

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

USACS PAC

ADDRESS (number and street)

Check if different than previously reported. (ACC)

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

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

### 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

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

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

Election on  /  /  in the State of

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

Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

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

Panitch, Orlee, , ,

Type or Print Name of Treasurer

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

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

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

FEC Form 3X (Rev. 05/2016)

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="2017"/>	<input type="text" value="33926.42"/>	<input type="text" value="33926.42"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="33926.42"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="45370.22"/>	<input type="text" value="45370.22"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="79296.64"/>	<input type="text" value="79296.64"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="27000.00"/>	<input type="text" value="27000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="52296.64"/>	<input type="text" value="52296.64"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

## DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**USACS PAC**

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2017 To: M M / D D / Y Y Y Y 06 / 30 / 2017

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).....	34121.04	34121.04
(ii) Unitemized .....	11249.18	11249.18
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	45370.22	45370.22
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	45370.22	45370.22
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	45370.22	45370.22
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	45370.22	45370.22

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	27000.00	27000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	27000.00	27000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	27000.00	27000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	45370.22	45370.22
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	45370.22	45370.22
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Aboutalib, Angela, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2017
Mailing Address 2 East Erie Apt 3306		<b>Transaction ID : SA11AI.6739</b>
City Chicago	State IL	Zip Code 60611
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$100.00/monthly
Receipt For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Arwindekar, Amit, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2017
Mailing Address 2043 W Mclean Ave		<b>Transaction ID : SA11AI.6725</b>
City Chicago	State IL	Zip Code 60647
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 499.98
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Associate Medical Director	<input type="checkbox"/> Memo Item \$83.33/monthly
Receipt For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 499.98	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Atez, Francisco, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2017
Mailing Address 17376 Emerald Chase Drive		<b>Transaction ID : SA11AI.6832</b>
City Tampa	State FL	Zip Code 33647
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC	Occupation (for Individual) Regional Director of Risk Management	<input type="checkbox"/> Memo Item \$100.00/monthly
Receipt For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1499.98
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 31
	<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. Augustine, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7868 Classics Drive  
 City Naples State FL Zip Code 34113  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Chairman, National Clinical Governance  
 Receipt For: 2017  
 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  
 06 / 30 / 2017  
**Transaction ID : SA11AI.6858**  
 Amount of Each Receipt this Period 900.00  
 Memo Item  
 \$150.00/monthly

**B. Bagnoli, Dominic, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 East Drive  
 City Hartville State OH Zip Code 44632  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Chief Executive Officer  
 Receipt For: 2017  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 2499.78

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2017  
**Transaction ID : SA11AI.6819**  
 Amount of Each Receipt this Period 2499.78  
 Memo Item  
 \$416.63/monthly

**C. Biersbach, Raymond, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 234 Lakeshore Dr  
 City Mooresville State NC Zip Code 28117-7535  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Emergency Physician  
 Receipt For: 2017  
 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  
 06 / 30 / 2017  
**Transaction ID : SA11AI.6962**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 \$100.00/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3699.78
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Bradstreet, Jennifer, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2017
Mailing Address 2212 Cross Creek Drive		<b>Transaction ID : SA11AI.6866</b>
City Gastonia	State NC	Zip Code 28056
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) System Director	<input type="checkbox"/> Memo Item \$50.00/monthly
Receipt For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Brunecz, Sharon, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2017
Mailing Address 3530 West Galloway Drive		<b>Transaction ID : SA11AI.6977</b>
City Richfield	State OH	Zip Code 44286
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer (for Individual) USACS Management Group	Occupation (for Individual) Chief Human Resource Officer	<input type="checkbox"/> Memo Item \$50.00/monthly
Receipt For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Cetta, Michael, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2017
Mailing Address 16 Piney Glen Court		<b>Transaction ID : SA11AI.6939</b>
City Potomac	State MD	Zip Code 20854
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Chief Strategy Officer	<input type="checkbox"/> Memo Item \$100.00/monthly
Receipt For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1100.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 31
<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. 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  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Director of Health Policy & Legislativ  
 Receipt For: 2017  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼  
 900.00

Date of Receipt  
 06 / 30 / 2017  
**Transaction ID : SA11AI.6914**  
 Amount of Each Receipt this Period  
 900.00  
 Memo Item  
 \$150.00/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) USACS Medical Group, LTD Occupation (for Individual) Vice President  
 Receipt For: 2017  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 06 / 30 / 2017  
**Transaction ID : SA11AI.6953**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 \$50.00/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) Political/Transfer Center Director  
 Receipt For: 2017  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 06 / 30 / 2017  
**Transaction ID : SA11AI.6727**  
 Amount of Each Receipt this Period  
 600.00  
 Memo Item  
 \$100.00/monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 31
	<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. Corvino, Timothy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 128 Miles Road  
 City Chagrin Falls State OH Zip Code 44022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) President  
 Receipt For: 2017  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 498.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : SA11AI.7006**  
 Amount of Each Receipt this Period 498.00  
 Memo Item \$83.00/monthly

**B. De Angelis, Sydney, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 55 Araca Rd P O Box 104  
 City Babylon State NY Zip Code 11702  
 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: 2017  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : SA11AI.6995**  
 Amount of Each Receipt this Period 600.00  
 Memo Item \$100.00/monthly

**C. Denmark, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13122 S Yorktown Ave  
 City Bixby State OK Zip Code 74008-7665  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Chairman  
 Receipt For: 2017  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : SA11AI.7002**  
 Amount of Each Receipt this Period 250.00  
 Memo Item \$50.00/monthly

**SUBTOTAL** of Receipts This Page (optional).....▶ 1348.00  
**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 31
	<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. Eakin, Paul, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1455 Hunakai St Apt 1  
 City Honolulu State HI Zip Code 96816  
 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: 2017  
 Primary     General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **300.00**

Date of Receipt  
 06 / 30 / 2017  
**Transaction ID : SA11AI.6956**  
 Amount of Each Receipt this Period  
**300.00**  
 Memo Item  
 \$50.00/monthly

**B. Eisenberg, Steven, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 35590 Michael Drive  
 City Solon State OH Zip Code 44139  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Management Group Occupation (for Individual) General Counsel  
 Receipt For: 2017  
 Primary     General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **600.00**

Date of Receipt  
 06 / 30 / 2017  
**Transaction ID : SA11AI.6985**  
 Amount of Each Receipt this Period  
**600.00**  
 Memo Item  
 \$100.00/monthly

**C. Falcone, Angelo, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12410 Milestone Center Drive Suite 225  
 City Germantown State MD Zip Code 20876  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) President  
 Receipt For: 2017  
 Primary     General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **900.00**

Date of Receipt  
 06 / 30 / 2017  
**Transaction ID : SA11AI.6740**  
 Amount of Each Receipt this Period  
**900.00**  
 Memo Item  
 \$150.00/monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Ferrand, David, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2017
Mailing Address 119 Dorie Drive		<b>Transaction ID : SA11AI.6800</b>
City Belmont	State NC	Zip Code 28012
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 600.00
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Emergency Physician	<input type="checkbox"/> Memo Item \$100.00/monthly
Receipt For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 600.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Forcada-Lowrie, Raymundo, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2017
Mailing Address 2400 6th Ave Unit 501		<b>Transaction ID : SA11AI.6963</b>
City San Diego	State CA	Zip Code 92101
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 600.00
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Firefighter	<input type="checkbox"/> Memo Item \$100.00/monthly
Receipt For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 600.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Gamma, Brett, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2017
Mailing Address 14930 Finegan Farm Dr		<b>Transaction ID : SA11AI.6757</b>
City Darnestown	State MD	Zip Code 20874
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer (for Individual) MEP Health, LLC	Occupation (for Individual) Regional Medical Director	<input type="checkbox"/> Memo Item \$50.00/monthly
Receipt For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 31
	<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. Geary, Daniel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 142 Woodshire  
 City Pittsburgh State PA Zip Code 15215  
 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: 2017  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2017  
**Transaction ID : SA11AI.6790**  
 Amount of Each Receipt this Period 499.98  
 Memo Item \$83.33/monthly

**B. Gindlesperger, Krisii, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9422 Forest Gates Path  
 City Laurel State MD Zip Code 20723  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) National Director of APPs  
 Receipt For: 2017  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : SA11AI.6899**  
 Amount of Each Receipt this Period 600.00  
 Memo Item \$100.00/monthly

**C. Groomes, Roderick, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1035 Glade Park East  
 City Kittanning State PA Zip Code 16201  
 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: 2017  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : SA11AI.6969**  
 Amount of Each Receipt this Period 300.00  
 Memo Item \$50.00/monthly

**SUBTOTAL** of Receipts This Page (optional).....▶ 1399.98  
**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 31
	<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) USACS Medical Group, LTD Occupation (for Individual) Medical Director  
 Receipt For: 2017  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 06 / 30 / 2017  
**Transaction ID : SA11AI.6943**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 \$100.00/monthly

**B. Hill, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9801 Sardis Oaks Road  
 City Charlotte State NC Zip Code 28270  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) System APP Lead  
 Receipt For: 2017  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼  
 480.00

Date of Receipt  
 06 / 30 / 2017  
**Transaction ID : SA11AI.6856**  
 Amount of Each Receipt this Period  
 480.00  
 Memo Item  
 \$80.00/monthly

**C. Hummel, Laura, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 807 S. Roxmere Road  
 City Tampa State FL Zip Code 33609-4235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC Occupation (for Individual) Emergency Physician  
 Receipt For: 2017  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 06 / 30 / 2017  
**Transaction ID : SA11AI.6906**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 \$100.00/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1280.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Janikas, John, , ,</b>			Date of Receipt MM / DD / YYYY 06 / 30 / 2017
Mailing Address 43 Outlook Drive South			<b>Transaction ID : SA11AI.6880</b>
City Mechanicville	State NY	Zip Code 12118	Amount of Each Receipt this Period 499.98
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$83.33/monthly
Name of Employer (for Individual) USACS Medical Group, LTD		Occupation (for Individual) Medical Director	
Receipt For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other		Aggregate Year-to-Date ▼ 499.98	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Javery, Thomas, , ,</b>			Date of Receipt MM / DD / YYYY 06 / 30 / 2017
Mailing Address 773 Witts Bridge Rd			<b>Transaction ID : SA11AI.7004</b>
City West Brookfield	State VT	Zip Code 05060	Amount of Each Receipt this Period 600.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$100.00/monthly
Name of Employer (for Individual) USACS Medical Group, LTD		Occupation (for Individual) Emergency Physician	
Receipt For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other		Aggregate Year-to-Date ▼ 600.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Jenis, Andrew, , ,</b>			Date of Receipt MM / DD / YYYY 06 / 30 / 2017
Mailing Address 115 Cayuga Heights Road			<b>Transaction ID : SA11AI.6729</b>
City Ithaca	State NY	Zip Code 14850	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$50.00/monthly
Name of Employer (for Individual) USACS Medical Group, LTD		Occupation (for Individual) Emergency Physician	
Receipt For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other		Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1399.98
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Johnson, David, , ,</b>			Date of Receipt MM / DD / YYYY 06 / 30 / 2017
Mailing Address 27939 Berringer Run			<b>Transaction ID : SA11AI.6813</b>
City Westlake	State OH	Zip Code 44145	Amount of Each Receipt this Period 900.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$150.00/monthly
Name of Employer (for Individual) USACS Management Group		Occupation (for Individual) Chief Operating Officer	
Receipt For: 2017 <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>B. Jones, Bruce, , ,</b>			Date of Receipt MM / DD / YYYY 06 / 30 / 2017
Mailing Address 465 Woodard Place			<b>Transaction ID : SA11AI.6763</b>
City Powell	State OH	Zip Code 43065	Amount of Each Receipt this Period 800.00
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: 2017 <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>C. Kella, Vipul, , ,</b>			Date of Receipt MM / DD / YYYY 06 / 30 / 2017
Mailing Address 11808 Woodthrus Lane			<b>Transaction ID : SA11AI.7017</b>
City Potomac	State MD	Zip Code 20854	Amount of Each Receipt this Period 300.00
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) Chariman	
Receipt For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2000.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Keller, Noah, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2017 <b>Transaction ID : SA11AI.6949</b>
Mailing Address 10119 Easterday Ct		Amount of Each Receipt this Period 600.00
City Hagerstown	State MD	Zip Code 21742
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) Regional Medical Director	
Receipt For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 600.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Kendall, Jayne, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2017 <b>Transaction ID : SA11AI.6864</b>
Mailing Address 1251 Springbury Dr		Amount of Each Receipt this Period 600.00
City Uniontown	State OH	Zip Code 44685
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) Vice President	
Receipt For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 600.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Klein, David, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2017 <b>Transaction ID : SA11AI.6811</b>
Mailing Address 11736 Gainsborough Rd		Amount of Each Receipt this Period 300.00
City Potomac	State MD	Zip Code 20854
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) Chief Medical Officer	
Receipt For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 300.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Kuchinski, Joseph, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2017 <b>Transaction ID : SA11AI.6884</b>
Mailing Address 32 Woodland Ave		Amount of Each Receipt this Period 600.00
City Mountain Lakes	State NJ	Zip Code 07046
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) Regional Director of Clinic 21	
Receipt For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 600.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Land, Larry, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2017 <b>Transaction ID : SA11AI.6904</b>
Mailing Address 10014 Hazelnut Court		Amount of Each Receipt this Period 400.00
City Tampa	State FL	Zip Code 33647
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) Medical Director	
Receipt For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 400.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Lawrence, Linda, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2017 <b>Transaction ID : SA11AI.6910</b>
Mailing Address 3942 S Arlington Rd #203		Amount of Each Receipt this Period 300.00
City Uniontown	State OH	Zip Code 44685
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) President	
Receipt For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1300.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. LeBlanc, Louis, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1428 Lacy Lane  
 City Rock Hill State SC Zip Code 29732  
 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: 2017  
 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  
 06 / 30 / 2017  
**Transaction ID : SA11AI.6916**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 \$50.00/monthly

**B. Lee, Sidney, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 701 15th Ave  
 City Honolulu State HI Zip Code 96816  
 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: 2017  
 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  
 06 / 30 / 2017  
**Transaction ID : SA11AI.6981**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 \$50.00/monthly

**C. Little, Andrew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5700 Van Wert Dr  
 City Hilliard State OH Zip Code 43026  
 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: 2017  
 Primary     General  
 Other (specify) **Other**  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2017  
**Transaction ID : SA11AI.6734**  
 Amount of Each Receipt this Period 600.00  
 Memo Item  
 \$100.00/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1200.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 31
	<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. Mann, Rubeal, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20 James River Rd  
 City Beavercreek State OH Zip Code 45434  
 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: 2017  
 Primary     General  
 Other (specify) Other  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2017  
**Transaction ID : SA11AI.6971**  
 Amount of Each Receipt this Period  
 600.00  
 Memo Item  
 \$100.00/monthly

**B. Mayorga, Oliver, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 32 Church St  
 City Mystic State CT Zip Code 06355  
 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: 2017  
 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  
 06 / 30 / 2017  
**Transaction ID : SA11AI.6951**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 \$50.00/monthly

**C. Mayz, Kurtis, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13015 Conifer St  
 City Plainfield State IL Zip Code 60585  
 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: 2017  
 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  
 06 / 30 / 2017  
**Transaction ID : SA11AI.6900**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 \$50.00/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Mittleman, Craig, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25 Equestrian Ridge  
 City Newtown State CT Zip Code 06470  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) Chairman  
 Receipt For: 2017  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2017  
**Transaction ID : SA11AI.6786**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 \$50.00/monthly

**B. Osmundson, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 62 East Drive  
 City Hartville State OH Zip Code 44632  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) President  
 Receipt For: 2017  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2017  
**Transaction ID : SA11AI.6934**  
 Amount of Each Receipt this Period  
 600.00  
 Memo Item  
 \$100.00/monthly

**C. Packo, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4535 Dressler Rd NW  
 City Canton State OH Zip Code 44718  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Co-Founder  
 Receipt For: 2017  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2017  
**Transaction ID : SA11AI.6806**  
 Amount of Each Receipt this Period  
 600.00  
 Memo Item  
 \$100.00/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1450.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 31
	<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. Panitch, Orlee, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1753 Gainsborough Rd  
 City Potomac State MD Zip Code 20854  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) Chief Administrative Officer  
 Receipt For: 2017  
 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  
 06 / 30 / 2017  
**Transaction ID : SA11AI.6954**  
 Amount of Each Receipt this Period  
 900.00  
 Memo Item  
 \$150.00/monthly

**B. Percy, Carmella, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6875 Stonebridge Lane  
 City Clover State SC Zip Code 29710  
 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: 2017  
 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  
 06 / 30 / 2017  
**Transaction ID : SA11AI.6768**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 \$50.00/monthly

**C. Phillips, Miranda, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7122 S Sheridan Rd  
 City Tulsa State OK Zip Code 74133  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Associate Medical Director  
 Receipt For: 2017  
 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  
 06 / 30 / 2017  
**Transaction ID : SA11AI.6941**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 \$50.00/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 31
	<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. Radford, Shawn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 263 Shawmont Avenue  
 City Philadelphia State PA Zip Code 19128  
 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: 2017  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2017  
**Transaction ID : SA11AI.6979**  
 Amount of Each Receipt this Period  
 600.00  
 Memo Item  
 \$100.00/monthly

**B. Romano, Frederick, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4516 Tuscana Drive  
 City Sarasota State FL Zip Code 34241  
 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: 2017  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2017  
**Transaction ID : SA11AI.6836**  
 Amount of Each Receipt this Period  
 600.00  
 Memo Item  
 \$100.00/monthly

**C. Rudis, Steven, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9796 Diversified Lane  
 City Ellicott City State MD Zip Code 21042  
 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: 2017  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2017  
**Transaction ID : SA11AI.6983**  
 Amount of Each Receipt this Period  
 600.00  
 Memo Item  
 \$300.00/monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 31
	<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. 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  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Vice President  
 Receipt For: 2017  
 Primary     General  
 Other (specify) **Other**  
 Aggregate Year-to-Date ▼  
 499.98

Date of Receipt  
 06 / 30 / 2017  
**Transaction ID : SA11AI.6920**  
 Amount of Each Receipt this Period  
 499.98  
 Memo Item  
 \$83.33/monthly

**B. Snyder, Aaron, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9925 Silver Brook Drive  
 City Rockville State MD Zip Code 20850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) COO MidAtlantic  
 Receipt For: 2017  
 Primary     General  
 Other (specify) **Other**  
 Aggregate Year-to-Date ▼  
 900.00

Date of Receipt  
 06 / 30 / 2017  
**Transaction ID : SA11AI.6718**  
 Amount of Each Receipt this Period  
 900.00  
 Memo Item  
 \$150.00/monthly

**C. Snyder, Eric, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 311 East Carrolltown PO Box 384  
 City Carrolltown State PA Zip Code 15722  
 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: 2017  
 Primary     General  
 Other (specify) **Other**  
 Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 06 / 30 / 2017  
**Transaction ID : SA11AI.6828**  
 Amount of Each Receipt this Period  
 260.00  
 Memo Item  
 \$20.00/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1659.98
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 31
	<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. 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: 2017  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : SA11AI.6839**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 \$100.00/monthly

**B. Tirheimer, Wenzel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13404 Golf Crest Way  
 City Tampa State FL Zip Code 33618  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC Occupation (for Individual) Emergency Physician  
 Receipt For: 2017  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : SA11AI.7021**  
 Amount of Each Receipt this Period 750.00  
 Memo Item  
 \$150.00/monthly

**C. Tucker, Jeremy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 23959 Meredith Court  
 City Hollywood State MD Zip Code 20636  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) Regional Medical Director  
 Receipt For: 2017  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : SA11AI.6869**  
 Amount of Each Receipt this Period 600.00  
 Memo Item  
 \$100.00/monthly

**SUBTOTAL** of Receipts This Page (optional).....▶ 1850.00  
**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 31
	<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**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Vaill, Samuel, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2017
Mailing Address 1 R Horseshoe Lane		<b>Transaction ID : SA11AI.6972</b>
City South Hamilton	State MA	Zip Code 01982
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00	
Name of Employer (for Individual) USACS Management Group	Occupation (for Individual) Chief Development Officer	<input type="checkbox"/> Memo Item \$50.00/monthly
Receipt For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Watling, Bradley, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2017
Mailing Address 109 Viewpoint Lane		<b>Transaction ID : SA11AI.6756</b>
City Mooresville	State NC	Zip Code 28117
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 633.34	
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) System Medical Director	<input type="checkbox"/> Memo Item \$150.00/monthly
Receipt For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 633.34	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Welsh, Ian, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2017
Mailing Address 1027 Gardenia St		<b>Transaction ID : SA11AI.6847</b>
City Fort Mill	State SC	Zip Code 29708
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00	
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Assistant Medical Director	<input type="checkbox"/> Memo Item \$50.00/monthly
Receipt For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1233.34
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 31
	<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  
Zayac, Carl, , ,

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

Receipt For: 2017

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	Other

Aggregate Year-to-Date ▼

600.00

Date of Receipt

**06 / 30 / 2017**

**Transaction ID : SA11A1.6766**

Amount of Each Receipt this Period

600.00

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:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Aggregate Year-to-Date ▼

Date of Receipt

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:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	600.00
<b>TOTAL</b> This Period (last page this line number only).....	34121.04

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. BEN CARDIN FOR SENATE, INC.</b>		Date of Disbursement MM / DD / YYYY 03 / 10 / 2017
Mailing Address P.O. BOX 21093		FEC Identification Number C00411587 <b>Transaction ID : SB23.7045</b>
City CATONSVILLE	State MD	Zip Code 21228
Purpose of Disbursement Contribution	Category/ Type 011	Amount of Each Disbursement this Period 2000.00
Candidate Name <b>CARDIN, BENJAMIN L, , ,</b>	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
Disbursement For: 2017	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MD District: 03		

Full Name (Last, First, Middle Initial) <b>B. BRADY FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 02 / 07 / 2017
Mailing Address PO BOX 8277		FEC Identification Number C00311043 <b>Transaction ID : SB23.7039</b>
City THE WOODLANDS	State TX	Zip Code 77387
Purpose of Disbursement Contribution	Category/ Type 011	Amount of Each Disbursement this Period 5000.00
Candidate Name <b>BRADY, KEVIN, , ,</b>	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
Disbursement For: 2017	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX District: 08		

Full Name (Last, First, Middle Initial) <b>C. DR. RAUL RUIZ FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 03 / 23 / 2017
Mailing Address PO BOX 3433		FEC Identification Number C00502575 <b>Transaction ID : SB23.7050</b>
City PALM DESERT	State CA	Zip Code 92261
Purpose of Disbursement Contribution	Category/ Type 011	Amount of Each Disbursement this Period 5000.00
Candidate Name <b>RUIZ, RAUL, , ,</b>	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
Disbursement For: 2017	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA District: 36		

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

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

12000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. EMERGENCY DEPARTMENT PRACTICE MANAGEMENT ASSOCIATION PAC (EDPMA-PAC)</b>		Date of Disbursement MM / DD / YYYY 04 / 18 / 2017
Mailing Address 8400 WESTPARK DRIVE 2ND FLOOR		FEC Identification Number C C00388470 <b>Transaction ID : SB23.7049</b> Amount of Each Disbursement this Period 2500.00
City MCLEAN	State VA	Zip Code 22102
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name EMERGENCY DEPARTMENT PRACTICE MANAGEMENT ASSOCIATION PAC (EDPMA-PAC)		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF CHRIS MURPHY</b>		Date of Disbursement MM / DD / YYYY 03 / 10 / 2017
Mailing Address PO BOX 127		FEC Identification Number C C00492645 <b>Transaction ID : SB23.7041</b> Amount of Each Disbursement this Period 1000.00
City CHESHIRE	State CT	Zip Code 06410
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name MURPHY, CHRISTOPHER S MR, , ,		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CT District: 00		

Full Name (Last, First, Middle Initial) <b>C. LONE STAR LEADERSHIP PAC</b>		Date of Disbursement MM / DD / YYYY 03 / 10 / 2017
Mailing Address PO BOX 30844		FEC Identification Number C C00415208 <b>Transaction ID : SB23.7044</b> Amount of Each Disbursement this Period 2000.00
City BETHESDA	State MD	Zip Code 20824
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name LONE STAR LEADERSHIP PAC		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

5500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. QUIGLEY FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 02 / 09 / 2017
Mailing Address 2652 N SOUTHPORT AVENUE UNIT E		FEC Identification Number C00457556 <b>Transaction ID : SB23.7040</b>
City CHICAGO	State IL	Zip Code 60614
Purpose of Disbursement Contribution		Category/ Type 011
Candidate Name <b>QUIGLEY, MIKE, , ,</b>		Amount of Each Disbursement this Period 500.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL District: 05	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. QUIGLEY FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 03 / 23 / 2017
Mailing Address 2652 N SOUTHPORT AVENUE UNIT E		FEC Identification Number C00457556 <b>Transaction ID : SB23.7046</b>
City CHICAGO	State IL	Zip Code 60614
Purpose of Disbursement Contribution		Category/ Type 011
Candidate Name <b>QUIGLEY, MIKE, , ,</b>		Amount of Each Disbursement this Period 500.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL District: 05	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. RUIZ VICTORY FUND</b>		Date of Disbursement MM / DD / YYYY 03 / 23 / 2017
Mailing Address PO BOX 6116		FEC Identification Number C00525402 <b>Transaction ID : SB23.7047</b>
City LA QUINTA	State CA	Zip Code 92248
Purpose of Disbursement Contribution		Category/ Type 011
Candidate Name <b>RUIZ, RAUL, , ,</b>		Amount of Each Disbursement this Period 5000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA District: 36	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	6000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. SALUD CARBAJAL FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 1290

M M M	/	D D D	/	Y Y Y Y Y
04		18		2017

City SANTA BARBARA State CA Zip Code 93102

FEC Identification Number

Purpose of Disbursement  
Contribution

011
Category/ Type

**C** C00576041

**Transaction ID : SB23.7048**

Amount of Each Disbursement this Period

500.00
--------

Candidate Name  
**CARBAJAL, SALUD O., , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2017  Primary  General  Other (specify) ▼  
State: CA District: 24

Memo Item

**B. STABENOW FOR US SENATE**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address P.O. BOX 4945

M M M	/	D D D	/	Y Y Y Y Y
03		10		2017

City EAST LANSING State MI Zip Code 48826

FEC Identification Number

Purpose of Disbursement  
Contribution

011
Category/ Type

**C** C00344473

**Transaction ID : SB23.7042**

Amount of Each Disbursement this Period

1000.00
---------

Candidate Name  
**STABENOW FOR US SENATE**

Office Sought:  House  Senate  President  
Disbursement For: 2017  Primary  General  Other (specify) ▼  
State: MI District: 00

Memo Item

**C. TIBERI FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 2931 E DUBLIN GRANVILLE ROAD  
SUITE 190

M M M	/	D D D	/	Y Y Y Y Y
03		10		2017

City COLUMBUS State OH Zip Code 43231

FEC Identification Number

Purpose of Disbursement  
Contribution

011
Category/ Type

**C** C00347492

**Transaction ID : SB23.7043**

Amount of Each Disbursement this Period

2000.00
---------

Candidate Name  
**TIBERI, PATRICK J., , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2017  Primary  General  Other (specify) ▼  
State: OH District: 12

Memo Item

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

3500.00
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**TOTAL** This Period (last page this line number only).....▶

27000.00
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