

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

USACS PAC

ADDRESS (number and street) **4535 Dressler RD NW**

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

2. **FEC IDENTIFICATION NUMBER** **C00544957** **CITY** **STATE** **ZIP CODE**

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

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

(a) Quarterly Reports:

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

(b) Monthly Report Due On:

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

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

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

Election on / / in the State of

(d) 30-Day **POST-Election** Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on / / in the State of

5. Covering Period / / 07 01 2018 through / / 09 30 2018

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

Type or Print Name of Treasurer

Signature of Treasurer *Panitch, Orlee, , ,* **[Electronically Filed]** Date / / 10 10 2018

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

USACS PAC

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

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1, <input type="text" value="2018"/> | | 87294.41 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 76992.10 | |
| (c) Total Receipts (from Line 19) | 27381.50 | 73829.19 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 104373.60 | 161123.60 |
| 7. Total Disbursements (from Line 31)..... | 17900.00 | 74650.00 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | 86473.60 | 86473.60 |
| 9. Debts and Obligations Owed 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

Write or Type Committee Name

USACS PAC

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

| 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)..... | 17219.86 | 49797.58 |
| (ii) Unitemized | 4661.64 | 18531.61 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶ | 21881.50 | 68329.19 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 21881.50 | 68329.19 |
| 12. Transfers From Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received..... | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 5500.00 | 5500.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3)..... | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfers (add 18(a) and 18(b)).. | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶ | 27381.50 | 73829.19 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶ | 27381.50 | 73829.19 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

| 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..... | 17900.00 | 74650.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 0.00 |
| 29. Other Disbursements (Including Non-Federal Donations)..... | 0.00 | 0.00 |
| 30. Federal Election Activity (52 U.S.C. § 30101(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 17900.00 | 74650.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 17900.00 | 74650.00 |

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) | 21881.50 | 68329.19 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 21881.50 | 68329.19 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 0.00 | 0.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 0.00 | 0.00 |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 OF 32 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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

NAME OF COMMITTEE (In Full)
USACS PAC

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

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

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

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

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

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

| | |
|---|----------------|
| SUBTOTAL of Receipts This Page (optional)..... | 1050.00 |
| 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 32 |
| | <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. Bagnoli, Dominic, , , | | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2018 |
| Mailing Address 50 East Drive | | | Transaction ID : SA11AI.8466 |
| City Hartville | State OH | Zip Code 44632 | Amount of Each Receipt this Period 1249.89 |
| FEC ID number of contributing federal political committee. C | | | <input type="checkbox"/> Memo Item \$416.63/monthly |
| Name of Employer (for Individual) USACS Management Group | | Occupation (for Individual) Executive Chairman | |
| Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other | Aggregate Year-to-Date 3749.67 | | |

| | | | |
|---|----------------------------------|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Bescherer, Rudolph, , , | | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2018 |
| Mailing Address 32 Fieldcrest Dr | | | Transaction ID : SA11AI.8543 |
| City Westampton | State NJ | Zip Code 08060-5656 | Amount of Each Receipt this Period 300.00 |
| FEC ID number of contributing federal political committee. C | | | <input type="checkbox"/> Memo Item \$100.00/monthly |
| Name of Employer (for Individual) Virtual Locations | | Occupation (for Individual) Firefighter | |
| Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other | Aggregate Year-to-Date 900.00 | | |

| | | | |
|---|----------------------------------|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Biersbach, Raymond, , , | | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2018 |
| Mailing Address 234 Lakeshore Dr | | | Transaction ID : SA11AI.8537 |
| City Mooresville | State NC | Zip Code 28117-7535 | Amount of Each Receipt this Period 300.00 |
| FEC ID number of contributing federal political committee. C | | | <input type="checkbox"/> Memo Item \$100.00/monthly |
| Name of Employer (for Individual) USACS Medical Group, LTD | | Occupation (for Individual) Emergency Physician | |
| Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other | Aggregate Year-to-Date 900.00 | | |

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 8 OF 32 |
| | <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. Bradstreet, Jennifer, , , | | | Date of Receipt |
| Mailing Address 249 S. Franklin St. | | | <input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2018"/> |
| City Chagrin Falls | State OH | Zip Code 44022 | Transaction ID : SA11AI.8490 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | | Amount of Each Receipt this Period <input type="text" value="150.00"/> |
| Name of Employer (for Individual) USACS Medical Group, LTD | | Occupation (for Individual) System Medical Director | <input type="checkbox"/> Memo Item \$50.00/monthly |
| Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="text" value="Other"/> | | Aggregate Year-to-Date ▼ <input type="text" value="450.00"/> | |

| | | | |
|--|-------------|---|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Cetta, Michael, , , | | | Date of Receipt |
| Mailing Address 16 Piney Glen Court | | | <input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2018"/> |
| City Potomac | State MD | Zip Code 20854 | Transaction ID : SA11AI.8523 |
| 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) Interim Chief of Integrated Acute Care | <input type="checkbox"/> Memo Item \$100.00/monthly |
| Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="text" value="Other"/> | | Aggregate Year-to-Date ▼ <input type="text" value="900.00"/> | |

| | | | |
|--|-------------|--|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Cirillo, Louis, , , | | | Date of Receipt |
| Mailing Address 91 Woodridge Drive | | | <input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2018"/> |
| City Saunderstown | State RI | Zip Code 02874-1943 | Transaction ID : SA11AI.8514 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | | Amount of Each Receipt this Period <input type="text" value="450.00"/> |
| Name of Employer (for Individual) USACS Medical Group, LTD | | Occupation (for Individual) Medical Director | <input type="checkbox"/> Memo Item \$150.00/monthly |
| Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="text" value="Other"/> | | Aggregate Year-to-Date ▼ <input type="text" value="1350.00"/> | |

| | |
|---|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional)..... | <input type="text" value="900.00"/> |
| TOTAL This Period (last page this line number only)..... | <input type="text" value=""/> |

**SCHEDULE A (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 32 |
| | <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. Colfer, Orion, , , | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2018 |
| Mailing Address 2523 Hanover Ave | | Transaction ID : SA11AI.8532 |
| City Richmond | State VA | Zip Code 23220 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 150.00 |
| Name of Employer (for Individual) USACS Management Group | Occupation (for Individual) National Director of Patient Experienc | <input type="checkbox"/> Memo Item \$50.00/monthly |
| Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other | Aggregate Year-to-Date ▼ 450.00 | |

| | | |
|---|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Conley, Amy, , , | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2018 |
| Mailing Address 6419 Renwick Circle | | Transaction ID : SA11AI.8428 |
| City Tampa | State FL | Zip Code 33647 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 300.00 |
| Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC | Occupation (for Individual) Regional Transfer Center Director | <input type="checkbox"/> Memo Item \$100.00/monthly |
| Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other | Aggregate Year-to-Date ▼ 800.00 | |

| | | |
|---|---|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. De Angelis, Sydney, , , | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2018 |
| Mailing Address 114 E Church St | | Transaction ID : SA11AI.8555 |
| City Frederick | State MD | Zip Code 21701 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 300.00 |
| Name of Employer (for Individual) MEP Health, LLC | Occupation (for Individual) Medical Director | <input type="checkbox"/> Memo Item \$100.00/monthly |
| Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other | Aggregate Year-to-Date ▼ 900.00 | |

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

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

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

FOR LINE NUMBER: PAGE 10 OF 32
(check only one)

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

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Denmark, Thomas, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13122 S Yorktown Ave

| | | |
|---------------|-------------|------------------------|
| City Bixby | State OK | Zip Code 74008-7665 |
|---------------|-------------|------------------------|

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

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

Receipt For: 2018
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date ▼
450.00

Date of Receipt
09 / 30 / 2018
Transaction ID : SA11AI.8560

Amount of Each Receipt this Period
150.00

Memo Item
\$50.00/monthly

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

Mailing Address 1455 Hunakai St.
Apt. 1

| | | |
|------------------|-------------|------------------------|
| City Honolulu | State HI | Zip Code 96816-5526 |
|------------------|-------------|------------------------|

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

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

Receipt For: 2018
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date ▼
450.00

Date of Receipt
09 / 30 / 2018
Transaction ID : SA11AI.8534

Amount of Each Receipt this Period
150.00

Memo Item
\$50.00/monthly

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

Mailing Address 35590 Michael Drive

| | | |
|---------------|-------------|-------------------|
| City Solon | State OH | Zip Code 44139 |
|---------------|-------------|-------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) USACS Management Group | Occupation (for Individual) General Counsel |
|---|--|

Receipt For: 2018
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date ▼
900.00

Date of Receipt
09 / 30 / 2018
Transaction ID : SA11AI.8549

Amount of Each Receipt this Period
300.00

Memo Item
\$100.00/monthly

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

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 11 OF 32 |
| <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. 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) MEP Health, LLC Occupation (for Individual) President
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 1350.00

Date of Receipt
 09 / 30 / 2018
Transaction ID : SA11AI.8436
 Amount of Each Receipt this Period
 450.00
 Memo Item
 \$150.00/monthly

B. Ferrand, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 193 Bryna Lane
 City Carnegie State PA Zip Code 15106-1473
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Firefighter
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 09 / 30 / 2018
Transaction ID : SA11AI.8463
 Amount of Each Receipt this Period
 300.00
 Memo Item
 \$100.00/monthly

C. Forcada-Lowrie, Raymundo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 232339
 City Encinitas State CA Zip Code 92023-2339
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Firefighter
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 09 / 30 / 2018
Transaction ID : SA11AI.8538
 Amount of Each Receipt this Period
 300.00
 Memo Item
 \$100.00/monthly

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1050.00 |
| 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 12 OF 32 |
| | <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: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 450.00

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

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

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

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

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

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 699.99 |
| 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 32 |
| <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. Gooch, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 52675 Timber Dr.
 City Bridgeport State OH Zip Code 43912-7724
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Associate Medical Director
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **225.00**

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

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

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

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

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

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 300.00 |
| 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 32 |
| | <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. Guyton, Steven, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 Stillwater Lane
 City Pittsburgh State PA Zip Code 15143-8899
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AHN Medical Group, LLC Occupation (for Individual) Medical Director
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **225.00**

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

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

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

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

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

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 495.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 15 OF 32 |
| | <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. Hummel, Laura, , , | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2018 |
| Mailing Address 807 S. Roxmere Road | | Transaction ID : SA11AI.8510 |
| City Tampa | State FL | Zip Code 33609-4235 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 300.00 |
| Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC | Occupation (for Individual) Regional Education Director | <input type="checkbox"/> Memo Item \$100.00/monthly |
| Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other | Aggregate Year-to-Date ▼ 900.00 | |

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

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

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 849.99 |
| 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 32 |
| <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 1907 W 30th Street Unit A
 City Austin State TX Zip Code 78703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) Emergency Physician
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 1100.00

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

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

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

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

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

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 17 OF 32 |
| | <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. Kella, Vipul, , , | | Date of Receipt MM / DD / YYYY 09 / 30 / 2018 |
| Mailing Address 11808 Woodthrus Lane | | Transaction ID : SA11AI.8565 |
| City Potomac | State MD | Zip Code 20854 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 150.00 |
| Name of Employer (for Individual) MEP Health, LLC | Occupation (for Individual) Emergency Physician | <input type="checkbox"/> Memo Item \$50.00/monthly |
| Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other | Aggregate Year-to-Date ▼ 450.00 | |

| | | |
|---|--|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Keller, Noah, , , | | Date of Receipt MM / DD / YYYY 09 / 30 / 2018 |
| Mailing Address 10119 Easterday Court | | Transaction ID : SA11AI.8531 |
| City Hagerstown | State MD | Zip Code 21742 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 150.00 |
| Name of Employer (for Individual) Virtual Locations | Occupation (for Individual) Regional Vice President | <input type="checkbox"/> Memo Item \$50.00/monthly |
| Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Kendall, Jayne, , , | | Date of Receipt MM / DD / YYYY 09 / 30 / 2018 |
| Mailing Address 21710 Parsons Green Row | | Transaction ID : SA11AI.8489 |
| City Cornelius | State NC | Zip Code 28031 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 300.00 |
| Name of Employer (for Individual) Virtual Locations | Occupation (for Individual) Regional Vice President | <input type="checkbox"/> Memo Item \$100.00/monthly |
| Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other | Aggregate Year-to-Date ▼ 900.00 | |

| | |
|---|--------|
| 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 18 OF 32 |
| <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. Klein, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11736 Gainsborough Road
 City Potomac State MD Zip Code 20854
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Management Group Occupation (for Individual) National Director of Quality
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 30 / 2018
Transaction ID : SA11AI.8460
 Amount of Each Receipt this Period 150.00
 Memo Item \$50.00/monthly

B. Kuchinski, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5869 Heaven View Drive
 City Las Vegas State NV Zip Code 89135-1296
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt 09 / 30 / 2018
Transaction ID : SA11AI.8499
 Amount of Each Receipt this Period 600.00
 Memo Item \$200.00/monthly

C. Lawrence, Linda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4670 Armandale Avenue
 City Canton State OH Zip Code 44718
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) President
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 30 / 2018
Transaction ID : SA11AI.8512
 Amount of Each Receipt this Period 300.00
 Memo Item \$100.00/monthly

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1050.00 |
| 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 19 OF 32
(check only one)

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

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NAME OF COMMITTEE (In Full)
USACS PAC

A. LeBlanc, Louis, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1428 Lacy Lane

| | | |
|-------------------|-------------|------------------------|
| City Rock Hill | State SC | Zip Code 29732-7723 |
|-------------------|-------------|------------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) Virtual Locations | Occupation (for Individual) Firefighter |
|--|--|

Receipt For: 2018
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date ▼
450.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 30 | | 2018 |

Transaction ID : SA11AI.8515

Amount of Each Receipt this Period
150.00

Memo Item
\$50.00/monthly

B. 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: 2018
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date ▼
450.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 30 | | 2018 |

Transaction ID : SA11AI.8547

Amount of Each Receipt this Period
150.00

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) USACS Medical Group, LTD | Occupation (for Individual) Emergency Physician |
|---|--|

Receipt For: 2018
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date ▼
900.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 30 | | 2018 |

Transaction ID : SA11AI.8431

Amount of Each Receipt this Period
300.00

Memo Item
\$100.00/monthly

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

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

| | | |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 20 OF 32 |
| | <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. Mann, Rubeal, , , | | Date of Receipt MM / DD / YYYY 09 / 30 / 2018 |
| Mailing Address 3334 Club Way Court | | Transaction ID : SA11AI.8542 |
| City Powell | State OH | Zip Code 43065-5146 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 300.00 |
| Name of Employer (for Individual) USACS Medical Group, LTD | Occupation (for Individual) Medical Director | <input type="checkbox"/> Memo Item \$100.00/monthly |
| Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other | Aggregate Year-to-Date 900.00 | |

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

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

| | |
|---|--------|
| 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 21 OF 32 |
| | <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. Mittleman, Craig, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Equestrian Ridge
 City Newtown State CT Zip Code 06470
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) Medical Director
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 450.00

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

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

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

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

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

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: PAGE 22 OF 32
(check only one)
 11a 11b 11c 12
 13 14 15 16 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: 2018
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date ▼ **450.00**

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

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

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

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

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

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 23 OF 32 |
| | <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. 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) Occupation (for Individual)
 Virtual Locations Firefighter
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 09 / 30 / 2018
Transaction ID : SA11AI.8475
 Amount of Each Receipt this Period
 300.00
 Memo Item
 \$100.00/monthly

B. Slabinski, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3004 Edison St. NW
 City Uniontown State OH Zip Code 44685-7212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 USACS Medical Group, LTD Regional Vice President
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 749.97

Date of Receipt
 09 / 30 / 2018
Transaction ID : SA11AI.8517
 Amount of Each Receipt this Period
 249.99
 Memo Item
 \$83.33/monthly

C. Snyder, Aaron, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9925 Silver Brook Drive
 City Rockville State MD Zip Code 20850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Virtual Locations Regional Vice President
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 1350.00

Date of Receipt
 09 / 30 / 2018
Transaction ID : SA11AI.8425
 Amount of Each Receipt this Period
 450.00
 Memo Item
 \$150.00/monthly

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 999.99 |
| 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 32 |
| | <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. Srivastava, Geetanjali, , , | | Date of Receipt MM / DD / YYYY 09 / 30 / 2018 Transaction ID : SA11AI.8477 |
| Mailing Address 5447 N Sequoia Ave | | Amount of Each Receipt this Period 75.00 |
| City Fresno | State CA | Zip Code 93711-2849 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Memo Item \$50.00/monthly |
| Name of Employer (for Individual) USACS Medical Group, LTD | Occupation (for Individual) Medical Director | |
| Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other | Aggregate Year-to-Date 375.00 | |

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

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

| | |
|---|--------|
| 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 32 |
| | <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. Vaill, Samuel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 315 Bridge Street
 City South Hamilton State MA Zip Code 01982
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Management Group Occupation (for Individual) Chief Development Officer
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 450.00

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

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

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

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

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

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

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 26 OF 32 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
USACS PAC

| | | | |
|---|-------------|---|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Welsh, Ian, , , | | | Date of Receipt MM / DD / YYYY 09 / 30 / 2018 Transaction ID : SA11AI.8481 |
| Mailing Address 1027 Gardenia Street | | | Amount of Each Receipt this Period 150.00 |
| City Fort Mill | State SC | Zip Code 29708 | <input type="checkbox"/> Memo Item \$50.00/monthly |
| FEC ID number of contributing federal political committee. C | | Aggregate Year-to-Date 450.00 | |
| Name of Employer (for Individual) Virtual Locations | | Occupation (for Individual) Assistant Medical Director of Firefigh | |
| Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other | | | |

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

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

| | |
|---|--------|
| 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 27 OF 32 |
| | <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. Zayac, Carl, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5901 Velasco Ave
 City Dallas State TX Zip Code 75206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Firefighter
 Receipt For: 2018
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **700.00**

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

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

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

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

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

| | |
|---|----------|
| SUBTOTAL of Receipts This Page (optional)..... | 400.00 |
| TOTAL This Period (last page this line number only)..... | 17219.86 |

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

| | | | |
|---|------------------------------|-----------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 28 OF 32 |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input checked="" type="checkbox"/> 16 |
| | | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
USACS PAC

A. FRIENDS OF FRANK DERMODY
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address P.O. BOX 274

| | | |
|------------------|-------------|-------------------|
| City TARENTUM | State PA | Zip Code 15084 |
|------------------|-------------|-------------------|

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

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

Receipt For: 2018
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 17 | | 2018 |

Transaction ID : SA16.8596

Amount of Each Receipt this Period
500.00

Memo Item
Void Contribution from June

B. SINEMA FOR ARIZONA
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO BOX 7586

| | | |
|-----------------|-------------|-------------------|
| City PHOENIX | State AZ | Zip Code 85011 |
|-----------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00508804

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

Receipt For: 2018
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 04 | | 2018 |

Transaction ID : SA16.8608

Amount of Each Receipt this Period
2500.00

Memo Item
Refund of Contribution

C. SINEMA FOR ARIZONA
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO BOX 7586

| | | |
|-----------------|-------------|-------------------|
| City PHOENIX | State AZ | Zip Code 85011 |
|-----------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00508804

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

Receipt For: 2018
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 14 | | 2018 |

Transaction ID : SA16.8609

Amount of Each Receipt this Period
2500.00

Memo Item
Refund of Contribution

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 5500.00 |
| TOTAL This Period (last page this line number only).....▶ | 5500.00 |

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
USACS PAC

A. FRIENDS OF FRANK DERMODY

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address P.O. BOX 274

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | | 17 | | 2018 |

City TARENTUM State PA Zip Code 15084

FEC Identification Number

Purpose of Disbursement Contribution

| |
|-------------------|
| 011 |
| Category/ Type |

| |
|---|
| C |
|---|

Transaction ID : SB23.8592

Amount of Each Disbursement this Period

Candidate Name
Dermody, Frank, , ,

| |
|---------|
| 1000.00 |
|---------|

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

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Memo Item

B. Friends of John Zerwas

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 852

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | | 13 | | 2018 |

City Fulshear State TX Zip Code 77441

FEC Identification Number

Purpose of Disbursement Contribution

| |
|-------------------|
| 011 |
| Category/ Type |

| |
|---|
| C |
|---|

Transaction ID : SB23.8603

Amount of Each Disbursement this Period

Candidate Name
Zerwas, John, , ,

| |
|---------|
| 1000.00 |
|---------|

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

Disbursement For: 2018
 Primary General
 Other (specify)

Memo Item

C. Friends of Joseline Pena-Melnyk

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 1251

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | | 13 | | 2018 |

City College Park State MD Zip Code 20741-1251

FEC Identification Number

Purpose of Disbursement Contribution

| |
|-------------------|
| 011 |
| Category/ Type |

| | |
|---|-----------|
| C | H6MD04217 |
|---|-----------|

Transaction ID : SB23.8607

Amount of Each Disbursement this Period

Candidate Name
PENA-MELNYK, JOSELINE A., , ,

| |
|---------|
| 1200.00 |
|---------|

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

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Memo Item

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

| |
|---------|
| 3200.00 |
|---------|

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

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|--|
| |
|--|

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
USACS PAC

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

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

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. LANGEVIN FOR CONGRESS | | Date of Disbursement MM / DD / YYYY 09 / 13 / 2018 |
| Mailing Address 181A KNIGHT STREET | | FEC Identification Number C C00344697 Transaction ID : SB23.8604 Amount of Each Disbursement this Period 2000.00 |
| City WARWICK | State RI | Zip Code 02886 |
| Purpose of Disbursement Contribution | | 011 Category/ Type |
| Candidate Name LANGEVIN, JAMES R. HONORABLE, , , | | Memo Item <input type="checkbox"/> |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: RI District: 02 | | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 5500.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
USACS PAC

A. MCCREADY FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 78855

City CHARLOTTE State NC Zip Code 28277

Purpose of Disbursement Contribution

011
Category/Type

Candidate Name
MCCREADY, DANIEL, , ,

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

State: NC District: 09

Date of Disbursement

MM / DD / YYYY
08 / 30 / 2018

FEC Identification Number

C C00641381

Transaction ID : SB23.8601

Amount of Each Disbursement this Period

2000.00

Memo Item

B. SINEMA FOR ARIZONA

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 7586

City PHOENIX State AZ Zip Code 85011

Purpose of Disbursement Contribution

011
Category/Type

Candidate Name
SINEMA, KYRSTEN, , ,

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

State: AZ District: 09

Date of Disbursement

MM / DD / YYYY
09 / 13 / 2018

FEC Identification Number

C C00508804

Transaction ID : SB23.8606

Amount of Each Disbursement this Period

2500.00

Memo Item

C. STEVE FERRARA FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 97130

City PHOENIX State AZ Zip Code 85060

Purpose of Disbursement Contribution

011
Category/Type

Candidate Name
FERRARA, STEVE MD, , ,

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

State: AZ District: 09

Date of Disbursement

MM / DD / YYYY
08 / 30 / 2018

FEC Identification Number

C C00640268

Transaction ID : SB23.8600

Amount of Each Disbursement this Period

2000.00

Memo Item

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

6500.00

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

17900.00