAL of Receipts This Page (optional).....	900.00
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 91
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Dabkowski, Tabitha, , ,			Date of Receipt MM / DD / YYYY 11 / 23 / 2020 Transaction ID : SA11AI.12479		
Mailing Address 12728 Westmoreland Rd			Amount of Each Receipt this Period 37.50		
City Huntersville	State NC	Zip Code 28078-5962	<input type="checkbox"/> Memo Item \$25.00/Monthly		
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 262.50			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Darnell, Mark, , ,			Date of Receipt MM / DD / YYYY 11 / 23 / 2020 Transaction ID : SA11AI.12651		
Mailing Address 5125 Duffy Rd. SE			Amount of Each Receipt this Period 300.00		
City Lancaster	State OH	Zip Code 43130-9451	<input type="checkbox"/> Memo Item \$150.00/Monthly		
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1650.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. De Angelis, Sydney, , ,			Date of Receipt MM / DD / YYYY 11 / 23 / 2020 Transaction ID : SA11AI.12586		
Mailing Address 114 E Church St			Amount of Each Receipt this Period 200.00		
City Frederick	State MD	Zip Code 21701	<input type="checkbox"/> Memo Item \$100.00/Monthly		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) MEP Health, LLC		Occupation (for Individual) Emergency Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 1100.00			

SUBTOTAL of Receipts This Page (optional).....	537.50
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 21 OF 91
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Denmark, Thomas, , ,		Date of Receipt MM / DD / YYYY 11 / 23 / 2020 Transaction ID : SA11AI.12549
Mailing Address 13122 S Yorktown Ave		Amount of Each Receipt this Period 100.00
City Bixby	State OK	Zip Code 74008-7665
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$50.00/Monthly
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Chairman	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. DiCaprio, Michael, , ,		Date of Receipt MM / DD / YYYY 11 / 23 / 2020 Transaction ID : SA11AI.12550
Mailing Address 3960 N. Monet Ct.		Amount of Each Receipt this Period 100.00
City Allison Park	State PA	Zip Code 15101
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$50.00/Monthly
Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) Quality Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. DiRando, Jesse, , ,		Date of Receipt MM / DD / YYYY 11 / 23 / 2020 Transaction ID : SA11AI.12652
Mailing Address 33531 Royal Saint George Drive		Amount of Each Receipt this Period 300.00
City Avon	State OH	Zip Code 44011
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$150.00/Monthly
Name of Employer (for Individual) Virtual Locations	Occupation (for Individual) Vice President, Clinical Resource Grou	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1650.00	

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 91
	<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. Domuczicz, Kenneth, , ,
 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) Travis County Emergency Physicians, PA Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 23 / 2020
Transaction ID : SA11AI.12558
 Amount of Each Receipt this Period 100.00
 Memo Item \$50.00/Monthly

B. Dorai, Suprina, , ,
 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) Emergency Service Partners, LLC Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 23 / 2020
Transaction ID : SA11AI.12559
 Amount of Each Receipt this Period 100.00
 Memo Item \$50.00/Monthly

C. Doss, Belinda, , ,
 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) Emergency Service Partners, LLC Occupation (for Individual) APP Lead
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 787.50

Date of Receipt 11 / 23 / 2020
Transaction ID : SA11AI.12568
 Amount of Each Receipt this Period 112.50
 Memo Item \$75.00/Monthly

SUBTOTAL of Receipts This Page (optional).....▶	312.50
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 23 OF 91
	<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. Doucette, Marc, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16692 W. 55th Pl.
 City Golden State CO Zip Code 80403-1269
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Colorado Emergency Service Physicians, Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 23 / 2020
Transaction ID : SA11AI.12490
 Amount of Each Receipt this Period 40.00
 Memo Item \$20.00/Monthly

B. Dschaak, Tyler, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 585 Paisley Dr
 City Colorado Springs State CO Zip Code 80906
 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 ▼ 1650.00

Date of Receipt 11 / 23 / 2020
Transaction ID : SA11AI.12615
 Amount of Each Receipt this Period 300.00
 Memo Item \$150.00/Monthly

C. Eakin, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1455 Hunakai St. Apt. 1
 City Honolulu State HI Zip Code 96816-5526
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Associate Medical Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 23 / 2020
Transaction ID : SA11AI.12536
 Amount of Each Receipt this Period 100.00
 Memo Item \$50.00/Monthly

SUBTOTAL of Receipts This Page (optional).....	440.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 24 OF 91
<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. Edginton, Simon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28671 Corbara Place
 City Wesley Chapel State FL Zip Code 33543
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC Occupation (for Individual) Regional Chief Medical Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1650.00

Date of Receipt 11 / 23 / 2020
Transaction ID : SA11AI.12621
 Amount of Each Receipt this Period 300.00
 Memo Item \$150.00/Monthly

B. Eisenberg, Steven, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35590 Michael Drive
 City Solon State OH Zip Code 44139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Management Group Occupation (for Individual) General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1575.00

Date of Receipt 11 / 23 / 2020
Transaction ID : SA11AI.12611
 Amount of Each Receipt this Period 225.00
 Memo Item \$150.00/Monthly

C. Falcone, Angelo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2606 Tridelphia Lake Road
 City Brookeville State MD Zip Code 20833
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Management Group Occupation (for Individual) President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1650.00

Date of Receipt 11 / 23 / 2020
Transaction ID : SA11AI.12631
 Amount of Each Receipt this Period 300.00
 Memo Item \$150.00/Monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 91
	<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. Faulk, Michael, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3951 Fluvanna-Townline Road

City Jamestown	State NY	Zip Code 14701-9032
-------------------	-------------	------------------------

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

Name of Employer (for Individual) AHN Medical Group, LLC	Occupation (for Individual) Medical Director of Integrated Acute C
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		23		2020

Transaction ID : SA11AI.12543

Amount of Each Receipt this Period
100.00

Memo Item
\$50.00/Monthly

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

Mailing Address 2604 Rain Song

City Leander	State TX	Zip Code 78641
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		23		2020

Transaction ID : SA11AI.12560

Amount of Each Receipt this Period
100.00

Memo Item
\$50.00/Monthly

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

Mailing Address 8 N Edsall Ave

City Nanuet	State NY	Zip Code 10954-2503
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
262.50

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		23		2020

Transaction ID : SA11AI.12477

Amount of Each Receipt this Period
37.50

Memo Item
\$25.00/Monthly

SUBTOTAL of Receipts This Page (optional).....▶	237.50
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 26 OF 91
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Ferrand, David, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2020
Mailing Address 193 Bryna Lane			Transaction ID : SA11AI.12596
City Carnegie	State PA	Zip Code 15106-1473	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$100.00/Monthly
Name of Employer (for Individual) Virtual Locations		Occupation (for Individual) Firefighter	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1100.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Fleming, Sean, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2020
Mailing Address 2300 Shoreham Circle			Transaction ID : SA11AI.12675
City Lewisville	State TX	Zip Code 75056	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$150.00/Monthly
Name of Employer (for Individual) Emergency Service Partners, LLC		Occupation (for Individual) Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1650.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Flores, Anna, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2020
Mailing Address 2608 Del Curto Rd, Unit 3			Transaction ID : SA11AI.12457
City Austin	State TX	Zip Code 78704-6014	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$50.00/Monthly
Name of Employer (for Individual) Emergency Service Partners, LLC		Occupation (for Individual) APP Lead	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 475.00	

SUBTOTAL of Receipts This Page (optional).....	525.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 91
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Foss, David, , ,			Date of Receipt MM / DD / YYYY 11 / 23 / 2020 Transaction ID : SA11AI.12676
Mailing Address 915 Tschoepe Rd			Amount of Each Receipt this Period 300.00
City Seguin	State TX	Zip Code 78155	<input type="checkbox"/> Memo Item \$150.00/Monthly
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Emergency Service Partners, LLC	Occupation (for Individual) Medical Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1650.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Frary, James, , ,			Date of Receipt MM / DD / YYYY 11 / 23 / 2020 Transaction ID : SA11AI.12613
Mailing Address 4009 Grassmere Lane			Amount of Each Receipt this Period 225.00
City Dallas	State TX	Zip Code 75205	<input type="checkbox"/> Memo Item \$150.00/Monthly
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) USACS Management Group	Occupation (for Individual) Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1575.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Freedman, Scott, , ,			Date of Receipt MM / DD / YYYY 11 / 23 / 2020 Transaction ID : SA11AI.12632
Mailing Address 12814 Doe Lane			Amount of Each Receipt this Period 300.00
City N. Potomac	State MD	Zip Code 20878	<input type="checkbox"/> Memo Item \$150.00/Monthly
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) MEP Health, LLC	Occupation (for Individual) Pediatric Medical Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1650.00		

SUBTOTAL of Receipts This Page (optional).....▶	825.00
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 28 OF 91
	<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. Gamma, Brett, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14930 Finegan Farm Drive
 City Darnestown State MD Zip Code 20874
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 23 / 2020
Transaction ID : SA11AI.12540
 Amount of Each Receipt this Period 100.00
 Memo Item \$50.00/Monthly

B. Garber, Suzanne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7700 Overlook Hills Lane
 City Cincinnati State OH Zip Code 45244-3289
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Regional Quality Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 23 / 2020
Transaction ID : SA11AI.12593
 Amount of Each Receipt this Period 200.00
 Memo Item \$100.00/Monthly

C. Garcia-Gonzalez, Alexander, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19916 Bluff Oak Blvd
 City Tampa State FL Zip Code 33647-2973
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 23 / 2020
Transaction ID : SA11AI.12534
 Amount of Each Receipt this Period 100.00
 Memo Item \$50.00/Monthly

SUBTOTAL of Receipts This Page (optional).....▶	400.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 91
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Garfinkel, Michael, , ,		Date of Receipt MM / DD / YYYY 11 / 23 / 2020 Transaction ID : SA11AI.12575
Mailing Address 2821 Grand Lake Dr		Amount of Each Receipt this Period 200.00
City Lafayette	State CO	Zip Code 80026
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$100.00/Monthly
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 933.34	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Geary, Daniel, , ,		Date of Receipt MM / DD / YYYY 11 / 23 / 2020 Transaction ID : SA11AI.12523
Mailing Address 7265 Hidden Lake Estate dr		Amount of Each Receipt this Period 83.33
City Mechanicsville	State VA	Zip Code 23111-6274
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$83.33/Monthly
Name of Employer (for Individual) MEP Health, LLC	Occupation (for Individual) Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 833.30	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Geers, Gregory, , ,		Date of Receipt MM / DD / YYYY 11 / 23 / 2020 Transaction ID : SA11AI.12502
Mailing Address 624 James Alexander Way		Amount of Each Receipt this Period 40.00
City Davidson	State NC	Zip Code 28036-7070
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$20.00/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 ▼ 220.00	

SUBTOTAL of Receipts This Page (optional).....▶	323.33
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 30 OF 91
<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. Gerhart, Caleb, , ,
 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) Quality Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 23 / 2020
Transaction ID : SA11AI.12554
 Amount of Each Receipt this Period 100.00
 Memo Item \$50.00/Monthly

B. Gibson, George, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4100 Wallace Shire Dr.
 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 ▼ 550.00

Date of Receipt 11 / 23 / 2020
Transaction ID : SA11AI.12561
 Amount of Each Receipt this Period 100.00
 Memo Item \$50.00/Monthly

C. Gindlesperger, Krisi, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6203 Renninger Road
 City New Franklin State OH Zip Code 44319-4741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Management Group Occupation (for Individual) Vice President - National Director of
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 11 / 23 / 2020
Transaction ID : SA11AI.12690
 Amount of Each Receipt this Period 150.00
 Memo Item \$100/Monthly

SUBTOTAL of Receipts This Page (optional)..... ▶ 350.00
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 91
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Glotfelty, Danielle, , ,			Date of Receipt MM / DD / YYYY 11 / 23 / 2020 Transaction ID : SA11AI.12484
Mailing Address 409 Shady Lane			Amount of Each Receipt this Period 37.50
City Berlin	State PA	Zip Code 15530	<input type="checkbox"/> Memo Item \$25.00/Monthly
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) MEP Health, LLC		Occupation (for Individual) APP Lead	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 262.50		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Goen, Paul, , ,			Date of Receipt MM / DD / YYYY 11 / 23 / 2020 Transaction ID : SA11AI.12601
Mailing Address 4417 Leonard Road			Amount of Each Receipt this Period 200.00
City Bryan	State TX	Zip Code 77807	<input type="checkbox"/> Memo Item \$100.00/Monthly
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Emergency Service Partners, LLC		Occupation (for Individual) System Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Gonzalez, Javier, , ,			Date of Receipt MM / DD / YYYY 11 / 23 / 2020 Transaction ID : SA11AI.12622
Mailing Address 4527 Scarlet Loop			Amount of Each Receipt this Period 300.00
City Wesley Chapel	State FL	Zip Code 33544	<input type="checkbox"/> Memo Item \$150.00/Monthly
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC		Occupation (for Individual) Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1650.00		

SUBTOTAL of Receipts This Page (optional).....▶	537.50
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 32 OF 91
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Groomes, Roderick, , ,			Date of Receipt
Mailing Address 417 Edgewood Drive			<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2020"/>
City Sarver	State PA	Zip Code 16055-9266	Transaction ID : SA11AI.12551
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="100.00"/>
Name of Employer (for Individual) AHN Medical Group, LLC		Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$50.00/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="550.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Guyton, Steven, , ,			Date of Receipt
Mailing Address 111 Stillwater Lane			<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2020"/>
City Pittsburgh	State PA	Zip Code 15143-8899	Transaction ID : SA11AI.12662
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="300.00"/>
Name of Employer (for Individual) AHN Medical Group, LLC		Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$150.00/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1650.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Hall, Timothy, , ,			Date of Receipt
Mailing Address 1380 Woodhurst Drive			<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2020"/>
City Rock Hill	State SC	Zip Code 29732-2082	Transaction ID : SA11AI.12669
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="300.00"/>
Name of Employer (for Individual) USACS Medical Group, LTD		Occupation (for Individual) Emergency Physician	<input type="checkbox"/> Memo Item \$150.00/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="1650.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="700.00"/>
TOTAL 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 33 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Hall, Wyatt, , ,		Date of Receipt MM / DD / YYYY 11 / 23 / 2020
Mailing Address 2310B Old Trail Rd.		Transaction ID : SA11AI.12528
City Avon	State CO	Zip Code 81620
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) Colorado Emergency Service Physicians,	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$50.00/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Hallock, Robert, , ,		Date of Receipt MM / DD / YYYY 11 / 23 / 2020
Mailing Address 2124 Bay Front Terrace		Transaction ID : SA11AI.12497
City Annapolis	State MD	Zip Code 21409
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer (for Individual) MEP Health, LLC	Occupation (for Individual) Emergency Physician - Regional Trave	<input type="checkbox"/> Memo Item \$20.00/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Hanlon, Dennis, , ,		Date of Receipt MM / DD / YYYY 11 / 23 / 2020
Mailing Address 200 Windermere Ct.		Transaction ID : SA11AI.12597
City McMurray	State PA	Zip Code 15317
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$100.00/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1100.00	

SUBTOTAL of Receipts This Page (optional).....▶	340.00
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 34 OF 91
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Hanson, Kim, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2503 Whispering Oaks Circle
 City Bryan State TX Zip Code 77802-2024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) APP Lead
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 11 / 23 / 2020
Transaction ID : SA11AI.12521
 Amount of Each Receipt this Period 75.00
 Memo Item \$50.00/Monthly

B. Harper, Benjamin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 680 Rim Rock Road
 City Kerrville State TX Zip Code 78028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 23 / 2020
Transaction ID : SA11AI.12510
 Amount of Each Receipt this Period 50.00
 Memo Item \$25.00/Monthly

C. Harris, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 785 Joe Tyl Road
 City Texarkana State TX Zip Code 75501-5105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Travis County Emergency Physicians, PA Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1650.00

Date of Receipt 11 / 23 / 2020
Transaction ID : SA11AI.12677
 Amount of Each Receipt this Period 300.00
 Memo Item \$150.00/Monthly

SUBTOTAL of Receipts This Page (optional).....	425.00
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 91
	<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. Hart, Alicia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8005 Villefranche
 City Corpus Christi State TX Zip Code 78414-6024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) Assistant Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 23 / 2020
Transaction ID : SA11AI.12562
 Amount of Each Receipt this Period 100.00
 Memo Item \$50.00/Monthly

B. Henry, Androni, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 241 Sweet Gum Road
 City Pittsburgh State PA Zip Code 15238-1353
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AHN Medical Group, LLC Occupation (for Individual) Medical Director of Integrated Acute C
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1650.00

Date of Receipt 11 / 23 / 2020
Transaction ID : SA11AI.12663
 Amount of Each Receipt this Period 300.00
 Memo Item \$150.00/Monthly

C. Herndon, Yalonda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2509 Mill Wright Rd
 City Concord State NC Zip Code 28027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Quality Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 23 / 2020
Transaction ID : SA11AI.12544
 Amount of Each Receipt this Period 100.00
 Memo Item \$50.00/Monthly

SUBTOTAL of Receipts This Page (optional).....▶	500.00
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 36 OF 91
	(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. Hibbs, Nathaniel, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6634 S. Prescott Way

City Littleton	State CO	Zip Code 80120
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 23 / 2020

Transaction ID : SA11AI.12576

Amount of Each Receipt this Period
200.00

Memo Item
\$100.00/Monthly

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

Mailing Address 1029 Wintergreen Terrace

City Rockville	State MD	Zip Code 20850
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
262.50

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 23 / 2020

Transaction ID : SA11AI.12475

Amount of Each Receipt this Period
37.50

Memo Item
\$25.00/Monthly

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

Mailing Address 1701B South 2nd Street Unit B

City Austin	State TX	Zip Code 78704
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1650.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 23 / 2020

Transaction ID : SA11AI.12678

Amount of Each Receipt this Period
300.00

Memo Item
\$150.00/Monthly

SUBTOTAL of Receipts This Page (optional).....	537.50
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 37 OF 91
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Hodson, Benjamin, , ,			Date of Receipt MM / DD / YYYY 11 / 23 / 2020 Transaction ID : SA11AI.12504
Mailing Address 1878 Shaker Rd			Amount of Each Receipt this Period 40.00
City Franklin	State OH	Zip Code 45005-9611	<input type="checkbox"/> Memo Item \$20.00/Monthly
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Holt, Douglas, , ,			Date of Receipt MM / DD / YYYY 11 / 23 / 2020 Transaction ID : SA11AI.12590
Mailing Address 207 Cabbage Inlet Lane			Amount of Each Receipt this Period 200.00
City Wilmington	State NC	Zip Code 28409-3004	<input type="checkbox"/> Memo Item \$100.00/Monthly
FEC ID number of contributing federal political committee. C			
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 ▼ 1100.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Hummel, Laura, , ,			Date of Receipt MM / DD / YYYY 11 / 23 / 2020 Transaction ID : SA11AI.12583
Mailing Address 807 S. Roxmere Road			Amount of Each Receipt this Period 200.00
City Tampa	State FL	Zip Code 33609-4235	<input type="checkbox"/> Memo Item \$100.00/Monthly
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC	Occupation (for Individual) Regional Education Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1100.00		

SUBTOTAL of Receipts This Page (optional).....▶	440.00
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 38 OF 91
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Hydari, Irfan, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 23 / 2020
Mailing Address 3203 Walnut Ave			Transaction ID : SA11AI.12679
City Austin	State TX	Zip Code 78722-1635	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$150.00/Monthly
Name of Employer (for Individual) Virtual Locations		Occupation (for Individual) Regional Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1650.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Iyer, Sujit, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 23 / 2020
Mailing Address 1204 Kinney Avenue			Transaction ID : SA11AI.12602
City Austin	State TX	Zip Code 78704	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$100.00/Monthly
Name of Employer (for Individual) Emergency Service Partners, LLC		Occupation (for Individual) Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1100.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Janikas, John, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 23 / 2020
Mailing Address 748 Carlton Road			Transaction ID : SA11AI.12574
City Clifton Park	State NY	Zip Code 12065-1023	Amount of Each Receipt this Period 166.66
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$83.33/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 ▼ 916.63	

SUBTOTAL of Receipts This Page (optional).....▶	666.66
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 91
	<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. Jeffrey, Douglas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1109 Bluebonnet Lane
 City Austin State TX Zip Code 78704-2005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1650.00

Date of Receipt 11 / 23 / 2020
Transaction ID : SA11AI.12680
 Amount of Each Receipt this Period 300.00
 Memo Item
 \$150.00/Monthly

B. Jenis, Andrew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 115 Cayuga Heights Road
 City Ithaca State NY Zip Code 14850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Regional Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1650.00

Date of Receipt 11 / 23 / 2020
Transaction ID : SA11AI.12640
 Amount of Each Receipt this Period 300.00
 Memo Item
 \$150.00/Monthly

C. Johnston, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1459 Milwaukee St.
 City Denver State CO Zip Code 80206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Colorado Emergency Service Physicians, Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 23 / 2020
Transaction ID : SA11AI.12529
 Amount of Each Receipt this Period 100.00
 Memo Item
 \$50.00/Monthly

SUBTOTAL of Receipts This Page (optional)..... ▶ 700.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 91
	<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. Jones, Bruce, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4187 Colister Drive
 City Dublin State OH Zip Code 43016-6162
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1650.00

Date of Receipt 11 / 23 / 2020
Transaction ID : SA11AI.12653
 Amount of Each Receipt this Period 300.00
 Memo Item \$150.00/Monthly

B. Jones, Wayne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6063 Deerfield Drive
 City Fairview State PA Zip Code 16415
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AHN Medical Group, LLC Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 23 / 2020
Transaction ID : SA11AI.12552
 Amount of Each Receipt this Period 100.00
 Memo Item \$50.00/Monthly

C. Jouriles, Nicholas, , ,
 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 ▼ 550.00

Date of Receipt 11 / 23 / 2020
Transaction ID : SA11AI.12545
 Amount of Each Receipt this Period 100.00
 Memo Item \$50.00/Monthly

SUBTOTAL of Receipts This Page (optional).....	500.00
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 41 OF 91
	<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. Kalaria, Amit, , ,
 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) Occupation (for Individual)
 MEP Health, LLC Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 23 / 2020
Transaction ID : SA11AI.12498
 Amount of Each Receipt this Period 40.00
 Memo Item \$20.00/Monthly

B. Kapadia, Homi, , ,
 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) Occupation (for Individual)
 Virtual Locations Regional Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1650.00

Date of Receipt 11 / 23 / 2020
Transaction ID : SA11AI.12616
 Amount of Each Receipt this Period 300.00
 Memo Item \$150.00/Monthly

C. Keller, Noah, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10119 Easterday Court
 City Hagerstown State MD Zip Code 21742
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Virtual Locations Regional Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1650.00

Date of Receipt 11 / 23 / 2020
Transaction ID : SA11AI.12633
 Amount of Each Receipt this Period 300.00
 Memo Item \$150.00/Monthly

SUBTOTAL of Receipts This Page (optional).....	640.00
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 42 OF 91
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Kendall, Jayne, , ,		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 23 / 2020
Mailing Address 21710 Parsons Green Row		Transaction ID : SA11AI.12591
City Cornelius	State NC	Zip Code 28031
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer (for Individual) Virtual Locations	Occupation (for Individual) Regional Vice President	<input type="checkbox"/> Memo Item \$100.00/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Kile, Tamara, , ,		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 23 / 2020
Mailing Address 10021 Fire Tower Rd		Transaction ID : SA11AI.12499
City Ijamsville	State MD	Zip Code 21754-8756
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer (for Individual) MEP Health, LLC	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$20.00/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Kirkpatrick, Kyle, , ,		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 23 / 2020
Mailing Address 16360 Hawkstone Place		Transaction ID : SA11AI.12458
City Parker	State CO	Zip Code 80134
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer (for Individual) Colorado Emergency Service Physicians,	Occupation (for Individual) APP Lead	<input type="checkbox"/> Memo Item \$20.00/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional).....▶	270.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 91
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Kirtz, Jeremy, , ,			Date of Receipt MM / DD / YYYY 11 / 23 / 2020
Mailing Address 906 S Fremont Ave			Transaction ID : SA11AI.12535
City Tampa	State FL	Zip Code 33606	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$50.00/Monthly
Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC		Occupation (for Individual) Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Klein, David, , ,			Date of Receipt MM / DD / YYYY 11 / 23 / 2020
Mailing Address 11736 Gainsborough Road			Transaction ID : SA11AI.12587
City Potomac	State MD	Zip Code 20854	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$100.00/Monthly
Name of Employer (for Individual) USACS Management Group		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 ▼ 1100.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Kleinman, Jacob, , ,			Date of Receipt MM / DD / YYYY 11 / 23 / 2020
Mailing Address 120 Marvelwood Place			Transaction ID : SA11AI.12553
City Pittsburgh	State PA	Zip Code 15215-1569	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$50.00/Monthly
Name of Employer (for Individual) AHN Medical Group, LLC		Occupation (for Individual) Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 550.00	

SUBTOTAL of Receipts This Page (optional).....▶	400.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Kolodzic, Joan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1108 Paxon Court
 City Bellbrook State OH Zip Code 45305-8959
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) National Director of Continuing Medica
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1650.00

Date of Receipt 11 / 23 / 2020
Transaction ID : SA11AI.12654
 Amount of Each Receipt this Period 300.00
 Memo Item \$150.00/Monthly

B. Kornas, Rebecca, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4338 Wyandot St
 City Denver State CO Zip Code 80211-1761
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Colorado Emergency Service Physicians, Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 11 / 23 / 2020
Transaction ID : SA11AI.12509
 Amount of Each Receipt this Period 50.00
 Memo Item \$50.00/Monthly

C. Kramer, Eric, , ,
 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 ▼ 275.00

Date of Receipt 11 / 23 / 2020
Transaction ID : SA11AI.12511
 Amount of Each Receipt this Period 50.00
 Memo Item \$25.00/Monthly

SUBTOTAL of Receipts This Page (optional)..... ▶ 400.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 91
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Kramer, Olga, , ,		Date of Receipt MM / DD / YYYY 11 / 23 / 2020 Transaction ID : SA11AI.12517
Mailing Address 5836 Kinglet Lane		Amount of Each Receipt this Period 75.00
City Charlotte	State NC	Zip Code 28269-7115
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$50.00/Monthly
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) APP Lead	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Kuchinski, Joseph, , ,		Date of Receipt MM / DD / YYYY 11 / 23 / 2020 Transaction ID : SA11AI.12638
Mailing Address 5869 Heaven View Drive		Amount of Each Receipt this Period 300.00
City Las Vegas	State NV	Zip Code 89135-1296
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$150.00/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 ▼ 2050.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Land, Larry, , ,		Date of Receipt MM / DD / YYYY 11 / 23 / 2020 Transaction ID : SA11AI.12623
Mailing Address 10014 Hazelnut Court		Amount of Each Receipt this Period 300.00
City Tampa	State FL	Zip Code 33647
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$150.00/Monthly
Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC	Occupation (for Individual) Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1650.00	

SUBTOTAL of Receipts This Page (optional).....▶	675.00
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 91
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Latouf, Kathleen, , ,			Date of Receipt MM / DD / YYYY 11 / 23 / 2020
Mailing Address 6 Old Farm Rd			Transaction ID : SA11AI.12507
City Carnegie	State PA	Zip Code 15106	Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$20.00/Monthly
Name of Employer (for Individual) AHN Medical Group, LLC		Occupation (for Individual) Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Lavina, Jay, , ,			Date of Receipt MM / DD / YYYY 11 / 23 / 2020
Mailing Address 11651 Renaissance View Ct.			Transaction ID : SA11AI.12474
City Tampa	State FL	Zip Code 33626	Amount of Each Receipt this Period 37.50
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$25.00/Monthly
Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC		Occupation (for Individual) Director of APPs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 262.50	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. LeBlanc, Louis, , ,			Date of Receipt MM / DD / YYYY 11 / 23 / 2020
Mailing Address 1428 Lacy Lane			Transaction ID : SA11AI.12555
City Rock Hill	State SC	Zip Code 29732-7723	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$50.00/Monthly
Name of Employer (for Individual) Virtual Locations		Occupation (for Individual) Firefighter	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 550.00	

SUBTOTAL of Receipts This Page (optional).....▶	177.50
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 47 OF 91
<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. Lee, Sidney, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1200 Queen Emma Street
 Apt 2001
 City Honolulu State HI Zip Code 96813-6311
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 23 / 2020
Transaction ID : SA11AI.12537
 Amount of Each Receipt this Period 100.00
 Memo Item \$50.00/Monthly

B. Leineweber, Felicia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2110 Huntington Terrace
 City Mount Airy State MD Zip Code 21771-5876
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) APP Lead
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 262.50

Date of Receipt 11 / 23 / 2020
Transaction ID : SA11AI.12476
 Amount of Each Receipt this Period 37.50
 Memo Item \$25.00/Monthly

C. Lewis, Brandon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3648 Calusa Springs Dr
 City College Station State TX Zip Code 77845-4545
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Regional Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1650.00

Date of Receipt 11 / 23 / 2020
Transaction ID : SA11AI.12681
 Amount of Each Receipt this Period 300.00
 Memo Item \$150.00/Monthly

SUBTOTAL of Receipts This Page (optional).....	437.50
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 48 OF 91
	<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. Lim, Andrew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 81 Fieldstone Run
 City Farmington State CT Zip Code 06032-2741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 MEP Health, LLC Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 11 / 23 / 2020
Transaction ID : SA11AI.12494
 Amount of Each Receipt this Period 40.00
 Memo Item
 \$20.00/Monthly

B. Lim, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3919 Luz del faro
 City San Antonio State TX Zip Code 78261-2765
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Travis County Emergency Physicians, PA Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 11 / 23 / 2020
Transaction ID : SA11AI.12563
 Amount of Each Receipt this Period 100.00
 Memo Item
 \$50.00/Monthly

C. Little, Andrew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5514 Ayrshire Dr
 City Dublin State OH Zip Code 43017-9428
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 USACS Medical Group, LTD Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 11 / 23 / 2020
Transaction ID : SA11AI.12546
 Amount of Each Receipt this Period 100.00
 Memo Item
 \$100.00/Monthly

SUBTOTAL of Receipts This Page (optional).....	240.00
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 49 OF 91
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Loar, Jesse, , ,		Date of Receipt MM / DD / YYYY 11 / 23 / 2020
Mailing Address 2554 E. Maplewood Ave.		Transaction ID : SA11AI.12617
City Centennial	State CO	Zip Code 80121
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer (for Individual) Colorado Emergency Service Physicians,	Occupation (for Individual) Co-Medical Director	<input type="checkbox"/> Memo Item \$150.00/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1650.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Lojewski, Stephen, , ,		Date of Receipt MM / DD / YYYY 11 / 23 / 2020
Mailing Address 23453 Country Club Lane		Transaction ID : SA11AI.12500
City Grosse Ile	State MI	Zip Code 48138-2246
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer (for Individual) Virtual Locations	Occupation (for Individual) Firefighter	<input type="checkbox"/> Memo Item \$20.00/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Long, Alexis, , ,		Date of Receipt MM / DD / YYYY 11 / 23 / 2020
Mailing Address 5761 Reservoir Rd		Transaction ID : SA11AI.12488
City Georgetown	State CA	Zip Code 95634
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Emergency Physician	<input type="checkbox"/> Memo Item \$20.00/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 220.00	

SUBTOTAL of Receipts This Page (optional).....▶	380.00
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 50 OF 91
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. MacLean, Craig, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 23 / 2020 Transaction ID : SA11AI.12639
Mailing Address 64 Newfields Road			Amount of Each Receipt this Period 300.00
City Exeter	State NH	Zip Code 03833-4542	<input type="checkbox"/> Memo Item \$150.00/Monthly
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) USACS Medical Group, LTD		Occupation (for Individual) Director of Quality	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1650.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. MacLeod, Bruce, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 23 / 2020 Transaction ID : SA11AI.12664
Mailing Address 1515 Mohican Dr			Amount of Each Receipt this Period 300.00
City Pittsburgh	State PA	Zip Code 15228-1615	<input type="checkbox"/> Memo Item \$150.00/Monthly
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Virtual Locations		Occupation (for Individual) Regional Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1650.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Mann, Rubeal, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 23 / 2020 Transaction ID : SA11AI.12594
Mailing Address 10122 Concord Road			Amount of Each Receipt this Period 200.00
City Dublin	State OH	Zip Code 43017-9434	<input type="checkbox"/> Memo Item \$100.00/Monthly
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1100.00		

SUBTOTAL of Receipts This Page (optional).....▶	800.00
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 51 OF 91
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Martinez, Anthony, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2020		
Mailing Address 7897 Broadway St. Unit 1001			Transaction ID : SA11AI.12682		
City San Antonio	State TX	Zip Code 78209	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$150.00/Monthly		
Name of Employer (for Individual) Emergency Service Partners, LLC		Occupation (for Individual) System Medical Director			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1650.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Maruska, Michael, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2020		
Mailing Address 580 Park Ave			Transaction ID : SA11AI.12489		
City Laguna Beach	State CA	Zip Code 92651-2339	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$20.00/Monthly		
Name of Employer (for Individual) Colorado Emergency Service Physicians,		Occupation (for Individual) Emergency Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Mayz, Kurtis, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2020		
Mailing Address 1 E Main St Ste 404			Transaction ID : SA11AI.12627		
City Champaign	State IL	Zip Code 61820-1313	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$150.00/Monthly		
Name of Employer (for Individual) Virtual Locations		Occupation (for Individual) Firefighter			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 1650.00			

SUBTOTAL of Receipts This Page (optional).....▶	640.00
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 52 OF 91
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Meers, Holley, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2020
Mailing Address 24 Quincy Street			Transaction ID : SA11AI.12588
City Chevy Chase	State MD	Zip Code 20815-4227	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$100.00/Monthly
Name of Employer (for Individual) MEP Health, LLC		Occupation (for Individual) Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1100.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Mendenhall, Matthew, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2020
Mailing Address 3257 S Steele St			Transaction ID : SA11AI.12491
City Denver	State CO	Zip Code 80210-6957	Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$20.00/Monthly
Name of Employer (for Individual) Colorado Emergency Service Physicians,		Occupation (for Individual) Director Of Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Meyer, Kendra, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2020
Mailing Address 85 Beatty Lane			Transaction ID : SA11AI.12519
City Scenery Hill	State PA	Zip Code 15360-1537	Amount of Each Receipt this Period 75.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$50.00/Monthly
Name of Employer (for Individual) AHN Medical Group, LLC		Occupation (for Individual) Director of APPs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 525.00	

SUBTOTAL of Receipts This Page (optional).....▶	315.00
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 53 OF 91
	<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. Miner, D., , ,
 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) Colorado Emergency Service Physicians, Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 23 / 2020
Transaction ID : SA11AI.12530
 Amount of Each Receipt this Period 100.00
 Memo Item \$50.00/Monthly

B. Mirhadi, Michael, , ,
 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 ▼ 550.00

Date of Receipt 11 / 23 / 2020
Transaction ID : SA11AI.12524
 Amount of Each Receipt this Period 100.00
 Memo Item \$50.00/Monthly

C. Misra, Swarup, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9667 Ashley Green Ct NW
 City Concord State NC Zip Code 28027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Quality Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1650.00

Date of Receipt 11 / 23 / 2020
Transaction ID : SA11AI.12645
 Amount of Each Receipt this Period 300.00
 Memo Item \$150.00/Monthly

SUBTOTAL of Receipts This Page (optional)..... ▶ 500.00
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 54 OF 91
	<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. Natali, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 115 Pheasant Drive
 City Blawnox State PA Zip Code 15238-2207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AHN Medical Group, LLC Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1650.00

Date of Receipt 11 / 23 / 2020
Transaction ID : SA11AI.12665
 Amount of Each Receipt this Period 300.00
 Memo Item \$150.00/Monthly

B. Nelson, Jeremy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2001 Cross Draw Trail
 City Leander State TX Zip Code 78641
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) APP Lead
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 262.50

Date of Receipt 11 / 23 / 2020
Transaction ID : SA11AI.12486
 Amount of Each Receipt this Period 37.50
 Memo Item \$25.00/Monthly

C. Nguyen, Vicky, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 336 E 1st Ave Apt 203
 City Denver State CO Zip Code 80203-4379
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Colorado Emergency Service Physicians, Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 23 / 2020
Transaction ID : SA11AI.12531
 Amount of Each Receipt this Period 100.00
 Memo Item \$50.00/Monthly

SUBTOTAL of Receipts This Page (optional).....	437.50
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 55 OF 91
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Ogden, Herbert, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2020
Mailing Address 797 Niwot Ridge Lane		Transaction ID : SA11AI.12492
City Lafayette	State CO	Zip Code 80026
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer (for Individual) Colorado Emergency Service Physicians,	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$20.00/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Osmundson, Michael, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2020
Mailing Address 62 East Dr.		Transaction ID : SA11AI.12655
City Hartville	State OH	Zip Code 44632-8890
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer (for Individual) USACS Management Group	Occupation (for Individual) President	<input type="checkbox"/> Memo Item \$150.00/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1650.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Otwell, Justin, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2020
Mailing Address 1736 Oakview Rd		Transaction ID : SA11AI.12514
City Decatur	State GA	Zip Code 30030
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer (for Individual) USACS Management Group	Occupation (for Individual) Vice President of Claims and Risk Mana	<input type="checkbox"/> Memo Item \$50.00/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 525.00	

SUBTOTAL of Receipts This Page (optional).....▶	415.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 91
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Panitch, Orlee, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2020		
Mailing Address 11753 Gainsborough Road			Transaction ID : SA11AI.12572		
City Potomac	State MD	Zip Code 20854	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$150.00/Monthly		
Name of Employer (for Individual) USACS Management Group		Occupation (for Individual) Regional Chief Administrative Officer			
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. Parks, Thomas, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2020		
Mailing Address 11533 Sand Stone Rock Dr			Transaction ID : SA11AI.12566		
City Riverview	State FL	Zip Code 33569-8709	Amount of Each Receipt this Period 112.50		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$75.00/Monthly		
Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC		Occupation (for Individual) Advanced Practice Provider			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 787.50			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Patlovan, Matthew, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2020		
Mailing Address 19938 Terra Canyon			Transaction ID : SA11AI.12683		
City San Antonio	State TX	Zip Code 78255-2344	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$150.00/Monthly		
Name of Employer (for Individual) Virtual Locations		Occupation (for Individual) President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 1650.00			

SUBTOTAL of Receipts This Page (optional).....	562.50
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 57 OF 91
<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. Percy, Carmella, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6875 Stonebridge Lane
 City Clover State SC Zip Code 29710-9372
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 23 / 2020
Transaction ID : SA11AI.12556
 Amount of Each Receipt this Period 100.00
 Memo Item \$50.00/Monthly

B. Perfetti, Joyce, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29470 Picana Lane
 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, LLC Occupation (for Individual) Associate Medical Director
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 900.00

Date of Receipt 11 / 23 / 2020
Transaction ID : SA11AI.12584
 Amount of Each Receipt this Period 200.00
 Memo Item \$100.00/Monthly

C. Phillips, Donald, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1315 Woodglen Ct
 City Aledo State TX Zip Code 76008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Firefighter
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1650.00

Date of Receipt 11 / 23 / 2020
Transaction ID : SA11AI.12684
 Amount of Each Receipt this Period 300.00
 Memo Item \$150.00/Monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 91
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Pines, Jesse, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2020
Mailing Address 2424 N Potomac St			Transaction ID : SA11AI.12608
City Arlington	State VA	Zip Code 22207	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$100.00/Monthly
Name of Employer (for Individual) Virtual Locations		Occupation (for Individual) National Director of Clinical Innovati	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1100.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Posin, Shawn, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2020
Mailing Address 229 Washington Ave.			Transaction ID : SA11AI.12609
City Wheeling	State WV	Zip Code 26003	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$100.00/Monthly
Name of Employer (for Individual) USACS Medical Group, LTD		Occupation (for Individual) Assistant Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1100.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Pyle, Moira, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2020
Mailing Address 2220 Valley Oaks Cove			Transaction ID : SA11AI.12569
City Leander	State TX	Zip Code 78641	Amount of Each Receipt this Period 112.50
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$75.00/Monthly
Name of Employer (for Individual) Emergency Service Partners, LLC		Occupation (for Individual) Regional APP Lead	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 787.50	

SUBTOTAL of Receipts This Page (optional).....▶	512.50
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 59 OF 91
	<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. Rader, Nancy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 107 Jeremy Drive
 City Kings Mountain State NC Zip Code 28086-9102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) APP Lead
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 262.50

Date of Receipt 11 / 23 / 2020
Transaction ID : SA11AI.12480
 Amount of Each Receipt this Period 37.50
 Memo Item \$25.00/Monthly

B. Radford, Shawn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 210 N Wells St Apt 4101
 City Chicago State IL Zip Code 60606-1352
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Director of Firefighters
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2650.00

Date of Receipt 11 / 23 / 2020
Transaction ID : SA11AI.12628
 Amount of Each Receipt this Period 300.00
 Memo Item \$150.00/Monthly

C. Reed, Rhett, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12509 Red Mesa Hollow
 City Austin State TX Zip Code 78739
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 23 / 2020
Transaction ID : SA11AI.12603
 Amount of Each Receipt this Period 200.00
 Memo Item \$100.00/Monthly

SUBTOTAL of Receipts This Page (optional).....	537.50
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 60 OF 91
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Repine, Kamie, , ,			Date of Receipt MM / DD / YYYY 11 / 23 / 2020
Mailing Address 456 Chapman Dam Road			Transaction ID : SA11AI.12485
City Clarendon	State PA	Zip Code 16313-3804	Amount of Each Receipt this Period 37.50
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$25.00/Monthly
Name of Employer (for Individual) AHN Medical Group, LLC		Occupation (for Individual) APP Lead	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 262.50		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Ricciardi, Daniel, , ,			Date of Receipt MM / DD / YYYY 11 / 23 / 2020
Mailing Address 736 Cole Street			Transaction ID : SA11AI.12565
City Charlottesville	State VA	Zip Code 22901-3210	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$50.00/Monthly
Name of Employer (for Individual) 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 ▼ 550.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Rihter, Sasha, , ,			Date of Receipt MM / DD / YYYY 11 / 23 / 2020
Mailing Address 1000 South Clark St. Unit 1614			Transaction ID : SA11AI.12539
City Chicago	State IL	Zip Code 60605-2194	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$50.00/Monthly
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Accelerated Firefighter	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 550.00		

SUBTOTAL of Receipts This Page (optional).....▶	237.50
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 61 OF 91
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Roberts, Matthew, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2020
Mailing Address 7826 Eglinton Ct			Transaction ID : SA11AI.12505
City Cincinnati	State OH	Zip Code 45255-2413	Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$20.00/Monthly
Name of Employer (for Individual) USACS Medical Group, LTD		Occupation (for Individual) Education Director-Mercy Cincinnati Ea	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Roberts, Sam, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2020
Mailing Address 3806 Bonnell Drive			Transaction ID : SA11AI.12685
City Austin	State TX	Zip Code 78731	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$150.00/Monthly
Name of Employer (for Individual) Virtual Locations		Occupation (for Individual) Chief Medical Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1650.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Rodriguez, Jennifer, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2020
Mailing Address 230 Skinner			Transaction ID : SA11AI.12487
City Kyle	State TX	Zip Code 78640	Amount of Each Receipt this Period 37.50
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$25.00/Monthly
Name of Employer (for Individual) Emergency Service Partners, LLC		Occupation (for Individual) APP Lead	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 262.50		

SUBTOTAL of Receipts This Page (optional).....▶	377.50
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 62 OF 91
	<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. Romano, Frederick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4516 Tuscana Drive
 City Sarasota State FL Zip Code 34241-4201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Firefighter
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1650.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 23 / 2020
Transaction ID : SA11AI.12624
 Amount of Each Receipt this Period
 300.00
 Memo Item
 \$150.00/Monthly

B. Rooks, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1663 Parkdale Circle S.
 City Erie State CO Zip Code 80516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Colorado Emergency Service Physicians, Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 23 / 2020
Transaction ID : SA11AI.12577
 Amount of Each Receipt this Period
 200.00
 Memo Item
 \$100.00/Monthly

C. Rosen, Nicholas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1089 S. Williams St.
 City Denver State CO Zip Code 80209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Colorado Emergency Service Physicians, Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 23 / 2020
Transaction ID : SA11AI.12532
 Amount of Each Receipt this Period
 100.00
 Memo Item
 \$50.00/Monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 91
	<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. Ross, Sanford, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5318 Wyndam Ln.
 City Brighton State MI Zip Code 48116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Assistant Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 11 / 23 / 2020
Transaction ID : SA11AI.12501
 Amount of Each Receipt this Period 40.00
 Memo Item
 \$20.00/Monthly

B. Roy, Neil, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6700 Applewood Place
 City Rockville State MD Zip Code 20855
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 11 / 23 / 2020
Transaction ID : SA11AI.12541
 Amount of Each Receipt this Period 100.00
 Memo Item
 \$50.00/Monthly

C. Russell Goman, Dacia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2076 Atterbury Ave
 City Columbus State OH Zip Code 43229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LLC Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 11 / 23 / 2020
Transaction ID : SA11AI.12547
 Amount of Each Receipt this Period 100.00
 Memo Item
 \$100.00/Monthly

SUBTOTAL of Receipts This Page (optional).....▶	240.00
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 64 OF 91
	<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. Rutherford, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3502 Quitman St.
 City Denver State CO Zip Code 80212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Senior Director of Quality
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 23 / 2020
Transaction ID : SA11AI.12578
 Amount of Each Receipt this Period 200.00
 Memo Item \$100.00/Monthly

B. Sampson, Arianna, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 605 Bee St
 City Placerville State CA Zip Code 95667-4308
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) APP Lead
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 262.50

Date of Receipt 11 / 23 / 2020
Transaction ID : SA11AI.12473
 Amount of Each Receipt this Period 37.50
 Memo Item \$25.00/Monthly

C. Scherer, Nathan, , ,
 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) Colorado Emergency Service Physicians, Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 23 / 2020
Transaction ID : SA11AI.12579
 Amount of Each Receipt this Period 200.00
 Memo Item \$100.00/Monthly

SUBTOTAL of Receipts This Page (optional).....▶	437.50
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 65 OF 91
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Scott, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4733 North Ridge Drive
 City Akron State OH Zip Code 44333
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Management Group Occupation (for Individual) Chief Clinical Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 11 / 23 / 2020
Transaction ID : SA11AI.12656
 Amount of Each Receipt this Period 300.00
 Memo Item \$150.00/Monthly

B. Seaberg, David, , ,
 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 ▼ 1650.00

Date of Receipt 11 / 23 / 2020
Transaction ID : SA11AI.12625
 Amount of Each Receipt this Period 300.00
 Memo Item \$150.00/Monthly

C. Shelat, Chandresh, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2144 Grant Farm Court
 City Marriottsville State MD Zip Code 21104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Associate Medical Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1650.00

Date of Receipt 11 / 23 / 2020
Transaction ID : SA11AI.12634
 Amount of Each Receipt this Period 300.00
 Memo Item \$150.00/Monthly

SUBTOTAL of Receipts This Page (optional).....▶ 900.00
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 66 OF 91
<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. Shellenbarger, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 912 Camelot Dr.
 City Hermitage State PA Zip Code 16148-9100
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director of Integrated Acute C
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1650.00

Date of Receipt 11 / 23 / 2020
Transaction ID : SA11AI.12666
 Amount of Each Receipt this Period 300.00
 Memo Item \$150.00/Monthly

B. Siegel, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1437 Ivey Dr
 City Charlotte State NC Zip Code 28205-5316
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) APP Lead
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 262.50

Date of Receipt 11 / 23 / 2020
Transaction ID : SA11AI.12481
 Amount of Each Receipt this Period 37.50
 Memo Item \$25.00/Monthly

C. Sinnott, Annie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1335 N. Bosworth Ave. #3
 City Chicago State IL Zip Code 60642-2341
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1650.00

Date of Receipt 11 / 23 / 2020
Transaction ID : SA11AI.12629
 Amount of Each Receipt this Period 300.00
 Memo Item \$150.00/Monthly

SUBTOTAL of Receipts This Page (optional).....	637.50
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 67 OF 91
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Slabinski, Mark, , ,			Date of Receipt
Mailing Address 3004 Edison St. NW			<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2020"/>
City Uniontown	State OH	Zip Code 44685-7212	Transaction ID : SA11AI.12657
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="300.00"/>
Name of Employer (for Individual) USACS Management Group		Occupation (for Individual) Regional Vice President	<input type="checkbox"/> Memo Item \$150.00/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1650.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Snyder, Aaron, , ,			Date of Receipt
Mailing Address 9925 Silver Brook Drive			<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2020"/>
City Rockville	State MD	Zip Code 20850	Transaction ID : SA11AI.12635
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="300.00"/>
Name of Employer (for Individual) Virtual Locations		Occupation (for Individual) Regional Vice President	<input type="checkbox"/> Memo Item \$150.00/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1650.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Snyder, Eric, , ,			Date of Receipt
Mailing Address 311 East Carroll Street PO Box 384			<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2020"/>
City Carrolltown	State PA	Zip Code 15722-0384	Transaction ID : SA11AI.12461
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="30.00"/>
Name of Employer (for Individual) AHN Medical Group, LLC		Occupation (for Individual) APP Lead	<input type="checkbox"/> Memo Item \$20.00/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="210.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="630.00"/>
TOTAL 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 68 OF 91
<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. Somers, Michael, , ,
 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 ▼ 1500.00

Date of Receipt 11 / 23 / 2020
Transaction ID : SA11AI.12646
 Amount of Each Receipt this Period 300.00
 Memo Item \$150.00/Monthly

B. Srivastava, Geetanjali, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5447 N Sequoia Ave
 City Fresno State CA Zip Code 93711-2849
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 23 / 2020
Transaction ID : SA11AI.12508
 Amount of Each Receipt this Period 50.00
 Memo Item \$25.00/Monthly

C. Sullivan, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 117 James Place
 City Pittsburgh State PA Zip Code 15228-1021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 23 / 2020
Transaction ID : SA11AI.12598
 Amount of Each Receipt this Period 200.00
 Memo Item \$100.00/Monthly

SUBTOTAL of Receipts This Page (optional).....	550.00
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 69 OF 91
	<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. Thompson, Donovan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4408 Lake Shore Road North
 City Denver State NC Zip Code 28037-9198
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 23 / 2020
Transaction ID : SA11AI.12592
 Amount of Each Receipt this Period 200.00
 Memo Item \$100.00/Monthly

B. Tirheimer, Wenzel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13404 Golf Crest Way
 City Tampa State FL Zip Code 33618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1650.00

Date of Receipt 11 / 23 / 2020
Transaction ID : SA11AI.12626
 Amount of Each Receipt this Period 300.00
 Memo Item \$150.00/Monthly

C. Toole, Timothy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2547 E 26th Pl
 City Tulsa State OK Zip Code 74114-4303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 23 / 2020
Transaction ID : SA11AI.12506
 Amount of Each Receipt this Period 40.00
 Memo Item \$20.00/Monthly

SUBTOTAL of Receipts This Page (optional)..... ▶ 540.00
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 91
	<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. Townsend, Martha, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 16220 W 84th Drive

City Arvada	State CO	Zip Code 80007
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2020

Transaction ID : SA11AI.12512

Amount of Each Receipt this Period
75.00

Memo Item
\$50.00/Monthly

B. Trotter, David, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 5401 South Ingleside Avenue

City Chicago	State IL	Zip Code 60615-5013
-----------------	-------------	------------------------

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

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

Receipt For:
 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
11	/	23	/	2020

Transaction ID : SA11AI.12630

Amount of Each Receipt this Period
300.00

Memo Item
\$150.00/Monthly

C. Tucker, Jeremy, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 23959 Meredith Court

City Hollywood	State MD	Zip Code 20636
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Virtual Locations	Occupation (for Individual) National Director of Patient Safety
--	--

Receipt For:
 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
11	/	23	/	2020

Transaction ID : SA11AI.12636

Amount of Each Receipt this Period
300.00

Memo Item
\$150.00/Monthly

SUBTOTAL of Receipts This Page (optional).....	675.00
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 71 OF 91
	<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. Tucker, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 136 Hickory Flats Dr
 City Harrison State OH Zip Code 45030
 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 ▼ 1100.00

Date of Receipt 11 / 23 / 2020
Transaction ID : SA11AI.12595
 Amount of Each Receipt this Period 200.00
 Memo Item \$100.00/Monthly

B. Tully, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8345 Rolling Acres Trail
 City Fair Oaks Ranch State TX Zip Code 78015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 23 / 2020
Transaction ID : SA11AI.12604
 Amount of Each Receipt this Period 200.00
 Memo Item \$100.00/Monthly

C. Ulmer, Travis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1240 Broadview Ave
 City Columbus State OH Zip Code 43212-3344
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Management Group Occupation (for Individual) Vice President of Marketing and Recrui
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1650.00

Date of Receipt 11 / 23 / 2020
Transaction ID : SA11AI.12658
 Amount of Each Receipt this Period 300.00
 Memo Item \$150.00/Monthly

SUBTOTAL of Receipts This Page (optional)..... ▶ 700.00
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 72 OF 91
	<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. Venkat, Arvind, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 105 Breckenridge Dr.
 City Wexford State PA Zip Code 15090-9400
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AHN Medical Group, LLC Occupation (for Individual) National Director of Research
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1650.00

Date of Receipt 11 / 23 / 2020
Transaction ID : SA11AI.12667
 Amount of Each Receipt this Period 300.00
 Memo Item \$150.00/Monthly

B. Vock, Tracie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1826 Free Terrace
 City Frederick State MD Zip Code 21702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) Director of APPs, Observation and Hos
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 11 / 23 / 2020
Transaction ID : SA11AI.12515
 Amount of Each Receipt this Period 75.00
 Memo Item \$50.00/Monthly

C. Warwick-Heckman, Kelley, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 303 Four T Ranch Rd
 City Georgetown State TX Zip Code 78633
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 23 / 2020
Transaction ID : SA11AI.12605
 Amount of Each Receipt this Period 200.00
 Memo Item \$100.00/Monthly

SUBTOTAL of Receipts This Page (optional).....▶	575.00
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 73 OF 91
	<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. Watkins, Angela, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3128 Persimmon Tree Ct
 City Woodstock State MD Zip Code 21163-1150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1650.00

Date of Receipt 11 / 23 / 2020
Transaction ID : SA11AI.12637
 Amount of Each Receipt this Period 300.00
 Memo Item \$150.00/Monthly

B. Watling, Bradley, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 109 Viewpoint Lane
 City Mooresville State NC Zip Code 28117-7558
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Regional Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1650.00

Date of Receipt 11 / 23 / 2020
Transaction ID : SA11AI.12647
 Amount of Each Receipt this Period 300.00
 Memo Item \$150.00/Monthly

C. Watson, James, , ,
 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 Management Group Occupation (for Individual) Chief Development Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1575.00

Date of Receipt 11 / 23 / 2020
Transaction ID : SA11AI.12612
 Amount of Each Receipt this Period 225.00
 Memo Item \$150.00/Monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Watt, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3909 Fox Glen Drive
 City Irving State TX Zip Code 75062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Management Group Occupation (for Individual) Chief Accounting Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 11 / 23 / 2020
Transaction ID : SA11AI.12573
 Amount of Each Receipt this Period 150.00
 Memo Item \$100.00/Monthly

B. Wellock, Austin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2439 Clydesdale St NW
 City North Canton State OH Zip Code 44720-9818
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 23 / 2020
Transaction ID : SA11AI.12548
 Amount of Each Receipt this Period 100.00
 Memo Item \$50.00/Monthly

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

Date of Receipt 11 / 23 / 2020
Transaction ID : SA11AI.12518
 Amount of Each Receipt this Period 75.00
 Memo Item \$50.00/Monthly

SUBTOTAL of Receipts This Page (optional).....	325.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 91
	<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. Welsh, Ian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1027 Gardenia Street
 City Fort Mill State SC Zip Code 29708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Assistant Medical Director of Firefigh
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1650.00

Date of Receipt 11 / 23 / 2020
Transaction ID : SA11AI.12670
 Amount of Each Receipt this Period 300.00
 Memo Item \$150.00/Monthly

B. West, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 441 Carnoustie
 City Highland State MI Zip Code 48357-4754
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Quality Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 23 / 2020
Transaction ID : SA11AI.12542
 Amount of Each Receipt this Period 100.00
 Memo Item \$50.00/Monthly

C. White, Jeremy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4844 Jewell Terrace
 City Palm Harbor State FL Zip Code 34685
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 23 / 2020
Transaction ID : SA11AI.12495
 Amount of Each Receipt this Period 40.00
 Memo Item \$20.00/Monthly

SUBTOTAL of Receipts This Page (optional).....▶	440.00
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 76 OF 91
<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. Willis, Audriana, , ,
 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 ▼ 262.50

Date of Receipt 11 / 23 / 2020
Transaction ID : SA11AI.12483
 Amount of Each Receipt this Period 37.50
 Memo Item \$25.00/Monthly

B. Wirtz, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Highgate NE
 City Ithaca State NY Zip Code 14850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1650.00

Date of Receipt 11 / 23 / 2020
Transaction ID : SA11AI.12641
 Amount of Each Receipt this Period 300.00
 Memo Item \$150.00/Monthly

C. Wisniewski, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2813 Elmira St.
 City Denver State CO Zip Code 80238
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Colorado Emergency Service Physicians, Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 23 / 2020
Transaction ID : SA11AI.12580
 Amount of Each Receipt this Period 200.00
 Memo Item \$100.00/Monthly

SUBTOTAL of Receipts This Page (optional).....	537.50
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 77 OF 91
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Wyatt, Cheryl, , ,		Date of Receipt MM / DD / YYYY 11 / 23 / 2020
Mailing Address 48252 Leachburg Road		Transaction ID : SA11AI.12516
City Lexington Park	State MD	Zip Code 20653
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer (for Individual) MEP Health, LLC	Occupation (for Individual) Director of APPs	<input type="checkbox"/> Memo Item \$50.00/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Yonteck, Frederick, , ,		Date of Receipt MM / DD / YYYY 11 / 23 / 2020
Mailing Address 27518 Pine Point Drive		Transaction ID : SA11AI.12496
City Wesley Chapel	State FL	Zip Code 33544-8756
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC	Occupation (for Individual) Emergency Physician	<input type="checkbox"/> Memo Item \$20.00/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Zayac, Carl, , ,		Date of Receipt MM / DD / YYYY 11 / 23 / 2020
Mailing Address 5901 Velasco Ave		Transaction ID : SA11AI.12564
City Dallas	State TX	Zip Code 75206
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) Virtual Locations	Occupation (for Individual) Firefighter	<input type="checkbox"/> Memo Item \$100.00/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	215.00
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 78 OF 91
	<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. Ziebell, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4014 Greystone Drive
 City Austin State TX Zip Code 78731
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 23 / 2020
Transaction ID : SA11AI.12606
 Amount of Each Receipt this Period 200.00
 Memo Item \$100.00/Monthly

B. Zimmerman, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1913 Buffalo Speedway
 City Leander State TX Zip Code 78641
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 23 / 2020
Transaction ID : SA11AI.12607
 Amount of Each Receipt this Period 200.00
 Memo Item \$100.00/Monthly

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

Date of Receipt
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	400.00
TOTAL This Period (last page this line number only).....	39588.25

**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. DR KIM SCHRIER FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 2728

M M M	/	D D D	/	Y Y Y Y Y
10		15		2020

City
ISSAQUAH

State
WA

Zip Code
98027

FEC Identification Number

Purpose of Disbursement

C00652628

Candidate Name

schrier, kim, , ,

Category/
Type

Transaction ID : SB23.12412

Amount of Each Disbursement this Period

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

2500.00

State: District:

Memo Item

B. Fletcher for Congress

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 3262 Westheimer Road
PMB 636

M M M	/	D D D	/	Y Y Y Y Y
10		15		2020

City
Houston

State
TX

Zip Code
77098

FEC Identification Number

Purpose of Disbursement

C

Candidate Name

Fletcher, Lizzie, , ,

Category/
Type

Transaction ID : SB23.12410

Amount of Each Disbursement this Period

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify)

2500.00

State: District:

Memo Item

C. JOE MORELLE FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address P.O. BOX 90914

M M M	/	D D D	/	Y Y Y Y Y
10		15		2020

City
ROCHESTER

State
NY

Zip Code
14609

FEC Identification Number

Purpose of Disbursement

C00675108

Candidate Name

Morelle, Joe, , ,

Category/
Type

Transaction ID : SB23.12411

Amount of Each Disbursement this Period

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

5000.00

State: District:

Memo Item

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

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

10000.00

**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)
A. Brent Jackson for NC SEenate

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			15			2020			

Mailing Address 2924 Ernest Williams Road

City Autryville State NC Zip Code 28318

FEC Identification Number

C []

Transaction ID : **SB29.12417**
Amount of Each Disbursement this Period

[] 1000.00

Memo Item

Purpose of Disbursement

[]
Category/
Type

Candidate Name
Jackson, Brent, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)
B. Bumgardner for NC House

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			15			2020			

Mailing Address PO Box 550072

City Gastonia State NC Zip Code 28055

FEC Identification Number

C []

Transaction ID : **SB29.12421**
Amount of Each Disbursement this Period

[] 500.00

Memo Item

Purpose of Disbursement

[]
Category/
Type

Candidate Name
Bumgardner, Dana, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)
C. Campaign to Elect James M Hoops

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			15			2020			

Mailing Address 195 Old Creek Drive

City Napoleon State OH Zip Code 43545

FEC Identification Number

C []

Transaction ID : **SB29.12434**
Amount of Each Disbursement this Period

[] 500.00

Memo Item

Purpose of Disbursement

[]
Category/
Type

Candidate Name
Hoops, Jim, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: District:

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

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

[] 2000.00

[]

**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

A. Carla Cunningham Campaign Committee

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 1400 SAnsberry Road

M M M	/	D D D	/	Y Y Y Y Y
10		15		2020

City Charlotte State NC Zip Code 28262

FEC Identification Number

Purpose of Disbursement

C

Candidate Name
Cunningham, Carla, , ,

Category/
Type

Transaction ID : SB29.12423

Amount of Each Disbursement this Period

Office Sought: House Senate President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

500.00

State: District:

Memo Item

B. Citizens for Dan Blue

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 287

M M M	/	D D D	/	Y Y Y Y Y
10		15		2020

City Raleigh State NC Zip Code 27602

FEC Identification Number

Purpose of Disbursement

C

Candidate Name
Blue, Dan, , ,

Category/
Type

Transaction ID : SB29.12425

Amount of Each Disbursement this Period

Office Sought: House Senate President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

1000.00

State: District:

Memo Item

C. Citizens to Elect Craig Riedel

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 1246 Hilton Head Ct

M M M	/	D D D	/	Y Y Y Y Y
10		15		2020

City Defiance State OH Zip Code 46512

FEC Identification Number

Purpose of Disbursement

C

Candidate Name
Riedel, Craig, , ,

Category/
Type

Transaction ID : SB29.12426

Amount of Each Disbursement this Period

Office Sought: House Senate President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

500.00

State: District:

Memo Item

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

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

2000.00

**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) A. Committee to Elect Deanna Ballard for NC Senate		Date of Disbursement MM / DD / YYYY 10 / 15 / 2020
Mailing Address PO Box 1493		FEC Identification Number C [] Transaction ID : SB29.12418 Amount of Each Disbursement this Period [] 500.00
City Boone	State NC	Zip Code 28607
Purpose of Disbursement	Category/Type []	<input type="checkbox"/> Memo Item
Candidate Name Ballard, Deanna, , ,	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) ▼
State: District:		

Full Name (Last, First, Middle Initial) B. Committee to Elect Donny Lambeth		Date of Disbursement MM / DD / YYYY 10 / 15 / 2020
Mailing Address 4627 South Main Street		FEC Identification Number C [] Transaction ID : SB29.12436 Amount of Each Disbursement this Period [] 1000.00
City Winton-Salem	State NC	Zip Code 27127
Purpose of Disbursement	Category/Type []	<input type="checkbox"/> Memo Item
Candidate Name Lambeth, Donny, , ,	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) ▼
State: District:		

Full Name (Last, First, Middle Initial) C. Committee to Elect Kristin Baker		Date of Disbursement MM / DD / YYYY 10 / 15 / 2020
Mailing Address 6012 Bayfield Pkwy #178		FEC Identification Number C [] Transaction ID : SB29.12435 Amount of Each Disbursement this Period [] 500.00
City Concorn	State NC	Zip Code 28207
Purpose of Disbursement	Category/Type []	<input type="checkbox"/> Memo Item
Candidate Name Baker, Kristin, , ,	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) ▼
State: District:		

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

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

[] 2000.00
[]

**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

A. CUPP FOR STATE REPRESENTATIVE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 3003 W. HUME RD.

M M M	/	D D D	/	Y Y Y Y Y
10		15		2020

City LIMA State OH Zip Code 45806

FEC Identification Number

Purpose of Disbursement

C

Candidate Name
Cupp, Robert, , ,

Transaction ID : **SB29.12429**

Amount of Each Disbursement this Period

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

Disbursement For: 2020
 Primary General
 Other (specify) ▼

2000.00

Memo Item

B. Don Davis for NC Senate

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 246

M M M	/	D D D	/	Y Y Y Y Y
10		15		2020

City Snow Hill State NC Zip Code 28580

FEC Identification Number

Purpose of Disbursement

C

Candidate Name
Davis, Don, , ,

Transaction ID : **SB29.12431**

Amount of Each Disbursement this Period

Office Sought: House Senate President
State: District:

Disbursement For: 2020
 Primary General
 Other (specify) ▼

500.00

Memo Item

C. Donna White for NC House

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 1351

M M M	/	D D D	/	Y Y Y Y Y
10		15		2020

City Clayton State NC Zip Code 27528

FEC Identification Number

Purpose of Disbursement

C

Candidate Name
White, Donna, , ,

Transaction ID : **SB29.12430**

Amount of Each Disbursement this Period

Office Sought: House Senate President
State: District:

Disbursement For: 2020
 Primary General
 Other (specify) ▼

1000.00

Memo Item

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

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

3500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name (Last, First, Middle Initial) A. Friends of Gary Scherer		Date of Disbursement MM / DD / YYYY 10 / 15 / 2020
Mailing Address 19920 Commercial Point Road		FEC Identification Number C [] Transaction ID : SB29.12439 Amount of Each Disbursement this Period [] 500.00
City Circleville	State OH	Zip Code 43113
Purpose of Disbursement	Category/Type []	
Candidate Name Scherer, Gary, , ,	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:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Friends of Kevin Corbin		Date of Disbursement MM / DD / YYYY 10 / 15 / 2020
Mailing Address PO Box 758		FEC Identification Number C [] Transaction ID : SB29.12438 Amount of Each Disbursement this Period [] 500.00
City Franklin	State NC	Zip Code 28744
Purpose of Disbursement	Category/Type []	
Candidate Name Corbin, Kevin, , ,	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:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. FRIENDS OF TIM MOORE		Date of Disbursement MM / DD / YYYY 10 / 15 / 2020
Mailing Address 305 EAST KING STREET		FEC Identification Number C [] Transaction ID : SB29.12440 Amount of Each Disbursement this Period [] 2000.00
City KINGS MOUNTAIN	State NC	Zip Code 28086
Purpose of Disbursement	Category/Type []	
Candidate Name Moore, Tim, , ,	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NC District: 11	<input type="checkbox"/> Memo Item

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

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

[] 3000.00
[]

**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

A. Gale Adcock for NC House

Full Name (Last, First, Middle Initial)
Gale Adcock for NC House

Mailing Address PO Box 12103

City Raleigh State NC Zip Code 27605

Purpose of Disbursement Category/Type

Candidate Name Adcock, Gale, , ,

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

State: District:

Date of Disbursement 10 / 15 / 2020

FEC Identification Number C
Transaction ID : SB29.12415
Amount of Each Disbursement this Period 500.00

Memo Item

B. Jackson for NC

Full Name (Last, First, Middle Initial)
Jackson for NC

Mailing Address 5530 Munford Road Ste 105

City Raleigh State NC Zip Code 27612

Purpose of Disbursement Category/Type

Candidate Name Jackson, Darren, , ,

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

State: District:

Date of Disbursement 10 / 15 / 2020

FEC Identification Number C
Transaction ID : SB29.12442
Amount of Each Disbursement this Period 1000.00

Memo Item

C. Jim Burgin for Senate Committee

Full Name (Last, First, Middle Initial)
Jim Burgin for Senate Committee

Mailing Address PO Box 1

City Angier State NC Zip Code 27501

Purpose of Disbursement Category/Type

Candidate Name Burgin, Jim, , ,

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

State: District:

Date of Disbursement 10 / 15 / 2020

FEC Identification Number C
Transaction ID : SB29.12422
Amount of Each Disbursement this Period 500.00

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name (Last, First, Middle Initial) A. Jim Perry Committee		Date of Disbursement MM / DD / YYYY 10 / 15 / 2020
Mailing Address 6504 Lakeview Trail		FEC Identification Number C Transaction ID : SB29.12445 Amount of Each Disbursement this Period 500.00
City Kinston	State NC	
Zip Code 28504	Purpose of Disbursement	Memo Item <input type="checkbox"/>
Candidate Name Perry, Jim, , ,	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) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Larry W. Potts for NC House of Representatives		Date of Disbursement MM / DD / YYYY 10 / 15 / 2020
Mailing Address 1775 Tyro Road		FEC Identification Number C Transaction ID : SB29.12447 Amount of Each Disbursement this Period 1000.00
City Lexington	State NC	
Zip Code 27295	Purpose of Disbursement	Memo Item <input type="checkbox"/>
Candidate Name Potts, Larry, , ,	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) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Mike Causey Campaign		Date of Disbursement MM / DD / YYYY 10 / 15 / 2020
Mailing Address PO Box 97696		FEC Identification Number C Transaction ID : SB29.12424 Amount of Each Disbursement this Period 1000.00
City Raleigh	State NC	
Zip Code 27624	Purpose of Disbursement	Memo Item <input type="checkbox"/>
Candidate Name Causey, Mike, , ,	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) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name (Last, First, Middle Initial) A. RABON FOR SENATE		Date of Disbursement MM / DD / YYYY 10 / 15 / 2020
Mailing Address 4956- 14 LONG BEACH RD. PMB 113		FEC Identification Number C Transaction ID : SB29.12448 Amount of Each Disbursement this Period 1000.00
City SOUTHPORT	State NC	
Purpose of Disbursement	Zip Code 28461	Memo Item <input type="checkbox"/>
Candidate Name Rabon, Bill, , ,	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NC	District: 08	

Full Name (Last, First, Middle Initial) B. Romanchuk for Ohio		Date of Disbursement MM / DD / YYYY 10 / 15 / 2020
Mailing Address 4679 Winterset Drive		FEC Identification Number C Transaction ID : SB29.12449 Amount of Each Disbursement this Period 500.00
City Columbus	State OH	
Purpose of Disbursement	Zip Code 43220	Memo Item <input type="checkbox"/>
Candidate Name Romanchuk, Mark, , ,	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) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. Ronnie for NC		Date of Disbursement MM / DD / YYYY 10 / 15 / 2020
Mailing Address 514 Daniels Street Ste 286		FEC Identification Number C Transaction ID : SB29.12450 Amount of Each Disbursement this Period 1000.00
City Raleigh	State NC	
Purpose of Disbursement	Zip Code 27605	Memo Item <input type="checkbox"/>
Candidate Name Chatterji, Ronnie, , ,	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) ▼	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name (Last, First, Middle Initial) A. Stephens for Ohio		Date of Disbursement MM / DD / YYYY 10 / 15 / 2020
Mailing Address 4679 Winterset Drive		FEC Identification Number C [] Transaction ID : SB29.12451 Amount of Each Disbursement this Period [] 500.00
City Columbus	State OH	Zip Code 43220
Purpose of Disbursement	Category/Type []	
Candidate Name Stephens, Jason, , ,	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:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Supporters of Perrin Jones		Date of Disbursement MM / DD / YYYY 10 / 15 / 2020
Mailing Address 704 SE Greenville Blvd Ste 400-125		FEC Identification Number C [] Transaction ID : SB29.12444 Amount of Each Disbursement this Period [] 500.00
City Greenville	State SC	Zip Code 27858
Purpose of Disbursement	Category/Type []	
Candidate Name Jones, Perrin, , ,	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:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. The Committee to Elect Mike Woodard		Date of Disbursement MM / DD / YYYY 10 / 15 / 2020
Mailing Address 732 9th Street		FEC Identification Number C [] Transaction ID : SB29.12437 Amount of Each Disbursement this Period [] 500.00
City Durham	State NC	Zip Code 27705
Purpose of Disbursement	Category/Type []	
Candidate Name Woodard, Mike, , ,	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:	<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	[] 1500.00
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. The Committee to Elect Rick Carfagna

Full Name (Last, First, Middle Initial)

Mailing Address 6155 Baneberry Drive

City Westerville State OH Zip Code 43082

Purpose of Disbursement Category/Type

Candidate Name **Carfagna, Rick, , ,**

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

State: District:

Date of Disbursement 10 / 15 / 2020

FEC Identification Number **C** Transaction ID : **SB29.12433**

Amount of Each Disbursement this Period 1000.00

Memo Item

B. Tim Ginter for State Representative Committee

Full Name (Last, First, Middle Initial)

Mailing Address 846 Homewood Ave

City Salem State OH Zip Code 44460

Purpose of Disbursement Category/Type

Candidate Name **Ginter, Tim, , ,**

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

State: District:

Date of Disbursement 10 / 15 / 2020

FEC Identification Number **C** Transaction ID : **SB29.12441**

Amount of Each Disbursement this Period 1000.00

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

SUBTOTAL of Disbursements This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	26000.00