

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

USACS PAC

ADDRESS (number and street) 4535 Dressler RD NW

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

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C C00544957

3. IS THIS REPORT NEW OR AMENDED (N) (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), Dec 20 (M12), Jan 31 (YE)

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

Election on MM/DD/YYYY in the State of

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

Election on MM/DD/YYYY in the State of

5. Covering Period 07/01/2020 through 09/30/2020

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 10/13/2020

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

Table with 10 columns for Office Use Only

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

USACS PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2020"/>		131501.78
(b) Cash on Hand at Beginning of Reporting Period.....	192755.18	
(c) Total Receipts (from Line 19)	62358.42	198861.82
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	255113.60	330363.60
7. Total Disbursements (from Line 31).....	95500.00	170750.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	159613.60	159613.60
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: M M / D D / Y Y Y Y 07 / 01 / 2020 To: M M / D D / Y Y Y Y 09 / 30 / 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).....	60034.98	174498.09
(ii) Unitemized	2323.44	19863.73
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	62358.42	194361.82
(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)	62358.42	194361.82
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)).....▶	62358.42	198861.82
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	62358.42	198861.82

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.....	43500.00	94000.00
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).....	52000.00	76750.00
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)) ..	95500.00	170750.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	95500.00	170750.00

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)	62358.42	194361.82
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	62358.42	194361.82
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:	PAGE 6 OF 90
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Aboutalib, Angela, , ,		Date of Receipt
Mailing Address 2 East Erie St Apt 3306		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2020"/>
City Chicago	State IL	Zip Code 60611-3169
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI-2147483582
Name of Employer (for Individual) Virtual Locations		Amount of Each Receipt this Period <input type="text" value="300.00"/>
Occupation (for Individual) Senior Director of Quality and Educati		<input type="checkbox"/> Memo Item \$100.00/Monthly
Receipt For: 2020 <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 B. Albaugh, Chad, , ,		Date of Receipt
Mailing Address 1602 River Bluff Rd		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2020"/>
City Morehead City	State NC	Zip Code 28557
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI-2147483529
Name of Employer (for Individual) USACS Medical Group, LTD		Amount of Each Receipt this Period <input type="text" value="450.00"/>
Occupation (for Individual) Medical Director		<input type="checkbox"/> Memo Item \$150.00/Monthly
Receipt For: 2020 <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"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Aldeen, Amer, , ,		Date of Receipt
Mailing Address 17327 Ladera Estates Blvd		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2020"/>
City Lutz	State FL	Zip Code 33548-4817
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI-2147483611
Name of Employer (for Individual) Virtual Locations		Amount of Each Receipt this Period <input type="text" value="450.00"/>
Occupation (for Individual) Chief Medical Officer		<input type="checkbox"/> Memo Item \$150.00/Monthly
Receipt For: 2020 <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="1200.00"/>
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 7 OF 90
	<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. 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: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt 09 / 30 / 2020
Transaction ID : SA11AI-2147483442
 Amount of Each Receipt this Period 450.00
 Memo Item
 \$150.00/Monthly

B. 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: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 30 / 2020
Transaction ID : SA11AI-2147483640
 Amount of Each Receipt this Period 150.00
 Memo Item
 \$50.00/Monthly

C. 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: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 30 / 2020
Transaction ID : SA11AI-2147483639
 Amount of Each Receipt this Period 150.00
 Memo Item
 \$50.00/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 8 OF 90
	(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. Anderson, Britney, , ,

Mailing Address 637 Ruby Trust Way

City Castle Rock	State CO	Zip Code 80108
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FEC ID number of contributing federal political committee. **C**

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

Receipt For: 2020
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2020

Transaction ID : SA11AI-2147483638

Amount of Each Receipt this Period
0.00

Memo Item
\$0/Monthly

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

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: 2020
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2020

Transaction ID : SA11AI-2147483389

Amount of Each Receipt this Period
300.00

Memo Item
\$150/Monthly

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

Mailing Address 17376 Emerald Chase Drive

City Tampa	State FL	Zip Code 33647
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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: 2020
 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		2020

Transaction ID : SA11AI-2147483610

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 9 OF 90
<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. Augustine, James, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2020 Transaction ID : SA11AI-2147483609
Mailing Address 7868 Classics Dr.		Amount of Each Receipt this Period 450.00
City Naples	State FL	Zip Code 34113-3063
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) Chairman, National Clinical Governance	
Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 1350.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Bagnoli, Dominic, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2020 Transaction ID : SA11AI-2147483503
Mailing Address 50 East Drive		Amount of Each Receipt this Period 0.00
City Hartville	State OH	Zip Code 44632
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$0/Monthly
Name of Employer (for Individual) USACS Management Group	Occupation (for Individual) Executive Chairman	
Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 2083.15	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Baker, Brian, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2020 Transaction ID : SA11AI-2147483608
Mailing Address 1209 E Cumberland Ave Unit #1404		Amount of Each Receipt this Period 450.00
City Tampa	State FL	Zip Code 33602
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) Regional Vice President	
Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 1350.00	

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 10 OF 90
	<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. Balewick, Donna, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 626 Phillips Rd
 City Blairsville State PA Zip Code 15717-4233
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AHN Medical Group, LLC Occupation (for Individual) Medical Director of Integrated Acute C
 Receipt For: 2020
 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 / 2020
Transaction ID : SA11AI-2147483471
 Amount of Each Receipt this Period
 450.00
 Memo Item
 \$150.00/Monthly

B. Barquin, Jose, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1011 charles st
 City clearwater State FL Zip Code 33755
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC Occupation (for Individual) Associate Medical Director
 Receipt For: 2020
 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 / 2020
Transaction ID : SA11AI-2147483607
 Amount of Each Receipt this Period
 150.00
 Memo Item
 \$50.00/Monthly

C. Bedolla, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1000 San Marcos Street Unit 324
 City Austin State TX Zip Code 78702-2667
 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: 2020
 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 / 2020
Transaction ID : SA11AI-2147483441
 Amount of Each Receipt this Period
 300.00
 Memo Item
 \$100.00/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 11 OF 90
	<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. Bender, Sean, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2020 Transaction ID : SA11AI-2147483637
Mailing Address 520 Elm Street		Amount of Each Receipt this Period 450.00
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: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 1350.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Biersbach, Raymond, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2020 Transaction ID : SA11AI-2147483528
Mailing Address 234 Lakeshore Dr		Amount of Each Receipt this Period 300.00
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: 2020 <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. Bishop, Sara, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2020 Transaction ID : SA11AI-2147483527
Mailing Address PO Box 2175		Amount of Each Receipt this Period 225.00
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: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 675.00	

SUBTOTAL of Receipts This Page (optional).....	975.00
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 90
<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. Bissell, Brad, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3535 Selwyn Farms Ln.

City Charlotte	State NC	Zip Code 28209-4082
-------------------	-------------	------------------------

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

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

Receipt For: 2020
 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		2020

Transaction ID : SA11AI-2147483526

Amount of Each Receipt this Period
0.00

Memo Item
\$0/Monthly

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

Mailing Address 7058 Ravens Run

City Cincinnati	State OH	Zip Code 45244-3591
--------------------	-------------	------------------------

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

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

Receipt For: 2020
 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		2020

Transaction ID : SA11AI-2147483502

Amount of Each Receipt this Period
450.00

Memo Item
\$150.00/Monthly

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

Mailing Address 312 Biddle Ave
FI 2

City Pittsburgh	State PA	Zip Code 15221-3436
--------------------	-------------	------------------------

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

Name of Employer (for Individual) AHN Medical Group, LLC	Occupation (for Individual) ED Operations Director
---	---

Receipt For: 2020
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date ▼
440.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2020

Transaction ID : SA11AI-2147483470

Amount of Each Receipt this Period
320.00

Memo Item
\$150.00/Monthly

SUBTOTAL of Receipts This Page (optional).....	770.00
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 90
	<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. 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: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **1350.00**

Date of Receipt **09 / 30 / 2020**
Transaction ID : SA11AI-2147483440
 Amount of Each Receipt this Period **450.00**
 Memo Item
 \$150.00/Monthly

B. 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: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **1350.00**

Date of Receipt **09 / 30 / 2020**
Transaction ID : SA11AI-2147483439
 Amount of Each Receipt this Period **450.00**
 Memo Item
 \$150.00/Monthly

C. 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: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **900.00**

Date of Receipt **09 / 30 / 2020**
Transaction ID : SA11AI-2147483438
 Amount of Each Receipt this Period **300.00**
 Memo Item
 \$100.00/Monthly

SUBTOTAL of Receipts This Page (optional)..... **1200.00**
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 90
	<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. 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: 2020
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **450.00**

Date of Receipt
 09 / 30 / 2020
Transaction ID : SA11AI-2147483581
 Amount of Each Receipt this Period
 150.00
 Memo Item
 \$50.00/Monthly

B. 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: 2020
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **225.00**

Date of Receipt
 09 / 30 / 2020
Transaction ID : SA11AI-2147483524
 Amount of Each Receipt this Period
 75.00
 Memo Item
 \$25.00/Monthly

C. 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: 2020
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **1350.00**

Date of Receipt
 09 / 30 / 2020
Transaction ID : SA11AI-2147483606
 Amount of Each Receipt this Period
 450.00
 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 15 OF 90
	<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. 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: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 30 / 2020
Transaction ID : SA11AI-2147483636
 Amount of Each Receipt this Period 150.00
 Memo Item
 \$50.00/Monthly

B. 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: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt 09 / 30 / 2020
Transaction ID : SA11AI-2147483469
 Amount of Each Receipt this Period 450.00
 Memo Item
 \$150.00/Monthly

C. 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: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt 09 / 30 / 2020
Transaction ID : SA11AI-2147483522
 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 16 OF 90
<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. Carter, Stephen, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2020 Transaction ID : SA11AI-2147483437
Mailing Address 161 Glen Eagles Drive		Amount of Each Receipt this Period 150.00
City Cibolo	State TX	Zip Code 78108-3343
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) Emergency Physician	
Receipt For: 2020 <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. Casey, John, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2020 Transaction ID : SA11AI-2147483501
Mailing Address 5156 Baker Ridge Dr.		Amount of Each Receipt this Period 450.00
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: 2020 <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. Cetta, Michael, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2020 Transaction ID : SA11AI-2147483573
Mailing Address 16 Piney Glen Court		Amount of Each Receipt this Period 1200.00
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: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 3600.00	

SUBTOTAL of Receipts This Page (optional).....	1800.00
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 90
	<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. Champeau, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 234 Spielman Hwy
 City Burlington State CT Zip Code 06013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LLC Occupation (for Individual) Director of APPs
 Receipt For: 2020
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **350.00**

Date of Receipt **09 / 30 / 2020**
Transaction ID : SA11AI-2147483613
 Amount of Each Receipt this Period **150.00**
 Memo Item
 \$50.00/Monthly

B. Chatfield, Kenneth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 142 Isle of Venice Dr
 City Ft Lauderdale State FL Zip Code 33301
 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: 2020
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **450.00**

Date of Receipt **09 / 30 / 2020**
Transaction ID : SA11AI-2147483398
 Amount of Each Receipt this Period **150.00**
 Memo Item
 \$50.00/Monthly

C. Cirillo, Louis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 91 Woodridge Drive
 City Saunderstown State RI Zip Code 02874-1943
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Director of Government Affairs
 Receipt For: 2020
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **1350.00**

Date of Receipt **09 / 30 / 2020**
Transaction ID : SA11AI-2147483449
 Amount of Each Receipt this Period **450.00**
 Memo Item
 \$150.00/Monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 90
	<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. Cline, Gretchann, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8506 Queen Heights
 City San Antonio State TX Zip Code 78254-2329
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) System APP Lead
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 09 / 30 / 2020
Transaction ID : SA11AI-2147483436
 Amount of Each Receipt this Period 150.00
 Memo Item
 \$50.00/Monthly

B. Colfer, Orion, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2523 Hanover Ave
 City Richmond State VA Zip Code 23220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) National Director of Patient Experienc
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt
 09 / 30 / 2020
Transaction ID : SA11AI-2147483396
 Amount of Each Receipt this Period 450.00
 Memo Item
 \$150.00/Monthly

C. Conley, Amy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6419 Renwick Circle
 City Tampa State FL Zip Code 33647
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC Occupation (for Individual) Regional Transfer Center Director
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 09 / 30 / 2020
Transaction ID : SA11AI-2147483605
 Amount of Each Receipt this Period 300.00
 Memo Item
 \$100.00/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 19 OF 90
	<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. Cook, Alexander, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8780 Surrey Place
 City Maineville State OH Zip Code 45039-9519
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Director of APPs
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **720.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2020
Transaction ID : SA11AI-2147483500
 Amount of Each Receipt this Period
 240.00
 Memo Item
 \$80.00/Monthly

B. Coomes, Justin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7762 Westwind Lane
 City Montgomery State OH Zip Code 45242-5008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director
 Receipt For: 2020
 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 / 2020
Transaction ID : SA11AI-2147483499
 Amount of Each Receipt this Period
 450.00
 Memo Item
 \$150.00/Monthly

C. Correll, Bodie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 782 Archie Lane
 City Belton State TX Zip Code 76513
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) Medical Director
 Receipt For: 2020
 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 / 2020
Transaction ID : SA11AI-2147483435
 Amount of Each Receipt this Period
 450.00
 Memo Item
 \$150.00/Monthly

SUBTOTAL of Receipts This Page (optional)..... **1140.00**
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 20 OF 90
	(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. 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: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 1350.00

Date of Receipt
 09 / 30 / 2020
Transaction ID : SA11AI-2147483521
 Amount of Each Receipt this Period
 450.00
 Memo Item
 \$150.00/Monthly

B. Dabkowski, Tabitha, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12728 Westmoreland Rd
 City Huntersville State NC Zip Code 28078-5962
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Director of APPs
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 09 / 30 / 2020
Transaction ID : SA11AI-2147483520
 Amount of Each Receipt this Period
 75.00
 Memo Item
 \$25.00/Monthly

C. Darnell, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5125 Duffy Rd. SE
 City Lancaster State OH Zip Code 43130-9451
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 1350.00

Date of Receipt
 09 / 30 / 2020
Transaction ID : SA11AI-2147483498
 Amount of Each Receipt this Period
 450.00
 Memo Item
 \$150.00/Monthly

SUBTOTAL of Receipts This Page (optional).....	975.00
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 90
	<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. Dayton, John, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2020 Transaction ID : SA11AI-2147483397
Mailing Address 1914 E Gray Fox Drive		Amount of Each Receipt this Period 200.00
City Draper	State UT	Zip Code 84020-5630
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$200/Monthly
Name of Employer (for Individual) Virtual Locations	Occupation (for Individual) Firefighter	
Receipt For: 2020 <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 B. De Angelis, Sydney, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2020 Transaction ID : SA11AI-2147483572
Mailing Address 114 E Church St		Amount of Each Receipt this Period 300.00
City Frederick	State MD	Zip Code 21701
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) Emergency Physician	
Receipt For: 2020 <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. Denmark, Thomas, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2020 Transaction ID : SA11AI-2147483473
Mailing Address 13122 S Yorktown Ave		Amount of Each Receipt this Period 150.00
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: 2020 <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).....	650.00
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 90
	<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. DiCaprio, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3960 N. Monet Ct.
 City Allison Park State PA Zip Code 15101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Quality Director
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 09 / 30 / 2020
Transaction ID : SA11AI-2147483468
 Amount of Each Receipt this Period
 150.00
 Memo Item
 \$50.00/Monthly

B. DiRando, Jesse, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 33531 Royal Saint George Drive
 City Avon State OH Zip Code 44011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Vice President, Clinical Resource Grou
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 1350.00

Date of Receipt
 09 / 30 / 2020
Transaction ID : SA11AI-2147483497
 Amount of Each Receipt this Period
 450.00
 Memo Item
 \$150.00/Monthly

C. 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: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 09 / 30 / 2020
Transaction ID : SA11AI-2147483434
 Amount of Each Receipt this Period
 150.00
 Memo Item
 \$50.00/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 23 OF 90
	<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. 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: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 30 / 2020
Transaction ID : SA11AI-2147483433
 Amount of Each Receipt this Period 150.00
 Memo Item
 \$50.00/Monthly

B. 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: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt 09 / 30 / 2020
Transaction ID : SA11AI-2147483432
 Amount of Each Receipt this Period 225.00
 Memo Item
 \$75.00/Monthly

C. 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: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt 09 / 30 / 2020
Transaction ID : SA11AI-2147483634
 Amount of Each Receipt this Period 450.00
 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 24 OF 90
	<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. Eakin, Paul, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2020 Transaction ID : SA11AI-2147483584
Mailing Address 1455 Hunakai St. Apt. 1		Amount of Each Receipt this Period 150.00
City Honolulu	State HI	Zip Code 96816-5526
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) Associate Medical Director	
Receipt For: 2020 <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. Edginton, Simon, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2020 Transaction ID : SA11AI-2147483604
Mailing Address 28671 Corbara Place		Amount of Each Receipt this Period 450.00
City Wesley Chapel	State FL	Zip Code 33543
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) Regional Chief Medical Officer	
Receipt For: 2020 <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. Eisenberg, Steven, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2020 Transaction ID : SA11AI-2147483496
Mailing Address 35590 Michael Drive		Amount of Each Receipt this Period 450.00
City Solon	State OH	Zip Code 44139
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) General Counsel	
Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 1350.00	

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 25 OF 90
	<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. 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: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt 09 / 30 / 2020
Transaction ID : SA11AI-2147483571
 Amount of Each Receipt this Period 450.00
 Memo Item
 \$150.00/Monthly

B. Faulk, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3951 Fluvanna-Townline Road
 City Jamestown State NY Zip Code 14701-9032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AHN Medical Group, LLC Occupation (for Individual) Medical Director of Integrated Acute C
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 30 / 2020
Transaction ID : SA11AI-2147483534
 Amount of Each Receipt this Period 150.00
 Memo Item
 \$50.00/Monthly

C. 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: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 30 / 2020
Transaction ID : SA11AI-2147483431
 Amount of Each Receipt this Period 150.00
 Memo Item
 \$50.00/Monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 90
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

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

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: 2020
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date **225.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2020

Transaction ID : SA11AI-2147483533

Amount of Each Receipt this Period
 75.00

Memo Item
 \$25.00/Monthly

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

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: 2020
 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 / 2020

Transaction ID : SA11AI-2147483467

Amount of Each Receipt this Period
 300.00

Memo Item
 \$100.00/Monthly

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

Mailing Address 195 McGregor Street Apt 405

City Manchester State NH Zip Code 03102-3777

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

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

Receipt For: 2020
 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 / 2020

Transaction ID : SA11AI-2147483537

Amount of Each Receipt this Period
 450.00

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:	PAGE 27 OF 90
	(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. Fleming, Sean, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2300 Shoreham Circle
 City Lewisville State TX Zip Code 75056
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 1350.00

Date of Receipt
 09 / 30 / 2020
Transaction ID : SA11AI-2147483430
 Amount of Each Receipt this Period
 450.00
 Memo Item
 \$150.00/Monthly

B. Flores, Anna, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2608 Del Curto Rd, Unit 3
 City Austin State TX Zip Code 78704-6014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) APP Lead
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 09 / 30 / 2020
Transaction ID : SA11AI-2147483429
 Amount of Each Receipt this Period
 150.00
 Memo Item
 \$50.00/Monthly

C. Forcada-Lowrie, Raymundo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 775 Potters Ave
 City Providence State RI Zip Code 02907-3075
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Firefighter
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 800.00

Date of Receipt
 09 / 30 / 2020
Transaction ID : SA11AI-2147483448
 Amount of Each Receipt this Period
 200.00
 Memo Item
 \$100.00/Monthly

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 28 OF 90
	<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. Foss, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 915 Tschoepe Rd
 City Seguin State TX Zip Code 78155
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **1350.00**

Date of Receipt **09 / 30 / 2020**
Transaction ID : SA11AI-2147483428
 Amount of Each Receipt this Period **450.00**
 Memo Item
 \$150.00/Monthly

B. Frary, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4009 Grassmere Lane
 City Dallas State TX Zip Code 75205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Management Group Occupation (for Individual) Chief Executive Officer
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **1350.00**

Date of Receipt **09 / 30 / 2020**
Transaction ID : SA11AI-2147483427
 Amount of Each Receipt this Period **450.00**
 Memo Item
 \$150.00/Monthly

C. Freedman, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12814 Doe Lane
 City N. Potomac State MD Zip Code 20878
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) Pediatric Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **1350.00**

Date of Receipt **09 / 30 / 2020**
Transaction ID : SA11AI-2147483570
 Amount of Each Receipt this Period **450.00**
 Memo Item
 \$150.00/Monthly

SUBTOTAL of Receipts This Page (optional).....	1350.00
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 90
	<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. 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: 2020
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **450.00**

Date of Receipt
 09 / 30 / 2020
Transaction ID : SA11AI-2147483568
 Amount of Each Receipt this Period
 150.00
 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: 2020
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **900.00**

Date of Receipt
 09 / 30 / 2020
Transaction ID : SA11AI-2147483495
 Amount of Each Receipt this Period
 300.00
 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: 2020
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **450.00**

Date of Receipt
 09 / 30 / 2020
Transaction ID : SA11AI-2147483603
 Amount of Each Receipt this Period
 150.00
 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 30 OF 90
	<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. Garfinkel, Michael, , ,

Mailing Address 2821 Grand Lake Dr

City Lafayette	State CO	Zip Code 80026
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FEC ID number of contributing federal political committee. **C**

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

Receipt For: 2020
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date ▼
733.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2020

Transaction ID : SA11AI-2147483633

Amount of Each Receipt this Period
300.00

Memo Item
\$100.00/Monthly

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

Mailing Address 7265 Hidden Lake Estate dr

City Mechanicsville	State VA	Zip Code 23111-6274
------------------------	-------------	------------------------

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

Name of Employer (for Individual) MEP Health, LLC	Occupation (for Individual) Medical Director
--	---

Receipt For: 2020
 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		2020

Transaction ID : SA11AI-214748395

Amount of Each Receipt this Period
249.99

Memo Item
\$83.33/Monthly

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

Mailing Address 1111 Lancashire Drive

City Indian Land	State SC	Zip Code 29707
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FEC ID number of contributing federal political committee. **C**

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

Receipt For: 2020
 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		2020

Transaction ID : SA11AI-2147483447

Amount of Each Receipt this Period
150.00

Memo Item
\$50.00/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 31 OF 90
	<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. 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: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 09 / 30 / 2020
Transaction ID : SA11AI-2147483426
 Amount of Each Receipt this Period 150.00
 Memo Item
 \$50.00/Monthly

B. Glotfelty, Danielle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 409 Shady Lane
 City Berlin State PA Zip Code 15530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) APP Lead
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 09 / 30 / 2020
Transaction ID : SA11AI-2147483466
 Amount of Each Receipt this Period 75.00
 Memo Item
 \$25.00/Monthly

C. Goen, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4417 Leonard Road
 City Bryan State TX Zip Code 77807
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) System Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 09 / 30 / 2020
Transaction ID : SA11AI-2147483425
 Amount of Each Receipt this Period 300.00
 Memo Item
 \$100.00/Monthly

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 32 OF 90
	<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. Gonzalez, Javier, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2020 Transaction ID : SA11AI-2147483602
Mailing Address 4527 Scarlet Loop		Amount of Each Receipt this Period 450.00
City Wesley Chapel	State FL	Zip Code 33544
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: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 1350.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Groomes, Roderick, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2020 Transaction ID : SA11AI-2147483465
Mailing Address 417 Edgewood Drive		Amount of Each Receipt this Period 150.00
City Sarver	State PA	Zip Code 16055-9266
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: 2020 <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. Guyton, Steven, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2020 Transaction ID : SA11AI-2147483464
Mailing Address 111 Stillwater Lane		Amount of Each Receipt this Period 450.00
City Pittsburgh	State PA	Zip Code 15143-8899
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$150.00/Monthly
Name of Employer (for Individual) AHN Medical Group, LLC	Occupation (for Individual) Medical Director	
Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 1350.00	

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 33 OF 90
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Hall, Timothy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1380 Woodhurst Drive
 City Rock Hill State SC Zip Code 29732-2082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Emergency Physician
 Receipt For: 2020
 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 / 2020
Transaction ID : SA11AI-2147483446
 Amount of Each Receipt this Period
 450.00
 Memo Item
 \$150.00/Monthly

B. Hall, Wyatt, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2310B Old Trail Rd.
 City Avon State CO Zip Code 81620
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Colorado Emergency Service Physicians, Occupation (for Individual) Medical Director
 Receipt For: 2020
 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 / 2020
Transaction ID : SA11AI-2147483632
 Amount of Each Receipt this Period
 150.00
 Memo Item
 \$50.00/Monthly

C. Hanlon, Dennis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 Windermere Ct.
 City McMurray State PA Zip Code 15317
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Medical Director
 Receipt For: 2020
 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 / 2020
Transaction ID : SA11AI-2147483463
 Amount of Each Receipt this Period
 300.00
 Memo Item
 \$100.00/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 34 OF 90
	<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. 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: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 30 / 2020
Transaction ID : SA11AI-2147483423
 Amount of Each Receipt this Period 150.00
 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: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 30 / 2020
Transaction ID : SA11AI-2147483422
 Amount of Each Receipt this Period 75.00
 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: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt 09 / 30 / 2020
Transaction ID : SA11AI-2147483421
 Amount of Each Receipt this Period 450.00
 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:	PAGE 35 OF 90
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

A. 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: 2020
 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		2020

Transaction ID : SA11AI-2147483420

Amount of Each Receipt this Period
150.00

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: 2020
 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		2020

Transaction ID : SA11AI-2147483462

Amount of Each Receipt this Period
450.00

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: 2020
 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		2020

Transaction ID : SA11AI-2147483517

Amount of Each Receipt this Period
150.00

Memo Item
\$50.00/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 36 OF 90
<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. 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: 2020
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **900.00**

Date of Receipt **09 / 30 / 2020**
Transaction ID : SA11AI-2147483631
 Amount of Each Receipt this Period **300.00**
 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
 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: 2020
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **225.00**

Date of Receipt **09 / 30 / 2020**
Transaction ID : SA11AI-2147483566
 Amount of Each Receipt this Period **75.00**
 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: 2020
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **1350.00**

Date of Receipt **09 / 30 / 2020**
Transaction ID : SA11AI-2147483419
 Amount of Each Receipt this Period **450.00**
 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 37 OF 90
	<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. Holt, Douglas, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2020 Transaction ID : SA11AI-2147483516
Mailing Address 207 Cabbage Inlet Lane		Amount of Each Receipt this Period 300.00
City Wilmington	State NC	Zip Code 28409-3004
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) Firefighter	
Receipt For: 2020 <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. Hummel, Laura, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2020 Transaction ID : SA11AI-2147483601
Mailing Address 807 S. Roxmere Road		Amount of Each Receipt this Period 300.00
City Tampa	State FL	Zip Code 33609-4235
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$100.00/Monthly
Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC	Occupation (for Individual) Regional Education Director	
Receipt For: 2020 <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. Hydari, Irfan, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2020 Transaction ID : SA11AI-2147483418
Mailing Address 3203 Walnut Ave		Amount of Each Receipt this Period 450.00
City Austin	State TX	Zip Code 78722-1635
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: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 1350.00	

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 38 OF 90
	(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. Iyer, Sujit, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1204 Kinney Avenue
 City Austin State TX Zip Code 78704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) Emergency Physician
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 09 / 30 / 2020
Transaction ID : SA11AI-2147483417
 Amount of Each Receipt this Period
 300.00
 Memo Item
 \$100.00/Monthly

B. Janikas, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 748 Carlton Road
 City Clifton Park State NY Zip Code 12065-1023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 749.97

Date of Receipt
 09 / 30 / 2020
Transaction ID : SA11AI-2147483532
 Amount of Each Receipt this Period
 249.99
 Memo Item
 \$83.33/Monthly

C. 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: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 1350.00

Date of Receipt
 09 / 30 / 2020
Transaction ID : SA11AI-2147483416
 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:	PAGE 39 OF 90
	(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. 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: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **1350.00**

Date of Receipt
 09 / 30 / 2020
Transaction ID : SA11AI-2147483531
 Amount of Each Receipt this Period
 450.00
 Memo Item
 \$150.00/Monthly

B. 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: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **450.00**

Date of Receipt
 09 / 30 / 2020
Transaction ID : SA11AI-2147483630
 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: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **1350.00**

Date of Receipt
 09 / 30 / 2020
Transaction ID : SA11AI-2147483493
 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 40 OF 90
	<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. 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: 2020
 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 / 2020
Transaction ID : SA11AI-2147483461
 Amount of Each Receipt this Period
 150.00
 Memo Item
 \$50.00/Monthly

B. 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: 2020
 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 / 2020
Transaction ID : SA11AI-2147483492
 Amount of Each Receipt this Period
 150.00
 Memo Item
 \$50.00/Monthly

C. 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) Virtual Locations Occupation (for Individual) Regional Vice President
 Receipt For: 2020
 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 / 2020
Transaction ID : SA11AI-2147483629
 Amount of Each Receipt this Period
 450.00
 Memo Item
 \$150.00/Monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 90
	<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. Keller, Noah, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10119 Easterday Court
 City Hagerstown State MD Zip Code 21742
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Regional Vice President
 Receipt For: 2020
 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 / 2020
Transaction ID : SA11AI-2147483564
 Amount of Each Receipt this Period
 450.00
 Memo Item
 \$150.00/Monthly

B. Kendall, Jayne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21710 Parsons Green Row
 City Cornelius State NC Zip Code 28031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Regional Vice President
 Receipt For: 2020
 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 / 2020
Transaction ID : SA11AI-2147483515
 Amount of Each Receipt this Period
 300.00
 Memo Item
 \$100.00/Monthly

C. Kirtz, Jeremy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 906 S Fremont Ave
 City Tampa State FL Zip Code 33606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC Occupation (for Individual) Medical Director
 Receipt For: 2020
 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 / 2020
Transaction ID : SA11AI-2147483600
 Amount of Each Receipt this Period
 150.00
 Memo Item
 \$50.00/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 42 OF 90
	<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. 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: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 30 / 2020
Transaction ID : SA11AI-2147483562
 Amount of Each Receipt this Period 300.00
 Memo Item
 \$100.00/Monthly

B. Kleinman, Jacob, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 Marvelwood Place
 City Pittsburgh State PA Zip Code 15215-1569
 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: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 30 / 2020
Transaction ID : SA11AI-2147483460
 Amount of Each Receipt this Period 150.00
 Memo Item
 \$50.00/Monthly

C. Kolodzik, Joan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1108 Paxon Court
 City Bellbrook State OH Zip Code 45305-8959
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) National Director of Continuing Medica
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt 09 / 30 / 2020
Transaction ID : SA11AI-2147483491
 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: (check only one)	PAGE 43 OF 90
	<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. 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: 2020
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **400.00**

Date of Receipt
 09 / 30 / 2020
Transaction ID : SA11AI-2147483627
 Amount of Each Receipt this Period
 100.00
 Memo Item
 \$50.00/Monthly

B. 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: 2020
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **225.00**

Date of Receipt
 09 / 30 / 2020
Transaction ID : SA11AI-2147483394
 Amount of Each Receipt this Period
 75.00
 Memo Item
 \$25.00/Monthly

C. Kramer, Olga, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5836 Kinglet Lane
 City Charlotte State NC Zip Code 28269-7115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) APP Lead
 Receipt For: 2020
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **450.00**

Date of Receipt
 09 / 30 / 2020
Transaction ID : SA11AI-2147483514
 Amount of Each Receipt this Period
 150.00
 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 44 OF 90
	<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. 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: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **1750.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2020
Transaction ID : SA11AI-2147483545
 Amount of Each Receipt this Period
450.00
 Memo Item
 \$150.00/Monthly

B. Laberge, Anne-Marie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 114 Nazarene Ct
 City Fombell State PA Zip Code 16123-2420
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AHN Medical Group, LLC Occupation (for Individual) Quality Director
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2020
Transaction ID : SA11AI-2147483549
 Amount of Each Receipt this Period
100.00
 Memo Item
 \$50.00/Monthly

C. Land, Larry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10014 Hazelnut Court
 City Tampa State FL Zip Code 33647
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC Occupation (for Individual) Medical Director
 Receipt For: 2020
 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 / 2020
Transaction ID : SA11AI-2147483599
 Amount of Each Receipt this Period
450.00
 Memo Item
 \$150.00/Monthly

SUBTOTAL of Receipts This Page (optional).....	1000.00
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 90
	<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. Lavina, Jay, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2020 Transaction ID : SA11AI-2147483598
Mailing Address 11651 Renaissance View Ct.		Amount of Each Receipt this Period 75.00
City Tampa	State FL	Zip Code 33626
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: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 225.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. LeBlanc, Louis, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2020 Transaction ID : SA11AI-2147483445
Mailing Address 1428 Lacy Lane		Amount of Each Receipt this Period 150.00
City Rock Hill	State SC	Zip Code 29732-7723
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$50.00/Monthly
Name of Employer (for Individual) Virtual Locations	Occupation (for Individual) Firefighter	
Receipt For: 2020 <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. Lee, Sidney, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2020 Transaction ID : SA11AI-2147483583
Mailing Address 1200 Queen Emma Street Apt 2001		Amount of Each Receipt this Period 150.00
City Honolulu	State HI	Zip Code 96813-6311
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: 2020 <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).....	375.00
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 90
	<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. 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: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 30 / 2020
Transaction ID : SA11AI-2147483561
 Amount of Each Receipt this Period 75.00
 Memo Item
 \$25.00/Monthly

B. 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: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt 09 / 30 / 2020
Transaction ID : SA11AI-2147483414
 Amount of Each Receipt this Period 450.00
 Memo Item
 \$150.00/Monthly

C. 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) Travis County Emergency Physicians, PA Occupation (for Individual) Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 30 / 2020
Transaction ID : SA11AI-2147483413
 Amount of Each Receipt this Period 150.00
 Memo Item
 \$50.00/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 47 OF 90
<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. Little, Andrew, , ,			Date of Receipt MM / DD / YYYY 09 / 30 / 2020 Transaction ID : SA11AI-2147483490
Mailing Address 5514 Ayrshire Dr			Amount of Each Receipt this Period 300.00
City Dublin	State OH	Zip Code 43017-9428	<input type="checkbox"/> Memo Item \$100.00/Monthly
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 900.00	
Name of Employer (for Individual) USACS Medical Group, LTD		Occupation (for Individual) Emergency Physician	
Receipt For: 2020 <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. Loar, Jesse, , ,			Date of Receipt MM / DD / YYYY 09 / 30 / 2020 Transaction ID : SA11AI-2147483626
Mailing Address 2554 E. Maplewood Ave.			Amount of Each Receipt this Period 450.00
City Centennial	State CO	Zip Code 80121	<input type="checkbox"/> Memo Item \$150.00/Monthly
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 1350.00	
Name of Employer (for Individual) Colorado Emergency Service Physicians,		Occupation (for Individual) Co-Medical Director	
Receipt For: 2020 <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. MacLean, Craig, , ,			Date of Receipt MM / DD / YYYY 09 / 30 / 2020 Transaction ID : SA11AI-2147483536
Mailing Address 64 Newfields Road			Amount of Each Receipt this Period 450.00
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		Aggregate Year-to-Date 1350.00	
Name of Employer (for Individual) USACS Medical Group, LTD		Occupation (for Individual) Director of Quality	
Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other			

SUBTOTAL of Receipts This Page (optional).....	1200.00
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 48 OF 90
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

A. MacLeod, Bruce, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1515 Mohican Dr
 City Pittsburgh State PA Zip Code 15228-1615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Regional Vice President
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 1350.00

Date of Receipt
 09 / 30 / 2020
Transaction ID : SA11AI-2147483457
 Amount of Each Receipt this Period
 450.00
 Memo Item
 \$150.00/Monthly

B. Mann, Rubeal, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10122 Concord Road
 City Dublin State OH Zip Code 43017-9434
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 09 / 30 / 2020
Transaction ID : SA11AI-2147483487
 Amount of Each Receipt this Period
 300.00
 Memo Item
 \$100.00/Monthly

C. Martinez, Anthony, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7897 Broadway St. Unit 1001
 City San Antonio State TX Zip Code 78209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) System Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 1350.00

Date of Receipt
 09 / 30 / 2020
Transaction ID : SA11AI-2147483412
 Amount of Each Receipt this Period
 450.00
 Memo Item
 \$150.00/Monthly

SUBTOTAL of Receipts This Page (optional).....	1200.00
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 90
	<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. Mattke, Angela, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1080 Pebblebrook Rd. SE
 City Mableton State GA Zip Code 30126-5612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Firefighter
 Receipt For: 2020
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **1050.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2020
Transaction ID : SA11AI-2147483587
 Amount of Each Receipt this Period
 150.00
 Memo Item
 \$0/Monthly

B. Mayz, Kurtis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 E Main St Ste 404
 City Champaign State IL Zip Code 61820-1313
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Firefighter
 Receipt For: 2020
 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 / 2020
Transaction ID : SA11AI-2147483579
 Amount of Each Receipt this Period
 450.00
 Memo Item
 \$150.00/Monthly

C. McAtee, Jill, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8112 Sweet Dreams Court
 City Las Vegas State NV Zip Code 89131-1537
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Advanced Practice Provider
 Receipt For: 2020
 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 / 2020
Transaction ID : SA11AI-2147483544
 Amount of Each Receipt this Period
 0.00
 Memo Item
 \$0/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 50 OF 90
	<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. McManus, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 3484
 City Durango State CO Zip Code 81302-3484
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Colorado Emergency Service Physicians, Occupation (for Individual) Medical Director
 Receipt For: 2020
 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 / 2020
Transaction ID : SA11AI-2147483625
 Amount of Each Receipt this Period 200.00
 Memo Item
 \$100.00/Monthly

B. Meers, Holley, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24 Quincy Street
 City Chevy Chase State MD Zip Code 20815-4227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) Medical Director
 Receipt For: 2020
 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 / 2020
Transaction ID : SA11AI-2147483560
 Amount of Each Receipt this Period 300.00
 Memo Item
 \$100.00/Monthly

C. Meyer, Kendra, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 85 Beatty Lane
 City Scenery Hill State PA Zip Code 15360-1537
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AHN Medical Group, LLC Occupation (for Individual) Director of APPs
 Receipt For: 2020
 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 / 2020
Transaction ID : SA11AI-2147483456
 Amount of Each Receipt this Period 150.00
 Memo Item
 \$50.00/Monthly

SUBTOTAL of Receipts This Page (optional).....	650.00
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 90
	<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. Miner, D., , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2020 Transaction ID : SA11AI-2147483623
Mailing Address 2398 S. Garfield St.		Amount of Each Receipt this Period 150.00
City Denver	State CO	Zip Code 80210
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$50.00/Monthly
Name of Employer (for Individual) Colorado Emergency Service Physicians,	Occupation (for Individual) Medical Director	
Receipt For: 2020 <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. Mirhadi, Michael, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2020 Transaction ID : SA11AI-2147483646
Mailing Address 1984 Caversham Way		Amount of Each Receipt this Period 150.00
City Folsom	State CA	Zip Code 95630
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: 2020 <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. Misra, Swarup, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2020 Transaction ID : SA11AI-2147483512
Mailing Address 9667 Ashley Green Ct NW		Amount of Each Receipt this Period 450.00
City Concord	State NC	Zip Code 28027
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) Quality Director	
Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 1350.00	

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: (check only one)	PAGE 52 OF 90
	<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. 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: 2020
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date ▼
1350.00

Date of Receipt
09 / 30 / 2020
Transaction ID : SA11AI-2147483455

Amount of Each Receipt this Period
450.00

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: 2020
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date ▼
225.00

Date of Receipt
09 / 30 / 2020
Transaction ID : SA11AI-2147483411

Amount of Each Receipt this Period
75.00

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: 2020
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date ▼
450.00

Date of Receipt
09 / 30 / 2020
Transaction ID : SA11AI-2147483622

Amount of Each Receipt this Period
150.00

Memo Item
\$50.00/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 53 OF 90
	<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. Osmundson, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 62 East Dr.
 City Hartville State OH Zip Code 44632-8890
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Management Group Occupation (for Individual) President
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt 09 / 30 / 2020
Transaction ID : SA11AI-2147483484
 Amount of Each Receipt this Period 450.00
 Memo Item
 \$150.00/Monthly

B. Otwell, Justin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1736 Oakview Rd
 City Decatur State GA Zip Code 30030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Management Group Occupation (for Individual) Vice President of Claims and Risk Man
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 30 / 2020
Transaction ID : SA11AI-2147483586
 Amount of Each Receipt this Period 150.00
 Memo Item
 \$50.00/Monthly

C. Panitch, Orlee, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11753 Gainsborough Road
 City Potomac State MD Zip Code 20854
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Management Group Occupation (for Individual) Regional Chief Administrative Officer
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt 09 / 30 / 2020
Transaction ID : SA11AI-2147483558
 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 54 OF 90
	<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. Parks, Thomas, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2020 Transaction ID : SA11AI-2147483596
Mailing Address 11533 Sand Stone Rock Dr		Amount of Each Receipt this Period 225.00
City Riverview	State FL	Zip Code 33569-8709
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: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 675.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Patlovany, Matthew, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2020 Transaction ID : SA11AI-2147483410
Mailing Address 19938 Terra Canyon		Amount of Each Receipt this Period 450.00
City San Antonio	State TX	Zip Code 78255-2344
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: 2020 <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. Percy, Carmella, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2020 Transaction ID : SA11AI-2147483444
Mailing Address 6875 Stonebridge Lane		Amount of Each Receipt this Period 150.00
City Clover	State SC	Zip Code 29710-9372
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: 2020 <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).....	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 55 OF 90
<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. 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
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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: 2020
 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		2020

Transaction ID : SA11AI-2147483595

Amount of Each Receipt this Period
300.00

Memo Item
\$100.00/Monthly

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

Mailing Address 1315 Woodglen Ct

City Aledo	State TX	Zip Code 76008
---------------	-------------	-------------------

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

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

Receipt For: 2020
 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		2020

Transaction ID : SA11AI-2147483409

Amount of Each Receipt this Period
450.00

Memo Item
\$150.00/Monthly

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

Mailing Address 2407 Motif Ct

City Henderson	State NV	Zip Code 89052-5531
-------------------	-------------	------------------------

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

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

Receipt For: 2020
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2020

Transaction ID : SA11AI-2147483542

Amount of Each Receipt this Period
0.00

Memo Item
\$0/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 56 OF 90
	<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. Pines, Jesse, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2424 N Potomac St
 City Arlington State VA Zip Code 22207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) National Director of Clinical Innovati
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **900.00**

Date of Receipt
 09 / 30 / 2020
Transaction ID : SA11AI-2147483393
 Amount of Each Receipt this Period
 300.00
 Memo Item
 \$100.00/Monthly

B. Posin, Shawn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 229 Washington Ave.
 City Wheeling State WV Zip Code 26003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Assistant Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **900.00**

Date of Receipt
 09 / 30 / 2020
Transaction ID : SA11AI-2147483391
 Amount of Each Receipt this Period
 300.00
 Memo Item
 \$100.00/Monthly

C. Pyle, Moira, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2220 Valley Oaks Cove
 City Leander State TX Zip Code 78641
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) Regional APP Lead
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **675.00**

Date of Receipt
 09 / 30 / 2020
Transaction ID : SA11AI-2147483408
 Amount of Each Receipt this Period
 225.00
 Memo Item
 \$75.00/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 57 OF 90
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Rader, Nancy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 107 Jeremy Drive
 City Kings Mountain State NC Zip Code 28086-9102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) APP Lead
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **225.00**

Date of Receipt
 09 / 30 / 2020
Transaction ID : SA11AI-2147483511
 Amount of Each Receipt this Period
 75.00
 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: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **2350.00**

Date of Receipt
 09 / 30 / 2020
Transaction ID : SA11AI-2147483578
 Amount of Each Receipt this Period
 450.00
 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: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **900.00**

Date of Receipt
 09 / 30 / 2020
Transaction ID : SA11AI-2147483407
 Amount of Each Receipt this Period
 300.00
 Memo Item
 \$100.00/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 58 OF 90
	<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. Repine, Kamie, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 456 Chapman Dam Road

City Clarendon	State PA	Zip Code 16313-3804
-------------------	-------------	------------------------

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

Name of Employer (for Individual) AHN Medical Group, LLC	Occupation (for Individual) APP Lead
---	---

Receipt For: 2020
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date ▼
225.00

Date of Receipt
09 / 30 / 2020
Transaction ID : SA11AI-2147483454

Amount of Each Receipt this Period
75.00

Memo Item
\$25.00/Monthly

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

Mailing Address 736 Cole Street

City Charlottesville	State VA	Zip Code 22901-3210
-------------------------	-------------	------------------------

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

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

Receipt For: 2020
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date ▼
450.00

Date of Receipt
09 / 30 / 2020
Transaction ID : SA11AI-2147483392

Amount of Each Receipt this Period
150.00

Memo Item
\$50.00/Monthly

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

Mailing Address 1000 South Clark St. Unit 1614

City Chicago	State IL	Zip Code 60605-2194
-----------------	-------------	------------------------

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

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

Receipt For: 2020
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date ▼
450.00

Date of Receipt
09 / 30 / 2020
Transaction ID : SA11AI-2147483577

Amount of Each Receipt this Period
150.00

Memo Item
\$50.00/Monthly

SUBTOTAL of Receipts This Page (optional).....	375.00
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 59 OF 90
	<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. Roberts, Sam, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3806 Bonnell Drive
 City Austin State TX Zip Code 78731
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Chief Medical Officer
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **1350.00**

Date of Receipt
 09 / 30 / 2020
Transaction ID : SA11AI-2147483406
 Amount of Each Receipt this Period
 450.00
 Memo Item
 \$150.00/Monthly

B. Rodriguez, Jennifer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 230 Skinner
 City Kyle State TX Zip Code 78640
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) APP Lead
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **225.00**

Date of Receipt
 09 / 30 / 2020
Transaction ID : SA11AI-2147483405
 Amount of Each Receipt this Period
 75.00
 Memo Item
 \$25.00/Monthly

C. 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: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **1350.00**

Date of Receipt
 09 / 30 / 2020
Transaction ID : SA11AI-2147483594
 Amount of Each Receipt this Period
 450.00
 Memo Item
 \$150.00/Monthly

SUBTOTAL of Receipts This Page (optional)..... **975.00**
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 60 OF 90
	<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. Rooks, James, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2020 Transaction ID : SA11AI-2147483620
Mailing Address 1663 Parkdale Circle S.		Amount of Each Receipt this Period 300.00
City Erie	State CO	Zip Code 80516
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$100.00/Monthly
Name of Employer (for Individual) Colorado Emergency Service Physicians,	Occupation (for Individual) Medical Director	
Receipt For: 2020 <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. Rosen, Nicholas, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2020 Transaction ID : SA11AI-2147483619
Mailing Address 1089 S. Williams St.		Amount of Each Receipt this Period 150.00
City Denver	State CO	Zip Code 80209
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$50.00/Monthly
Name of Employer (for Individual) Colorado Emergency Service Physicians,	Occupation (for Individual) Medical Director	
Receipt For: 2020 <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. Roy, Neil, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2020 Transaction ID : SA11AI-2147483557
Mailing Address 6700 Applewood Place		Amount of Each Receipt this Period 150.00
City Rockville	State MD	Zip Code 20855
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$50.00/Monthly
Name of Employer (for Individual) MEP Health, LLC	Occupation (for Individual) Medical Director	
Receipt For: 2020 <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 61 OF 90
	<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. 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: 2020
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **700.00**

Date of Receipt **09 / 30 / 2020**
Transaction ID : SA11AI-2147483482
 Amount of Each Receipt this Period **200.00**
 Memo Item
 \$100.00/Monthly

B. 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: 2020
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **900.00**

Date of Receipt **09 / 30 / 2020**
Transaction ID : SA11AI-2147483618
 Amount of Each Receipt this Period **300.00**
 Memo Item
 \$100.00/Monthly

C. Sampson, Arianna, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 605 Bee St
 City Placerville State CA Zip Code 95667-4308
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) APP Lead
 Receipt For: 2020
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **225.00**

Date of Receipt **09 / 30 / 2020**
Transaction ID : SA11AI-2147483643
 Amount of Each Receipt this Period **75.00**
 Memo Item
 \$25.00/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 62 OF 90
	<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. Scheer, Ronald, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2020 Transaction ID : SA11AI-2147483541
Mailing Address 285 Elder View Drive		Amount of Each Receipt this Period 0.00
City Las Vegas	State NV	Zip Code 89138
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$0/Monthly
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Emergency Physician	
Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 350.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Scherer, Nathan, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2020 Transaction ID : SA11AI-2147483616
Mailing Address 6286 E Long Circle N		Amount of Each Receipt this Period 300.00
City Centennial	State CO	Zip Code 80112
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$100.00/Monthly
Name of Employer (for Individual) Colorado Emergency Service Physicians,	Occupation (for Individual) Emergency Physician	
Receipt For: 2020 <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. Scott, David, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2020 Transaction ID : SA11AI-2147483480
Mailing Address 4733 North Ridge Drive		Amount of Each Receipt this Period 450.00
City Akron	State OH	Zip Code 44333
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) Chief Clinical Officer	
Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 750.00	

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: (check only one)	PAGE 63 OF 90
	<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. 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: 2020
 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 / 2020
Transaction ID : SA11AI-2147483593
 Amount of Each Receipt this Period
 450.00
 Memo Item
 \$150.00/Monthly

B. 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: 2020
 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 / 2020
Transaction ID : SA11AI-2147483556
 Amount of Each Receipt this Period
 450.00
 Memo Item
 \$150.00/Monthly

C. 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: 2020
 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 / 2020
Transaction ID : SA11AI-2147483453
 Amount of Each Receipt this Period
 450.00
 Memo Item
 \$150.00/Monthly

SUBTOTAL of Receipts This Page (optional).....	1350.00
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 90
	<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. 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: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **225.00**

Date of Receipt
 09 / 30 / 2020
Transaction ID : SA11AI-2147483510
 Amount of Each Receipt this Period
75.00
 Memo Item
 \$25.00/Monthly

B. 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: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **1350.00**

Date of Receipt
 09 / 30 / 2020
Transaction ID : SA11AI-2147483576
 Amount of Each Receipt this Period
450.00
 Memo Item
 \$150.00/Monthly

C. 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) USACS Management Group Occupation (for Individual) Regional Vice President
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **1350.00**

Date of Receipt
 09 / 30 / 2020
Transaction ID : SA11AI-2147483479
 Amount of Each Receipt this Period
450.00
 Memo Item
 \$150.00/Monthly

SUBTOTAL of Receipts This Page (optional).....	975.00
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 65 OF 90
	(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. Snyder, Aaron, , ,			Date of Receipt MM / DD / YYYY 09 / 30 / 2020 Transaction ID : SA11AI-2147483555
Mailing Address 9925 Silver Brook Drive			Amount of Each Receipt this Period 450.00
City Rockville	State MD	Zip Code 20850	<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: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other		Aggregate Year-to-Date 1350.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Snyder, Mary Jo, , ,			Date of Receipt MM / DD / YYYY 09 / 30 / 2020 Transaction ID : SA11AI-2147483591
Mailing Address 1800 Gulf Drive N Unit # 111			Amount of Each Receipt this Period 0.00
City Bradenton Beach	State FL	Zip Code 34217	<input type="checkbox"/> Memo Item \$0/Monthly
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Virtual Locations		Occupation (for Individual) President Echo Consulting Group	
Receipt For: 2020 <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. Somers, Michael, , ,			Date of Receipt MM / DD / YYYY 09 / 30 / 2020 Transaction ID : SA11AI-2147483508
Mailing Address 503 Neuse Harbour Blvd			Amount of Each Receipt this Period 450.00
City New Bern	State NC	Zip Code 28560-8958	<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: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other		Aggregate Year-to-Date 1200.00	

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 90
	<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. 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: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 09 / 30 / 2020
Transaction ID : SA11AI-2147483642
 Amount of Each Receipt this Period 75.00
 Memo Item
 \$25.00/Monthly

B. 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: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 09 / 30 / 2020
Transaction ID : SA11AI-2147483451
 Amount of Each Receipt this Period 300.00
 Memo Item
 \$100.00/Monthly

C. 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: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 09 / 30 / 2020
Transaction ID : SA11AI-2147483507
 Amount of Each Receipt this Period 300.00
 Memo Item
 \$100.00/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 67 OF 90
	<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. 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: 2020
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **1350.00**

Date of Receipt **09 / 30 / 2020**
Transaction ID : SA11AI-2147483590
 Amount of Each Receipt this Period **450.00**
 Memo Item
 \$150.00/Monthly

B. Townsend, Martha, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16220 W 84th Drive
 City Arvada State CO Zip Code 80007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Colorado Emergency Service Physicians, Occupation (for Individual) APP Lead
 Receipt For: 2020
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **450.00**

Date of Receipt **09 / 30 / 2020**
Transaction ID : SA11AI-2147483615
 Amount of Each Receipt this Period **150.00**
 Memo Item
 \$50.00/Monthly

C. 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: 2020
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **1350.00**

Date of Receipt **09 / 30 / 2020**
Transaction ID : SA11AI-2147483575
 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 68 OF 90
	<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)
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Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Tucker, Jeremy, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2020 Transaction ID : SA11AI-2147483554
Mailing Address 23959 Meredith Court		Amount of Each Receipt this Period 450.00
City Hollywood	State MD	Zip Code 20636
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) National Director of Patient Safety	
Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 1350.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Tucker, William, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2020 Transaction ID : SA11AI-2147483478
Mailing Address 136 Hickory Flats Dr		Amount of Each Receipt this Period 300.00
City Harrison	State OH	Zip Code 45030
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: 2020 <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. Tully, John, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2020 Transaction ID : SA11AI-2147483404
Mailing Address 8345 Rolling Acres Trail		Amount of Each Receipt this Period 300.00
City Fair Oaks Ranch	State TX	Zip Code 78015
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) Medical Director	
Receipt For: 2020 <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).....	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 69 OF 90
	<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. 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 Recruit
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt 09 / 30 / 2020
Transaction ID : SA11AI-2147483477
 Amount of Each Receipt this Period 450.00
 Memo Item
 \$150.00/Monthly

B. 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: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt 09 / 30 / 2020
Transaction ID : SA11AI-2147483450
 Amount of Each Receipt this Period 450.00
 Memo Item
 \$150.00/Monthly

C. 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 Hosp
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 30 / 2020
Transaction ID : SA11AI-2147483553
 Amount of Each Receipt this Period 150.00
 Memo Item
 \$50.00/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 70 OF 90
	<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. 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: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **900.00**

Date of Receipt **09 / 30 / 2020**
Transaction ID : SA11AI-2147483403
 Amount of Each Receipt this Period **300.00**
 Memo Item
 \$100.00/Monthly

B. 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: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **1350.00**

Date of Receipt **09 / 30 / 2020**
Transaction ID : SA11AI-2147483552
 Amount of Each Receipt this Period **450.00**
 Memo Item
 \$150.00/Monthly

C. 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: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **1350.00**

Date of Receipt **09 / 30 / 2020**
Transaction ID : SA11AI-2147483506
 Amount of Each Receipt this Period **450.00**
 Memo Item
 \$150.00/Monthly

SUBTOTAL of Receipts This Page (optional).....	1200.00
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 71 OF 90
	(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. Watson, James, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2020 Transaction ID : SA11AI-2147483476
Mailing Address 2158 W 5th Street Up Unit		Amount of Each Receipt this Period 450.00
City Cleveland	State OH	Zip Code 44113
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) Chief Development Officer	
Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 1350.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Watt, Christopher, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2020 Transaction ID : SA11AI-2147483402
Mailing Address 3909 Fox Glen Drive		Amount of Each Receipt this Period 300.00
City Irving	State TX	Zip Code 75062
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) Chief Accounting Officer	
Receipt For: 2020 <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. Wellock, Austin, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2020 Transaction ID : SA11AI-2147483475
Mailing Address 2439 Clydesdale St NW		Amount of Each Receipt this Period 150.00
City North Canton	State OH	Zip Code 44720-9818
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: 2020 <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).....	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 72 OF 90
	<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. Wellock, Kathleen, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2020 Transaction ID : SA11AI-2147483474
Mailing Address 3430 Ashton Drive		Amount of Each Receipt this Period 150.00
City Uniontown	State OH	Zip Code 44685
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$50.00/Monthly
Name of Employer (for Individual) USACS Management Group	Occupation (for Individual) Vice President, Account Management	
Receipt For: 2020 <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. Welsh, Ian, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2020 Transaction ID : SA11AI-2147483443
Mailing Address 1027 Gardenia Street		Amount of Each Receipt this Period 450.00
City Fort Mill	State SC	Zip Code 29708
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) Assistant Medical Director of Firefigh	
Receipt For: 2020 <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. West, Brian, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2020 Transaction ID : SA11AI-2147483548
Mailing Address 441 Carnoustie		Amount of Each Receipt this Period 150.00
City Highland	State MI	Zip Code 48357-4754
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: 2020 <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).....	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 73 OF 90
	<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. Willis, Audriana, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2020 Transaction ID : SA11AI-2147483504
Mailing Address 405 Hardy Rd		Amount of Each Receipt this Period 75.00
City Newport	State NC	Zip Code 28570-8401
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$25.00/Monthly
Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) APP Lead	
Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 225.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Wirtz, David, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2020 Transaction ID : SA11AI-2147483530
Mailing Address 1 Highgate NE		Amount of Each Receipt this Period 450.00
City Ithaca	State NY	Zip Code 14850
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: 2020 <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. Wisniewski, Michael, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2020 Transaction ID : SA11AI-2147483614
Mailing Address 2813 Elmira St.		Amount of Each Receipt this Period 300.00
City Denver	State CO	Zip Code 80238
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$100.00/Monthly
Name of Employer (for Individual) Colorado Emergency Service Physicians,	Occupation (for Individual) Emergency Physician	
Receipt For: 2020 <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 74 OF 90
	<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. Wyatt, Cheryl, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 48252 Leachburg Road
 City Lexington Park State MD Zip Code 20653
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) Director of APPs
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 09 / 30 / 2020
Transaction ID : SA11AI-2147483551
 Amount of Each Receipt this Period 150.00
 Memo Item
 \$50.00/Monthly

B. 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: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 09 / 30 / 2020
Transaction ID : SA11AI-2147483401
 Amount of Each Receipt this Period 300.00
 Memo Item
 \$100.00/Monthly

C. 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: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 09 / 30 / 2020
Transaction ID : SA11AI-2147483400
 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 75 OF 90
<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Zimmerman, Michael, , ,

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: 2020
 Primary General
 Other (specify) Other

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		30		2020

Transaction ID : SA11AI-2147483399

Amount of Each Receipt this Period
300.00

Memo Item
\$100.00/Monthly

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	60034.98

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
USACS PAC

A. BUCSHON FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 250

City NEWBURGH State IN Zip Code 47629

Purpose of Disbursement Category/Type

Candidate Name
BUCSHON, LARRY D., , ,

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

State: IN District: 08

Date of Disbursement: 07 / 23 / 2020

FEC Identification Number: **C00468256**
Transaction ID : **SB23.12250**
Amount of Each Disbursement this Period: 2500.00

Memo Item

B. COLLINS FOR SENATOR

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 1096

City BANGOR State ME Zip Code 04402

Purpose of Disbursement Category/Type

Candidate Name
COLLINS, SUSAN M., , ,

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

State: ME District: 00

Date of Disbursement: 09 / 24 / 2020

FEC Identification Number: **C00314575**
Transaction ID : **SB23.12263**
Amount of Each Disbursement this Period: 5000.00

Memo Item

C. DR. CAMERON WEBB FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 679

City CHARLOTTESVILLE State VA Zip Code 22902

Purpose of Disbursement Category/Type

Candidate Name
WEBB, BRYANT CAMERON, , ,

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

State: VA District: 05

Date of Disbursement: 07 / 23 / 2020

FEC Identification Number: **C00714964**
Transaction ID : **SB23.12256**
Amount of Each Disbursement this Period: 2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 10000.00

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. FRIENDS OF RAJA FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 681202

City: **SCHAUMBURG** State: **IL** Zip Code: **60168**

Purpose of Disbursement

Candidate Name
KRISHNAMOORTHY, S. RAJA, , ,

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

State: **IL** District: **08**

Date of Disbursement

/ /

FEC Identification Number

C

Transaction ID : SB23.12252

Amount of Each Disbursement this Period

Memo Item

B. FRIENDS TO ELECT DR. GREG MURPHY TO CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 1131

City: **GREENVILLE** State: **NC** Zip Code: **27835**

Purpose of Disbursement

Candidate Name
MURPHY, GREG, , ,

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

State: **NC** District: **09**

Date of Disbursement

/ /

FEC Identification Number

C

Transaction ID : SB23.12259

Amount of Each Disbursement this Period

Memo Item

C. HIRAL FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 43256

City: **PHOENIX** State: **AZ** Zip Code: **85080**

Purpose of Disbursement

Candidate Name
Tipirneni, Hiral, , ,

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

State: **AZ** District:

Date of Disbursement

/ /

FEC Identification Number

C

Transaction ID : SB23.12253

Amount of Each Disbursement this Period

Memo Item

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

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

Full Name (Last, First, Middle Initial) A. HIRAL FOR CONGRESS		Date of Disbursement MM / DD / YYYY 09 / 10 / 2020
Mailing Address P.O. BOX 43256		FEC Identification Number C 00649897 Transaction ID : SB23.12260 Amount of Each Disbursement this Period 2000.00
City PHOENIX	State AZ	Zip Code 85080
Purpose of Disbursement		Category/Type
Candidate Name Tipirneni, Hiral, , ,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: AZ	District:	

Full Name (Last, First, Middle Initial) B. KANSANS FOR MARSHALL		Date of Disbursement MM / DD / YYYY 07 / 23 / 2020
Mailing Address PO BOX 1588		FEC Identification Number C 00576173 Transaction ID : SB23.12254 Amount of Each Disbursement this Period 2500.00
City GREAT BEND	State KS	Zip Code 67530
Purpose of Disbursement		Category/Type
Candidate Name MARSHALL, ROGER W, , ,		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Memo Item
State: KS	District: 00	

Full Name (Last, First, Middle Initial) C. MARK GREEN FOR CONGRESS		Date of Disbursement MM / DD / YYYY 07 / 23 / 2020
Mailing Address PO BOX 2706		FEC Identification Number C 00658385 Transaction ID : SB23.12255 Amount of Each Disbursement this Period 2000.00
City BRENTWOOD	State TN	Zip Code 37024
Purpose of Disbursement		Category/Type
Candidate Name Green, Mark, , ,		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State:	District:	

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

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

6500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
USACS PAC

A. MICHAEL BURGESS FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 15239

M M M	/	D D D	/	Y Y Y Y Y
08		20		2020

City Washington State DC Zip Code 20003

FEC Identification Number

Purpose of Disbursement

C C00372532

Candidate Name

Burgess, Michael, , ,

Category/Type

Transaction ID : SB23.12258

Amount of Each Disbursement this Period

Office Sought: House Senate President

Disbursement For: 2020 Primary General Other (specify) ▼

2500.00

State: TX District: 26

Memo Item

B. NEVADANS FOR STEVEN HORSFORD

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 336664

M M M	/	D D D	/	Y Y Y Y Y
09		24		2020

City NORTH LAS VEGAS State NV Zip Code 89033

FEC Identification Number

Purpose of Disbursement Void Check1215

C C00668228

Candidate Name

HORSFORD, STEVEN ALEXZANDER, , ,

Category/Type

Transaction ID : SB23.-214748

Amount of Each Disbursement this Period

Office Sought: House Senate President

Disbursement For: 2020 Primary General Other (specify) ▼

- 3500.00

State: NV District: 04

Memo Item

C. NEVADANS FOR STEVEN HORSFORD

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 336664

M M M	/	D D D	/	Y Y Y Y Y
09		24		2020

City NORTH LAS VEGAS State NV Zip Code 89033

FEC Identification Number

Purpose of Disbursement

C C00668228

Candidate Name

HORSFORD, STEVEN ALEXZANDER, , ,

Category/Type

Transaction ID : SB23.-21474i

Amount of Each Disbursement this Period

Office Sought: House Senate President

Disbursement For: 2020 Primary General Other (specify) ▼

3500.00

State: NV District: 04

Memo Item

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

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

2500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
USACS PAC

A. RICHARD E NEAL FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 415 New Jersey Ave SE
#1

M M M	/	D D D	/	Y Y Y Y Y
08		06		2020

City Washington State DC Zip Code 20003

FEC Identification Number

Purpose of Disbursement

C	C00226522
---	-----------

Candidate Name

Neal, Richard, , ,

Category/
Type

Transaction ID : SB23.12257

Amount of Each Disbursement this Period

Office Sought: House Senate President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

5000.00

State: District:

Memo Item

B. Sunshine Organization for Tremendous Opportunities (SOTO) PAC

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 420239

M M M	/	D D D	/	Y Y Y Y Y
09		10		2020

City Kissimmee State FL Zip Code 34742

FEC Identification Number

Purpose of Disbursement

C	
---	--

Candidate Name

Category/
Type

Transaction ID : SB23.12261

Amount of Each Disbursement this Period

Office Sought: House Senate President

Disbursement For:
 Primary General
 Other (specify)

2000.00

State: District:

Memo Item

C. TEXANS FOR SENATOR JOHN CORNYN INC.

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 13026

M M M	/	D D D	/	Y Y Y Y Y
09		10		2020

City AUSTIN State TX Zip Code 78711

FEC Identification Number

Purpose of Disbursement

C	C00369033
---	-----------

Candidate Name

Cornyn, John, , ,

Category/
Type

Transaction ID : SB23.12262

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).....▶

12000.00

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. TINA SMITH FOR MINNESOTA		Date of Disbursement MM / DD / YYYY 09 / 24 / 2020
Mailing Address P.O. BOX 14362		FEC Identification Number C C00663781 Transaction ID : SB23.12264
City SAINT PAUL	State MN	Zip Code 55114
Purpose of Disbursement		Amount of Each Disbursement this Period 5000.00
Candidate Name SMITH, TINA, , ,		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) ▼	<input type="checkbox"/> Memo Item
State: MN	District: 00	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Memo Item
State:	District:	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	43500.00

**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. Ana Maria Rodriguez Campaign

Full Name (Last, First, Middle Initial)
Date of Disbursement: 08 / 20 / 2020

Mailing Address 11645 NW 78th Lane

City Doral State FL Zip Code 33718

Purpose of Disbursement

Candidate Name **Rodriguez, Ana, Maria, ,** Category/Type

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

State: District:

FEC Identification Number **C**
Transaction ID : **SB29.12274**
Amount of Each Disbursement this Period: 1000.00

Memo Item

B. Building the Bay PAC

Full Name (Last, First, Middle Initial)
Date of Disbursement: 09 / 10 / 2020

Mailing Address 1106 North Franklin Street

City Tampa State FL Zip Code 33602

Purpose of Disbursement

Candidate Name Category/Type

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

State: District:

FEC Identification Number **C**
Transaction ID : **SB29.12279**
Amount of Each Disbursement this Period: 2000.00

Memo Item

C. Citizens for Jason Ortitay

Full Name (Last, First, Middle Initial)
Date of Disbursement: 09 / 10 / 2020

Mailing Address 225 State St 2nd Floor

City Harrisburgh State PA Zip Code 17101

Purpose of Disbursement

Candidate Name **Ortitay, Jason, , ,** Category/Type

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

State: District:

FEC Identification Number **C**
Transaction ID : **SB29.12281**
Amount of Each Disbursement this Period: 500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 3500.00

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. Citizens for Ryan Mackenzie		Date of Disbursement MM / DD / YYYY 09 / 10 / 2020
Mailing Address 3620 Lincoln Ave		FEC Identification Number C [] Transaction ID : SB29.12280 Amount of Each Disbursement this Period [] 500.00
City Allentown	State PA	Zip Code 18103
Purpose of Disbursement		Category/Type []
Candidate Name Mackenzie, Ryan, , ,		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Committee to Elect Kristin Baker		Date of Disbursement MM / DD / YYYY 09 / 24 / 2020
Mailing Address 6012 Bayfield Pkwy #178		FEC Identification Number C [] Transaction ID : SB29.12294 Amount of Each Disbursement this Period [] 500.00
City Concorn	State NC	Zip Code 28207
Purpose of Disbursement		Category/Type []
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Conor Lamb for Congress		Date of Disbursement MM / DD / YYYY 09 / 24 / 2020
Mailing Address PO Box 10381		FEC Identification Number C [] Transaction ID : SB29.12296 Amount of Each Disbursement this Period [] 1000.00
City Pittsburgh	State PA	Zip Code 15234
Purpose of Disbursement		Category/Type []
Candidate Name Lamb, Conor, , ,		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Conservatives for Good Government

Full Name (Last, First, Middle Initial)

Mailing Address 1103 Hays Street

City Tallahassee State FL Zip Code 32301

Purpose of Disbursement

Candidate Name

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

State: District:

Date of Disbursement: 08 / 20 / 2020

FEC Identification Number: C

Transaction ID : SB29.12265

Amount of Each Disbursement this Period: 5000.00

Memo Item

B. Conservatives for Principled Leadership

Full Name (Last, First, Middle Initial)

Mailing Address 1103 Hays Street

City Tallahassee State FL Zip Code 32301

Purpose of Disbursement

Candidate Name

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

State: District:

Date of Disbursement: 08 / 20 / 2020

FEC Identification Number: C

Transaction ID : SB29.12268

Amount of Each Disbursement this Period: 5000.00

Memo Item

C. Darryl Rouson Campaign

Full Name (Last, First, Middle Initial)

Mailing Address 535 Central Ave Suite 406

City St Petersburg State FL Zip Code 33701

Purpose of Disbursement

Candidate Name Rouson, Darryl, , ,

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

State: District:

Date of Disbursement: 08 / 20 / 2020

FEC Identification Number: C

Transaction ID : SB29.12275

Amount of Each Disbursement this Period: 1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 11000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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. David Smith Campaign

Full Name (Last, First, Middle Initial)
Mailing Address 708 Glen Eagle Dr

City Winter Springs State FL Zip Code 32708

Purpose of Disbursement Category/Type

Candidate Name **Smith, David, , ,**

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

State: District:

Date of Disbursement: 08 / 20 / 2020

FEC Identification Number: C
Transaction ID : **SB29.12276**
Amount of Each Disbursement this Period: 1000.00

Memo Item

B. Defending Conservatism and Democracy

Full Name (Last, First, Middle Initial)
Mailing Address 2055 NW Diamond Creek Way

City Jensen Beach State FL Zip Code 34957

Purpose of Disbursement Category/Type

Candidate Name

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

State: District:

Date of Disbursement: 09 / 10 / 2020

FEC Identification Number: C
Transaction ID : **SB29.12282**
Amount of Each Disbursement this Period: 2000.00

Memo Item

C. Florida Republican Senatorial Campaign Committee

Full Name (Last, First, Middle Initial)
Mailing Address 2640 -A Mitcham Drive

City Tallahassee State FL Zip Code 32308

Purpose of Disbursement Category/Type

Candidate Name

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

State: District:

Date of Disbursement: 08 / 20 / 2020

FEC Identification Number: C
Transaction ID : **SB29.12270**
Amount of Each Disbursement this Period: 10000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 13000.00

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)						PAGE 86 OF 90
	<input type="checkbox"/> 21b <input type="checkbox"/> 28a	<input type="checkbox"/> 22 <input type="checkbox"/> 28b	<input type="checkbox"/> 23 <input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 26 <input checked="" type="checkbox"/> 29	<input type="checkbox"/> 27 <input type="checkbox"/> 30b		

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Friends of Frank Farry

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 231

City Langhorne State PA Zip Code 19047-0221

Purpose of Disbursement

Candidate Name
Farry, Frank, , ,

Office Sought: House Senate President
State: District:

Disbursement For: 2020
 Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
09 / 10 / 2020

FEC Identification Number: C
Transaction ID : SB29.12283
Amount of Each Disbursement this Period: 500.00

Memo Item

B. Friends of Jesse Topper

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 458

City Bedford State PA Zip Code 15522-1439

Purpose of Disbursement

Candidate Name
Topper, Jesse, , ,

Office Sought: House Senate President
State: District:

Disbursement For: 2020
 Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
09 / 10 / 2020

FEC Identification Number: C
Transaction ID : SB29.12289
Amount of Each Disbursement this Period: 500.00

Memo Item

C. Friends of Kate Klunk

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 941

City Hanover State PA Zip Code 17331

Purpose of Disbursement

Candidate Name
Klunk, Kate, , ,

Office Sought: House Senate President
State: District:

Disbursement For: 2020
 Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
09 / 10 / 2020

FEC Identification Number: C
Transaction ID : SB29.12286
Amount of Each Disbursement this Period: 500.00

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

Full Name (Last, First, Middle Initial) A. Friends of Lissa		Date of Disbursement MM / DD / YYYY 08 / 20 / 2020
Mailing Address PO Box 107		FEC Identification Number C Transaction ID : SB29.12271 Amount of Each Disbursement this Period 500.00
City Allison Park	State PA Zip Code 15101	
Purpose of Disbursement	Category/Type	Memo Item <input type="checkbox"/>
Candidate Name Shulman, Lissa, , ,	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:		

Full Name (Last, First, Middle Initial) B. Friends of Martina White		Date of Disbursement MM / DD / YYYY 09 / 10 / 2020
Mailing Address PO Box 16041		FEC Identification Number C Transaction ID : SB29.12290 Amount of Each Disbursement this Period 500.00
City Philadelphia	State PA Zip Code 19114	
Purpose of Disbursement	Category/Type	Memo Item <input type="checkbox"/>
Candidate Name White, Martina, , ,	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:		

Full Name (Last, First, Middle Initial) C. Friends of Matt Gabler		Date of Disbursement MM / DD / YYYY 09 / 10 / 2020
Mailing Address 615 Treasure Lake		FEC Identification Number C Transaction ID : SB29.12285 Amount of Each Disbursement this Period 500.00
City DuBois	State PA Zip Code 15801-9013	
Purpose of Disbursement	Category/Type	Memo Item <input type="checkbox"/>
Candidate Name Gabler, Matt, , ,	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:		

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. Friends of Rob Mercuri

Full Name (Last, First, Middle Initial)
Date of Disbursement: 09 / 03 / 2020

Mailing Address: 3000 Villiage Run Rd, Suite 103-300
City: Wexford, State: PA, Zip Code: 15090

Purpose of Disbursement: []
Candidate Name: **Mercuri, Rob, , ,**
Office Sought: [] House, [] Senate, [] President
Disbursement For: 2020, [] Primary, [x] General, [] Other (specify) ▼

FEC Identification Number: **C**
Transaction ID : **SB29.12278**
Amount of Each Disbursement this Period: 500.00
 Memo Item

B. Friends of Tim O'Neal

Full Name (Last, First, Middle Initial)
Date of Disbursement: 09 / 10 / 2020

Mailing Address: 1345 Maplewood Circle
City: Washingotn, State: PA, Zip Code: 15301

Purpose of Disbursement: []
Candidate Name: **O'Neal, Tim, , ,**
Office Sought: [] House, [] Senate, [] President
Disbursement For: 2020, [] Primary, [x] General, [] Other (specify) ▼

FEC Identification Number: **C**
Transaction ID : **SB29.12288**
Amount of Each Disbursement this Period: 1000.00
 Memo Item

C. Friends of Tom Oliverson

Full Name (Last, First, Middle Initial)
Date of Disbursement: 09 / 24 / 2020

Mailing Address: 1 E Greenway Plaza, Ste 225
City: Houston, State: TX, Zip Code: 77046

Purpose of Disbursement: []
Candidate Name: **Oliverson, Tom, , ,**
Office Sought: [] House, [] Senate, [] President
Disbursement For: 2020, [] Primary, [x] General, [] Other (specify) ▼

FEC Identification Number: **C**
Transaction ID : **SB29.12295**
Amount of Each Disbursement this Period: 5000.00
 Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 6500.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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. Gayle Harrell Campaign		Date of Disbursement MM / DD / YYYY 08 / 20 / 2020
Mailing Address 1885 Northwest Eagle Pt		FEC Identification Number C Transaction ID : SB29.12272 Amount of Each Disbursement this Period 1000.00
City Stuart	State FL	
Zip Code 34994	Purpose of Disbursement	Memo Item <input type="checkbox"/>
Candidate Name Harrell, Gayle, , ,	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. Limited Govt for a Stronger Florida Political Committee		Date of Disbursement MM / DD / YYYY 08 / 20 / 2020
Mailing Address 133 South Harbor Drive		FEC Identification Number C Transaction ID : SB29.12273 Amount of Each Disbursement this Period 5000.00
City Venice	State FL	
Zip Code 34285	Purpose of Disbursement	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Oelslager for Ohio		Date of Disbursement MM / DD / YYYY 09 / 24 / 2020
Mailing Address 6706 Lake Cable Ave NW		FEC Identification Number C Transaction ID : SB29.12297 Amount of Each Disbursement this Period 1000.00
City North Canton	State OH	
Zip Code 44720	Purpose of Disbursement	Memo Item <input type="checkbox"/>
Candidate Name Oelslager, Scott, , ,	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).....▶	7000.00
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. Rapp for Representative		Date of Disbursement MM / DD / YYYY 09 / 10 / 2020
Mailing Address PO Box 43256		FEC Identification Number C [] Transaction ID : SB29.12293
City Phoenix	State AZ	Zip Code 85080
Purpose of Disbursement		Amount of Each Disbursement this Period [] 500.00
Candidate Name Rapp, Kathy, , ,		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: PA	District: 65	

Full Name (Last, First, Middle Initial) B. Supporters of Perrin Jones		Date of Disbursement MM / DD / YYYY 09 / 24 / 2020
Mailing Address 704 SE Greenville Blvd Ste 400-125		FEC Identification Number C [] Transaction ID : SB29.12298
City Greenville	State SC	Zip Code 27858
Purpose of Disbursement		Amount of Each Disbursement this Period [] 500.00
Candidate Name Jones, Perrin, , ,		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State:	District:	

Full Name (Last, First, Middle Initial) C. Working Together for Florida PAC		Date of Disbursement MM / DD / YYYY 08 / 20 / 2020
Mailing Address 133 South Harbor Drive		FEC Identification Number C [] Transaction ID : SB29.12277
City Venice	State FL	Zip Code 34285
Purpose of Disbursement		Amount of Each Disbursement this Period [] 5000.00
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State:	District:	

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

6000.00

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

52000.00