

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)

- 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.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

USACS PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2017"/>	<input type="text" value=""/>	<input type="text" value="33926.42"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="52296.64"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="46497.77"/>	<input type="text" value="91867.99"/>
(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="98794.41"/>	<input type="text" value="125794.41"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="11500.00"/>	<input type="text" value="38500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="87294.41"/>	<input type="text" value="87294.41"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY 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)

Page 3

Write or Type Committee Name

USACS PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y 07 / 01 / 2017 To: M M / D D / Y Y Y Y Y 12 / 31 / 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).....	45016.66	79137.70
(ii) Unitemized	1481.11	12730.29
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	46497.77	91867.99
(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)	46497.77	91867.99
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)).....▶	46497.77	91867.99
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	46497.77	91867.99

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.....	11500.00	38500.00
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)) ..	11500.00	38500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11500.00	38500.00

DETAILED SUMMARY PAGE
of Disbursements

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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)	46497.77	91867.99
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	46497.77	91867.99
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 57
	<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

A. Aboutalib, Angela, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 East Erie
 Apt 3306
 City Chicago State IL Zip Code 60611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Director of Clinical Operations
 Receipt For: 2017
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2017
Transaction ID : SA11AI.7449
 Amount of Each Receipt this Period
 600.00
 Memo Item
 \$100.00/monthly

B. Adler, Aaron, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 Midsummer Court
 City Gaithersburg State MD Zip Code 20878-5228
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) Advanced Practice Provider
 Receipt For: 2017
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2017
Transaction ID : SA11AI.7435
 Amount of Each Receipt this Period
 120.00
 Memo Item
 \$20.00/monthly

C. Arwindekar, Amit, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2043 W Mclean Ave
 City Chicago State IL Zip Code 60647
 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 ▼
 833.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2017
Transaction ID : SA11AI.7440
 Amount of Each Receipt this Period
 333.32
 Memo Item
 \$83.33/monthly

SUBTOTAL of Receipts This Page (optional).....	1053.32
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 57
	<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. Atez, Francisco, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2017
Mailing Address 17376 Emerald Chase Drive		Transaction ID : SA11AI.7500
City Tampa	State FL	Zip Code 33647
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
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 1100.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Augustine, James, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2017
Mailing Address 7868 Classics Drive		Transaction ID : SA11AI.7514
City Naples	State FL	Zip Code 34113
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 900.00
Name of Employer (for Individual) Virtual Locations	Occupation (for Individual) Chairman, National Clinical Governanc	<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 1800.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Aulick, Neal, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2017
Mailing Address 11 Aaronwoods Court		Transaction ID : SA11AI.7560
City Wheeling	State WV	Zip Code 26003
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 120.00
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$20.00/monthly
Receipt For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 240.00	

SUBTOTAL of Receipts This Page (optional).....	1620.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 57
	<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. 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 ▼
 4999.56

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2017
Transaction ID : SA11AI.7493
 Amount of Each Receipt this Period
 2499.78
 Memo Item
 \$416.63/monthly

B. Baum, Andrew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1148 Court of Fiddlers Green
 City Bel Air State MD Zip Code 21015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) Chairman of Patient Experience
 Receipt For: 2017
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2017
Transaction ID : SA11AI.7443
 Amount of Each Receipt this Period
 120.00
 Memo Item
 \$20.00/monthly

C. Bescherer, Rudolph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 32 Fieldcrest Dr
 City Westampton State NJ Zip Code 08060-5656
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Firefighter
 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
 12 / 31 / 2017
Transaction ID : SA11AI.7576
 Amount of Each Receipt this Period
 300.00
 Memo Item
 \$100.00/monthly

SUBTOTAL of Receipts This Page (optional).....	2919.78
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 57
	<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. 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 ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2017
Transaction ID : SA11AI.7570
 Amount of Each Receipt this Period 600.00
 Memo Item
 \$100.00/monthly

B. Bradstreet, Jennifer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 249 S. Franklin St.
 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) System 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
 12 / 31 / 2017
Transaction ID : SA11AI.7518
 Amount of Each Receipt this Period 300.00
 Memo Item
 \$50.00/monthly

C. Brandon, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18834 Preston Road
 City Hagerstown State MD Zip Code 21742
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) APP Lead
 Receipt For: 2017
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2017
Transaction ID : SA11AI.7468
 Amount of Each Receipt this Period 120.00
 Memo Item
 \$20.00/monthly

SUBTOTAL of Receipts This Page (optional).....	1020.00
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 57
	<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. Brunecz, Sharon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3530 West Galloway Drive
 City Richfield State OH Zip Code 44286
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Management Group Occupation (for Individual) Chief Human Resource Officer
 Receipt For: 2017
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **600.00**

Date of Receipt **12 / 31 / 2017**
Transaction ID : SA11AI.7580
 Amount of Each Receipt this Period **300.00**
 Memo Item
 \$50.00/monthly

B. Canonico, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1578 Uluhao St
 City Kailua State HI Zip Code 96734
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director
 Receipt For: 2017
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **200.04**

Date of Receipt **12 / 31 / 2017**
Transaction ID : SA11AI.7572
 Amount of Each Receipt this Period **100.02**
 Memo Item
 \$16.67/monthly

C. Caraballo, Damian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11911 Marblehead Drive
 City Tampa State FL Zip Code 33626-2555
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC Occupation (for Individual) Regional Chief Quality Officer
 Receipt For: 2017
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **240.00**

Date of Receipt **12 / 31 / 2017**
Transaction ID : SA11AI.7475
 Amount of Each Receipt this Period **120.00**
 Memo Item
 \$20.00/monthly

SUBTOTAL of Receipts This Page (optional).....	520.02
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 11 OF 57
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Casey, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5156 Baker Ridge Drive
 City Columbus State OH Zip Code 43228
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) EMS Director
 Receipt For: 2017
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2017
Transaction ID : SA11AI.7526
 Amount of Each Receipt this Period
120.00
 Memo Item
 \$20.00/monthly

B. Cetta, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16 Piney Glen Court
 City Potomac State MD Zip Code 20854
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Chief Strategy Officer
 Receipt For: 2017
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date ▼ **1100.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2017
Transaction ID : SA11AI.7554
 Amount of Each Receipt this Period
600.00
 Memo Item
 \$100.00/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
 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 ▼ **1800.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2017
Transaction ID : SA11AI.7544
 Amount of Each Receipt this Period
900.00
 Memo Item
 \$150.00/monthly

SUBTOTAL of Receipts This Page (optional)..... **1620.00**
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 57
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Colfer, Orion, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2017
Mailing Address 2523 Hanover Ave			Transaction ID : SA11AI.7565
City Richmond	State VA	Zip Code 23220	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) Virtual Locations		Occupation (for Individual) National Director of Patient Experienc	
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. Conley, Amy, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2017
Mailing Address 6419 Renwick Circle			Transaction ID : SA11AI.7442
City Tampa	State FL	Zip Code 33647	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) Tampa Bay Emergency Physicians, LLC		Occupation (for Individual) Regional Transfer Center Director	
Receipt For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other		Aggregate Year-to-Date 1200.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Cook, Alexander, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2017
Mailing Address 8780 Surrey Place			Transaction ID : SA11AI.7437
City Maineville	State OH	Zip Code 45039-9519	Amount of Each Receipt this Period 120.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$20.00/monthly
Name of Employer (for Individual) USACS Medical Group, LTD		Occupation (for Individual) Director of APPs	
Receipt For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other		Aggregate Year-to-Date 240.00	

SUBTOTAL of Receipts This Page (optional).....	1020.00
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 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Coomes, Justin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7762 Westwind Lane
 City Montgomery State OH Zip Code 45242-5008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director
 Receipt For: 2017
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **200.04**

Date of Receipt **12 / 31 / 2017**
Transaction ID : SA11AI.7529
 Amount of Each Receipt this Period **100.02**
 Memo Item
 \$16.67/monthly

B. Corbit, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1125 Pinefield Dr
 City Charleston State SC Zip Code 29492-7619
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Chief Medical Informatics Officer
 Receipt For: 2017
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **200.04**

Date of Receipt **12 / 31 / 2017**
Transaction ID : SA11AI.7469
 Amount of Each Receipt this Period **100.02**
 Memo Item
 \$16.67/monthly

C. Corrigan, Kevin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9350 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) System Operations Director
 Receipt For: 2017
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **200.04**

Date of Receipt **12 / 31 / 2017**
Transaction ID : SA11AI.7535
 Amount of Each Receipt this Period **100.02**
 Memo Item
 \$16.67/monthly

SUBTOTAL of Receipts This Page (optional).....	300.06
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 57
	<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. Corvino, Timothy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 East Elm Street
 Unit 9N
 City Chicago State IL Zip Code 60611-1039
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) President
 Receipt For: 2017
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 996.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2017
Transaction ID : SA11AI.7596
 Amount of Each Receipt this Period
 498.00
 Memo Item
 \$83.00/monthly

B. Davis, Jaclyn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4700 Meadowridge Dr
 City Charlotte State NC Zip Code 28226
 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 ▼
 200.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2017
Transaction ID : SA11AI.7511
 Amount of Each Receipt this Period
 100.02
 Memo Item
 \$16.67/monthly

C. De Angelis, Sydney, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 114 E Church St
 City Frederick State MD Zip Code 21701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) Medical Director
 Receipt For: 2017
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2017
Transaction ID : SA11AI.7590
 Amount of Each Receipt this Period
 600.00
 Memo Item
 \$100.00/monthly

SUBTOTAL of Receipts This Page (optional).....	1198.02
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 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

A. DeMartino, Wendy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19 Little Pine Lane
 City Exeter State NH Zip Code 03833
 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 **200.04**

Date of Receipt **12 / 31 / 2017**
Transaction ID : SA11AI.7602
 Amount of Each Receipt this Period **100.02**
 Memo Item
 \$16.67/monthly

B. 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 **550.00**

Date of Receipt **12 / 31 / 2017**
Transaction ID : SA11AI.7595
 Amount of Each Receipt this Period **300.00**
 Memo Item
 \$50.00/monthly

C. 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) USACS Medical Group, LTD Occupation (for Individual) Vice President, Clinical Resources Gro
 Receipt For: 2017
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **240.00**

Date of Receipt **12 / 31 / 2017**
Transaction ID : SA11AI.7523
 Amount of Each Receipt this Period **120.00**
 Memo Item
 \$20.00/monthly

SUBTOTAL of Receipts This Page (optional).....	520.02
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 57
	<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. Doucette, Marc, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2017
Mailing Address 16692 W. 55th Pl.		Transaction ID : SA11AI.7546
City Golden	State CO	Zip Code 80403-1269
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 120.00
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$20.00/monthly
Receipt For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 220.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Eakin, Paul, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2017
Mailing Address 1455 Hunakai St Apt 1		Transaction ID : SA11AI.7567
City Honolulu	State HI	Zip Code 96816
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) Associate 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 ▼ 600.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Eisenberg, Steven, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2017
Mailing Address 35590 Michael Drive		Transaction ID : SA11AI.7584
City Solon	State OH	Zip Code 44139
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer (for Individual) USACS Management Group	Occupation (for Individual) General Counsel	<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 ▼ 1200.00	

SUBTOTAL of Receipts This Page (optional).....	1020.00
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 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Falcone, Angelo, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2606 Tridelphia Lake Road

City Brookeville	State MD	Zip Code 20833
---------------------	-------------	-------------------

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

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

Receipt For: 2017
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date ▼
1800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2017

Transaction ID : SA11AI.7450

Amount of Each Receipt this Period
900.00

Memo Item
\$150.00/monthly

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

Mailing Address 193 Bryna Lane

City Carnegie	State PA	Zip Code 15106-1473
------------------	-------------	------------------------

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

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

Receipt For: 2017
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2017

Transaction ID : SA11AI.7488

Amount of Each Receipt this Period
600.00

Memo Item
\$100.00/monthly

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

Mailing Address 416 Pinnacle Heights Ln

City Las Vegas	State NV	Zip Code 89144
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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) Medical Director
---	---

Receipt For: 2017
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date ▼
200.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2017

Transaction ID : SA11AI.7516

Amount of Each Receipt this Period
100.02

Memo Item
\$16.67/monthly

SUBTOTAL of Receipts This Page (optional).....	1600.02
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 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Forcada-Lowrie, Raymundo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2400 6th Ave
 Unit 501
 City San Diego State CA Zip Code 92101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Firefighter
 Receipt For: 2017
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2017
Transaction ID : SA11AI.7571
 Amount of Each Receipt this Period
 600.00
 Memo Item
 \$100.00/monthly

B. Gamma, Brett, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14930 Finegan Farm Dr
 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: 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
 12 / 31 / 2017
Transaction ID : SA11AI.7460
 Amount of Each Receipt this Period
 300.00
 Memo Item
 \$50.00/monthly

C. Garber, Suzanne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2208 Bretton Drive
 City Cincinnati State OH Zip Code 45244
 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: 2017
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2017
Transaction ID : SA11AI.7587
 Amount of Each Receipt this Period
 120.00
 Memo Item
 \$20.00/monthly

SUBTOTAL of Receipts This Page (optional).....	1020.00
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 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Garfinkel, Michael, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 261 South Parkview Ave

City Bexley	State OH	Zip Code 43209-1649
----------------	-------------	------------------------

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 ▼
200.04

Date of Receipt
12 / 31 / 2017
Transaction ID : SA11AI.7555

Amount of Each Receipt this Period
100.02

Memo Item
\$16.67/monthly

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

Mailing Address 21910 Helen Lane

City Leonardtown	State MD	Zip Code 20650-2220
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FEC ID number of contributing federal political committee. **C**

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

Receipt For: 2017
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date ▼
999.96

Date of Receipt
12 / 31 / 2017
Transaction ID : SA11AI.7477

Amount of Each Receipt this Period
499.98

Memo Item
\$83.33/monthly

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

Mailing Address 624 James Alexander Way

City Davidson	State NC	Zip Code 28036
------------------	-------------	-------------------

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 ▼
240.00

Date of Receipt
12 / 31 / 2017
Transaction ID : SA11AI.7505

Amount of Each Receipt this Period
120.00

Memo Item
\$20.00/monthly

SUBTOTAL of Receipts This Page (optional).....	720.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 57
	<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Gindlesperger, Krisii, , ,

Mailing Address 6203 Renninger Road

City New Franklin	State OH	Zip Code 44319-4741
----------------------	-------------	------------------------

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

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

Receipt For: 2017
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2017

Transaction ID : SA11AI.7536

Amount of Each Receipt this Period
600.00

Memo Item
\$100.00/monthly

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

Mailing Address 52675 Timber Dr

City Bridgeport	State OH	Zip Code 43912
--------------------	-------------	-------------------

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: 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
12	/	31	/	2017

Transaction ID : SA11AI.7470

Amount of Each Receipt this Period
150.00

Memo Item
\$25.00/monthly

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

Mailing Address 1519 Bonnie Brae Apt 1E

City River Forest	State IL	Zip Code 60305-1236
----------------------	-------------	------------------------

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
12	/	31	/	2017

Transaction ID : SA11AI.7569

Amount of Each Receipt this Period
150.00

Memo Item
\$25.00/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 21 OF 57
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Groomes, Roderick, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2017
Mailing Address 417 Edgewood Drive		Transaction ID : SA11AI.7574
City Sarver	State PA	Zip Code 16055-9266
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 300.00
Name of Employer (for Individual) AHN Medical Group, LLC	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$50.00/monthly
Receipt For: 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. Guyton, Steven, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2017
Mailing Address 40 Waterfront Dr		Transaction ID : SA11AI.7585
City Pittsburgh	State PA	Zip Code 15224
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 150.00
Name of Employer (for Individual) AHN Medical Group, LLC	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$25.00/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 C. Hall, Timothy, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2017
Mailing Address 1380 Woodhurst Drive		Transaction ID : SA11AI.7597
City Rock Hill	State SC	Zip Code 29732
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 100.02
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Emergency Physician	<input type="checkbox"/> Memo Item \$16.67/monthly
Receipt For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 200.04	

SUBTOTAL of Receipts This Page (optional).....	550.02
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 57
	<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. Hallock, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2124 Bay Front Terrace
 City Annapolis State MD Zip Code 21409
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) Medical Director
 Receipt For: 2017
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **240.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2017
Transaction ID : SA11AI.7573
 Amount of Each Receipt this Period
 120.00
 Memo Item
 \$20.00/monthly

B. Hibbs, Nathaniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6634 S. Prescott Way
 City Littleton State CO Zip Code 80120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Colorado Emergency Service Physicians, Occupation (for Individual) Medical Director
 Receipt For: 2017
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **1100.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2017
Transaction ID : SA11AI.7559
 Amount of Each Receipt this Period
 600.00
 Memo Item
 \$100.00/monthly

C. Hill, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9801 Sardis Oaks Road
 City Charlotte State NC Zip Code 28270
 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: 2017
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **960.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2017
Transaction ID : SA11AI.7513
 Amount of Each Receipt this Period
 480.00
 Memo Item
 \$80.00/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 23 OF 57
	<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. Hrutkay, Lisa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1464 Stoolfire Road
 City Valley Grove State WV Zip Code 26060
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) EMS Director
 Receipt For: 2017
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 200.04

Date of Receipt 12 / 31 / 2017
Transaction ID : SA11AI.7543
 Amount of Each Receipt this Period 100.02
 Memo Item
 \$16.67/monthly

B. 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) Regional Education Director
 Receipt For: 2017
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 12 / 31 / 2017
Transaction ID : SA11AI.7540
 Amount of Each Receipt this Period 600.00
 Memo Item
 \$100.00/monthly

C. Hunter, Ebony, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9811 S Winston Ave
 City Tulsa State OK Zip Code 74137-4840
 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 ▼ 220.00

Date of Receipt 12 / 31 / 2017
Transaction ID : SA11AI.7496
 Amount of Each Receipt this Period 120.00
 Memo Item
 \$20.00/monthly

SUBTOTAL of Receipts This Page (optional).....	820.02
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 57
	<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. 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: 2017
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **999.96**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2017
Transaction ID : SA11AI.7527
 Amount of Each Receipt this Period
 499.98
 Memo Item
 \$83.33/monthly

B. Javery, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 773 Witts Bridge Rd
 City West Brookfield State VT Zip Code 05060
 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 **1200.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2017
Transaction ID : SA11AI.7593
 Amount of Each Receipt this Period
 600.00
 Memo Item
 \$100.00/monthly

C. 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: 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
 12 / 31 / 2017
Transaction ID : SA11AI.7444
 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 25 OF 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Johnson, David, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2017
Mailing Address 27939 Berringer Run		Transaction ID : SA11AI.7481
City Westlake	State OH	Zip Code 44145
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 900.00
Name of Employer (for Individual) USACS Management Group	Occupation (for Individual) Chief Operating Officer	<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 ▼ 1800.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Jones, Bruce, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2017
Mailing Address 4187 Colister Drive		Transaction ID : SA11AI.7463
City Dublin	State OH	Zip Code 43016-6162
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) 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 ▼ 1400.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Kalaria, Amit, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2017
Mailing Address 17804 Cricket Hill Dr		Transaction ID : SA11AI.7441
City Germantown	State MD	Zip Code 20874
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 120.00
Name of Employer (for Individual) MEP Health, LLC	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$20.00/monthly
Receipt For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional).....	1620.00
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 57
	<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. Kapadia, Homi, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2017
Mailing Address 622 East Dakota Ave		Transaction ID : SA11AI.7507
City Denver	State CO	Zip Code 80209-2010
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 120.00	
Name of Employer (for Individual) Colorado Emergency Service Physicians,	Occupation (for Individual) Regional Vice President	<input type="checkbox"/> Memo Item \$20.00/monthly
Receipt For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 220.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Kella, Vipul, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2017
Mailing Address 11808 Woodthrus Lane		Transaction ID : SA11AI.7601
City Potomac	State MD	Zip Code 20854
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00	
Name of Employer (for Individual) MEP Health, LLC	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$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 ▼ 600.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Keller, Noah, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2017
Mailing Address 10119 Easterday Ct		Transaction ID : SA11AI.7563
City Hagerstown	State MD	Zip Code 21742
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 600.00	
Name of Employer (for Individual) Virtual Locations	Occupation (for Individual) Regional Vice President	<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 ▼ 1200.00	

SUBTOTAL of Receipts This Page (optional).....	1020.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 57
	<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. Kendall, Jayne, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2017
Mailing Address 21710 Parsons Green Row		Transaction ID : SA11AI.7517
City Cornelius	State NC	Zip Code 28031
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer (for Individual) Virtual Locations	Occupation (for Individual) Regional Vice President	<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 1200.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Kile, Tamara, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2017
Mailing Address 8513 Guertin Court		Transaction ID : SA11AI.7591
City Frederick	State MD	Zip Code 21704
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 120.00
Name of Employer (for Individual) MEP Health, LLC	Occupation (for Individual) Regional Medical Director	<input type="checkbox"/> Memo Item \$20.00/monthly
Receipt For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 240.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Kirkpatrick, Kyle, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2017
Mailing Address 16360 Hawkstone Place		Transaction ID : SA11AI.7538
City Parker	State CO	Zip Code 80134
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 120.00
Name of Employer (for Individual) Colorado Emergency Service Physicians,	Occupation (for Individual) APP Lead	<input type="checkbox"/> Memo Item \$20.00/monthly
Receipt For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 240.00	

SUBTOTAL of Receipts This Page (optional).....	840.00
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 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Klein, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11736 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) National Director of Quality
 Receipt For: 2017
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2017
Transaction ID : SA11AI.7485
 Amount of Each Receipt this Period 300.00
 Memo Item
 \$50.00/monthly

B. Kleinman, Jacob, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6014 Bryant Street
 City Pittsburgh State PA Zip Code 15206
 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 ▼ 240.00

Date of Receipt 12 / 31 / 2017
Transaction ID : SA11AI.7512
 Amount of Each Receipt this Period 120.00
 Memo Item
 \$20.00/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
 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: 2017
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 31 / 2017
Transaction ID : SA11AI.7524
 Amount of Each Receipt this Period 120.00
 Memo Item
 \$20.00/monthly

SUBTOTAL of Receipts This Page (optional).....	540.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 57
	<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. Kuchinski, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2601 S Pavilion Center Drive
 Unit 1200
 City Las Vegas State NV Zip Code 89135-1812
 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 **1200.00**

Date of Receipt
12 / 31 / 2017
Transaction ID : SA11AI.7528
 Amount of Each Receipt this Period
600.00
 Memo Item
 \$100.00/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
 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 **240.00**

Date of Receipt
12 / 31 / 2017
Transaction ID : SA11AI.7452
 Amount of Each Receipt this Period
120.00
 Memo Item
 \$20.00/monthly

C. Lancaster, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6633 Silver Fox 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) Emergency Physician
 Receipt For: 2017
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **200.04**

Date of Receipt
12 / 31 / 2017
Transaction ID : SA11AI.7490
 Amount of Each Receipt this Period
100.02
 Memo Item
 \$16.67/monthly

SUBTOTAL of Receipts This Page (optional).....	820.02
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 57
	<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. Land, Larry, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2017
Mailing Address 10014 Hazelnut Court		Transaction ID : SA11AI.7539
City Tampa	State FL	Zip Code 33647
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 600.00	
Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC	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 ▼ 1000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Latouf, Kathleen, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2017
Mailing Address 6 Old Farm Rd		Transaction ID : SA11AI.7531
City Carnegie	State PA	Zip Code 15106
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 120.00	
Name of Employer (for Individual) AHN Medical Group, LLC	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$20.00/monthly
Receipt For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 220.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Lawrence, Linda, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2017
Mailing Address 4670 Armandale Avenue		Transaction ID : SA11AI.7542
City Canton	State OH	Zip Code 44718
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 600.00	
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) President	<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 ▼ 900.00	

SUBTOTAL of Receipts This Page (optional).....	1320.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 57
	<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. 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) Firefighter
 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
 12 / 31 / 2017
Transaction ID : SA11AI.7545
 Amount of Each Receipt this Period 300.00
 Memo Item
 \$100.00/monthly

B. Lee, Betsy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2200 Pine St
 City Philadelphia State PA Zip Code 19103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Firefighter
 Receipt For: 2017
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2017
Transaction ID : SA11AI.7458
 Amount of Each Receipt this Period 120.00
 Memo Item
 \$20.00/monthly

C. 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 ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2017
Transaction ID : SA11AI.7582
 Amount of Each Receipt this Period 300.00
 Memo Item
 \$50.00/monthly

SUBTOTAL of Receipts This Page (optional).....	720.00
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 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Lim, Andrew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 81 Fieldstone Run
 City Farmington State CT Zip Code 06032-2741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) Emergency Physician
 Receipt For: 2017
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 12 / 31 / 2017
Transaction ID : SA11AI.7446
 Amount of Each Receipt this Period
 120.00
 Memo Item
 \$20.00/monthly

B. Little, Andrew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5514 Ayrshire Dr
 City Dublin State OH Zip Code 43017-9428
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Emergency Physician
 Receipt For: 2017
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 1200.00

Date of Receipt
 12 / 31 / 2017
Transaction ID : SA11AI.7445
 Amount of Each Receipt this Period
 600.00
 Memo Item
 \$100.00/monthly

C. Lloyd, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2286 Picket Post Lane
 City Columbus State OH Zip Code 43220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Director of Clinical Education
 Receipt For: 2017
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 200.04

Date of Receipt
 12 / 31 / 2017
Transaction ID : SA11AI.7471
 Amount of Each Receipt this Period
 100.02
 Memo Item
 \$16.67/monthly

SUBTOTAL of Receipts This Page (optional).....	820.02
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 33 OF 57 (check only one)
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Lombino, Donald, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2017		
Mailing Address 22 Connecticut Avenue			Transaction ID : SA11AI.7495		
City Greenwich	State CT	Zip Code 06830-5736	Amount of Each Receipt this Period 120.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$20.00/monthly		
Name of Employer (for Individual) USACS Medical Group, LTD		Occupation (for Individual) Chairman			
Receipt For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other		Aggregate Year-to-Date ▼ 240.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Long, Alexis, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2017		
Mailing Address PO Box 51			Transaction ID : SA11AI.7438		
City Georgetown	State CA	Zip Code 95634	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$20.00/monthly		
Name of Employer (for Individual) USACS Medical Group, LTD		Occupation (for Individual) Emergency Physician			
Receipt For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other		Aggregate Year-to-Date ▼ 220.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. MacLean, Craig, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2017		
Mailing Address 64 Newfields Rd			Transaction ID : SA11AI.7472		
City Exeter	State NH	Zip Code 03833	Amount of Each Receipt this Period 100.02		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$16.67/monthly		
Name of Employer (for Individual) USACS Medical Group, LTD		Occupation (for Individual) Medical Director			
Receipt For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other		Aggregate Year-to-Date ▼ 200.04			

SUBTOTAL of Receipts This Page (optional).....▶	320.02
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 57
	<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. Madar, Merci, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7805 Valderrama Way
 City Bradenton State FL Zip Code 34202
 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: 2017
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 200.04

Date of Receipt 12 / 31 / 2017
Transaction ID : SA11AI.7552
 Amount of Each Receipt this Period 100.02
 Memo Item
 \$16.67/monthly

B. Mann, Rubeal, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3334 Club Way Court
 City Powell State OH Zip Code 43065-5146
 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 ▼ 1200.00

Date of Receipt 12 / 31 / 2017
Transaction ID : SA11AI.7575
 Amount of Each Receipt this Period 600.00
 Memo Item
 \$100.00/monthly

C. Markowski, Kevin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 572 White Tail Ridge Drive
 City Fairlawn State OH Zip Code 44333
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Quality Director
 Receipt For: 2017
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 200.04

Date of Receipt 12 / 31 / 2017
Transaction ID : SA11AI.7534
 Amount of Each Receipt this Period 100.02
 Memo Item
 \$16.67/monthly

SUBTOTAL of Receipts This Page (optional).....	800.04
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 57
	<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. Martino, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 893 Jill Dr
 City Pittsburgh State PA Zip Code 15227-1372
 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: 2017
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 200.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2017
Transaction ID : SA11AI.7556
 Amount of Each Receipt this Period 100.02
 Memo Item
 \$16.67/monthly

B. 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Firefighter
 Receipt For: 2017
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2017
Transaction ID : SA11AI.7448
 Amount of Each Receipt this Period 120.00
 Memo Item
 \$20.00/monthly

C. 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) Emergency Physician
 Receipt For: 2017
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2017
Transaction ID : SA11AI.7564
 Amount of Each Receipt this Period 50.00
 Memo Item
 \$50.00/monthly

SUBTOTAL of Receipts This Page (optional).....	270.02
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 57
	<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. Mayz, Kurtis, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2017
Mailing Address 13015 Conifer St		Transaction ID : SA11AI.7537
City Plainfield	State IL	Zip Code 60585
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) Firefighter	<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 ▼ 600.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. McCourt, J.D., , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2017
Mailing Address 9436 Steeplehill Dr		Transaction ID : SA11AI.7509
City Las Vegas	State NV	Zip Code 89117
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.02
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$16.67/monthly
Receipt For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 200.04	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. McCutcheon, Edward, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2017
Mailing Address 605 McDonald Ave		Transaction ID : SA11AI.7497
City Charlotte	State NC	Zip Code 28203
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.02
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$16.67/monthly
Receipt For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 200.04	

SUBTOTAL of Receipts This Page (optional).....	500.04
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 57
	<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. Mendenhall, Matthew, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2017
Mailing Address 3224 S. Ash St.		Transaction ID : SA11AI.7549
City Denver	State CO	Zip Code 80222
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 120.00
Name of Employer (for Individual) Colorado Emergency Service Physicians,	Occupation (for Individual) Assistant Medical Director	<input type="checkbox"/> Memo Item \$20.00/monthly
Receipt For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 220.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Meyer, Kendra, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2017
Mailing Address 85 Beatty Lane		Transaction ID : SA11AI.7532
City Scenery Hill	State PA	Zip Code 15360-1537
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer (for Individual) AHN Medical Group, LLC	Occupation (for Individual) Director of APPs	<input type="checkbox"/> Memo Item \$50.00/monthly
Receipt For: 2017 <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 M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2017
Mailing Address 9667 Ashley Green Ct NW		Transaction ID : SA11AI.7589
City Concord	State NC	Zip Code 28027
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.02
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Quality Director	<input type="checkbox"/> Memo Item \$16.67/monthly
Receipt For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 200.04	

SUBTOTAL of Receipts This Page (optional).....	520.02
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 57
	<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. Mittleman, Craig, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Equestrian Ridge
 City Newtown State CT Zip Code 06470
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) Medical Director
 Receipt For: 2017
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2017
Transaction ID : SA11AI.7473
 Amount of Each Receipt this Period
 300.00
 Memo Item
 \$50.00/monthly

B. Natapraya, Kent, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6433 Empty Song Road
 City Columbia State MD Zip Code 21044
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) APP Lead
 Receipt For: 2017
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2017
Transaction ID : SA11AI.7533
 Amount of Each Receipt this Period
 120.00
 Memo Item
 \$20.00/monthly

C. Norris, Donald, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 401 S Main St Apt 211
 City Akron State OH Zip Code 44311-1113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Core Faculty for Summa Health System
 Receipt For: 2017
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 200.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2017
Transaction ID : SA11AI.7494
 Amount of Each Receipt this Period
 100.02
 Memo Item
 \$16.67/monthly

SUBTOTAL of Receipts This Page (optional).....	520.02
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 57
(check only one)
 11a 11b 11c 12
 13 14 15 16 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 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 ▼
 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2017
Transaction ID : SA11AI.7553
 Amount of Each Receipt this Period
 600.00
 Memo Item
 \$100.00/monthly

B. Pacitti, Andrew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 80 Windom Ln
 City Nicholasville State KY Zip Code 40356
 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 ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2017
Transaction ID : SA11AI.7447
 Amount of Each Receipt this Period
 120.00
 Memo Item
 \$20.00/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) Virtual Locations Occupation (for Individual) Co-Founder
 Receipt For: 2017
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2017
Transaction ID : SA11AI.7482
 Amount of Each Receipt this Period
 600.00
 Memo Item
 \$100.00/monthly

SUBTOTAL of Receipts This Page (optional)..... ► 1320.00
TOTAL This Period (last page this line number only)..... ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 57
	<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. 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) USACS Medical Group, LTD Occupation (for Individual) Regional Chief Administrative Officer
 Receipt For: 2017
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 1800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2017
Transaction ID : SA11AI.7566
 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) 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
 12 / 31 / 2017
Transaction ID : SA11AI.7465
 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) System 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
 12 / 31 / 2017
Transaction ID : SA11AI.7558
 Amount of Each Receipt this Period
 300.00
 Memo Item
 \$50.00/monthly

SUBTOTAL of Receipts This Page (optional).....▶ 1500.00
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 57
	<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. Pollack, Henry, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2017
Mailing Address 42348 John Muir Drive		Transaction ID : SA11AI.7506
City Coarsegold	State CA	Zip Code 93614-9619
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.02
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Quality Director	<input type="checkbox"/> Memo Item \$16.67/monthly
Receipt For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 200.04	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Powers, Evelyn, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2017
Mailing Address 15 Deerfield Dr		Transaction ID : SA11AI.7499
City Richmond	State RI	Zip Code 02898-1220
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 120.00
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) System APP Lead	<input type="checkbox"/> Memo Item \$20.00/monthly
Receipt For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 240.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Radford, Shawn, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2017
Mailing Address 210 N Wells St Apt 4001		Transaction ID : SA11AI.7581
City Chicago	State IL	Zip Code 60606-1352
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Director of Firefighters	<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 ▼ 1200.00	

SUBTOTAL of Receipts This Page (optional).....	820.02
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 57
<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. Roberts, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2905 Turpin Lake PL
 City Cincinnati State OH Zip Code 45244
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Education Director-Mercy Cincinnati Ea
 Receipt For: 2017
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date 240.00

Date of Receipt 12 / 31 / 2017
Transaction ID : SA11AI.7550
 Amount of Each Receipt this Period 120.00
 Memo Item \$20.00/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) Tampa Bay Emergency Physicians, LLC Occupation (for Individual) Associate Medical Director
 Receipt For: 2017
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date 1200.00

Date of Receipt 12 / 31 / 2017
Transaction ID : SA11AI.7502
 Amount of Each Receipt this Period 600.00
 Memo Item \$100.00/monthly

C. Rosen, Nicholas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1089 S. Williams St.
 City Denver State CO Zip Code 80209
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Colorado Emergency Service Physicians, Occupation (for Individual) Medical Director
 Receipt For: 2017
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date 220.00

Date of Receipt 12 / 31 / 2017
Transaction ID : SA11AI.7562
 Amount of Each Receipt this Period 120.00
 Memo Item \$20.00/monthly

SUBTOTAL of Receipts This Page (optional).....	840.00
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 57
	<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. Ross, Sanford, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5318 Wyndam Ln.
 City Brighton State MI Zip Code 48116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Assistant Medical Director
 Receipt For: 2017
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **220.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2017
Transaction ID : SA11AI.7579
 Amount of Each Receipt this Period
 120.00
 Memo Item
 \$20.00/monthly

B. Roy, Neil, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6700 Applewood Place
 City Rockville State MD Zip Code 20855
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) Medical Director
 Receipt For: 2017
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **240.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2017
Transaction ID : SA11AI.7561
 Amount of Each Receipt this Period
 120.00
 Memo Item
 \$20.00/monthly

C. Satkowiak, Lawrence, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5175 Raintree Dr
 City Parker State CO Zip Code 80134-5233
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Regional Vice President
 Receipt For: 2017
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **240.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2017
Transaction ID : SA11AI.7541
 Amount of Each Receipt this Period
 120.00
 Memo Item
 \$20.00/monthly

SUBTOTAL of Receipts This Page (optional).....	360.00
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 57
<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. Savitch, Benjamin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1030 N State St
 38B
 City Chicago State IL Zip Code 60610
 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 ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2017
Transaction ID : SA11AI.7457
 Amount of Each Receipt this Period 120.00
 Memo Item
 \$20.00/monthly

B. Savitt, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3087 Abrams Drive
 City Twinsburg State OH Zip Code 44087
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Management Group Occupation (for Individual) Chief Financial Officer
 Receipt For: 2017
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2017
Transaction ID : SA11AI.7479
 Amount of Each Receipt this Period 120.00
 Memo Item
 \$20.00/monthly

C. Scott, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4733 North Ridge Drive
 City Akron State OH Zip Code 44333
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Chief Administrative Officer
 Receipt For: 2017
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 200.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2017
Transaction ID : SA11AI.7486
 Amount of Each Receipt this Period 100.02
 Memo Item
 \$16.67/monthly

SUBTOTAL of Receipts This Page (optional).....	340.02
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 57
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Scott, John, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1384 Leslie NE Ln

City Lancaster	State OH	Zip Code 43130
-------------------	-------------	-------------------

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

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

Receipt For: 2017
 Primary General
 Other (specify) Other

Aggregate Year-to-Date ▼
200.04

Date of Receipt
12 / 31 / 2017
Transaction ID : SA11AI.7525

Amount of Each Receipt this Period
100.02

Memo Item
\$16.67/monthly

B. 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
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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) Medical Director
---	---

Receipt For: 2017
 Primary General
 Other (specify) Other

Aggregate Year-to-Date ▼
200.04

Date of Receipt
12 / 31 / 2017
Transaction ID : SA11AI.7489

Amount of Each Receipt this Period
100.02

Memo Item
\$16.67/monthly

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

Mailing Address 399 Main Avenue
Unit 823

City Norwalk	State CT	Zip Code 06851-1575
-----------------	-------------	------------------------

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 ▼
200.04

Date of Receipt
12 / 31 / 2017
Transaction ID : SA11AI.7588

Amount of Each Receipt this Period
100.02

Memo Item
\$16.67/monthly

SUBTOTAL of Receipts This Page (optional).....	300.06
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 57
<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. Simonsen, Jeremy, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2017
Mailing Address 520 E Martin Luther King Blvd Unit 1106		Transaction ID : SA11AI.7520
City Charlotte	State NC	Zip Code 28202
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Firefighter	<input type="checkbox"/> Memo Item \$25.00/monthly
Receipt For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 275.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Sinnott, Annie, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2017
Mailing Address 1335 N Bosworth Avenue		Transaction ID : SA11AI.7453
City Chicago	State IL	Zip Code 60642
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.02
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$16.67/monthly
Receipt For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 200.04	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Slabinski, Mark, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2017
Mailing Address 3004 Edison St. NW		Transaction ID : SA11AI.7547
City Uniontown	State OH	Zip Code 44685
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) Regional Vice President	<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 ▼ 999.96	

SUBTOTAL of Receipts This Page (optional).....	725.00
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 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Smitek, Rachel, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2017
Mailing Address 234 Lakeshore Dr			Transaction ID : SA11AI.7568
City Mooresville	State NC	Zip Code 28117-7535	Amount of Each Receipt this Period 120.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$20.00/monthly
Name of Employer (for Individual) USACS Medical Group, LTD		Occupation (for Individual) Emergency Physician	
Receipt For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other		Aggregate Year-to-Date 240.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Snediker, Daniel, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2017
Mailing Address 14713 Tudor Chase Dr			Transaction ID : SA11AI.7478
City Tampa	State FL	Zip Code 33626-3340	Amount of Each Receipt this Period 100.02
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$16.67/monthly
Name of Employer (for Individual) 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 200.04	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Snyder, Aaron, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2017
Mailing Address 9925 Silver Brook Drive			Transaction ID : SA11AI.7436
City Rockville	State MD	Zip Code 20850	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) Virtual Locations		Occupation (for Individual) Regional Vice President	
Receipt For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other		Aggregate Year-to-Date 1800.00	

SUBTOTAL of Receipts This Page (optional).....	1120.02
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 57
	<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. Snyder, Eric, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2017
Mailing Address P.O. Box 384		Transaction ID : SA11AI.7498
City Carrolltown	State PA	Zip Code 15722
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 120.00	
Name of Employer (for Individual) AHN Medical Group, LLC	Occupation (for Individual) APP Lead	<input type="checkbox"/> Memo Item \$20.00/monthly
Receipt For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 380.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Srivastava, Geetanjali, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2017
Mailing Address 5447 N Sequoia Ave		Transaction ID : SA11AI.7504
City Fresno	State CA	Zip Code 93711-2849
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 600.00	
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) 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 ▼ 1100.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Tirheimer, Wenzel, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2017
Mailing Address 13404 Golf Crest Way		Transaction ID : SA11AI.7603
City Tampa	State FL	Zip Code 33618
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 900.00	
Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC	Occupation (for Individual) Emergency Physician	<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 ▼ 1650.00	

SUBTOTAL of Receipts This Page (optional).....	1620.00
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 57
	<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. Toole, Timothy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2547 E 26th PI
 City Tulsa State OK Zip Code 74114-4303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Associate Medical Director
 Receipt For: 2017
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2017
Transaction ID : SA11AI.7598
 Amount of Each Receipt this Period 120.00
 Memo Item
 \$20.00/monthly

B. Trotter, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5401 South Ingleside Avenue
 City Chicago State IL Zip Code 60615-5013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director
 Receipt For: 2017
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 200.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2017
Transaction ID : SA11AI.7487
 Amount of Each Receipt this Period 100.02
 Memo Item
 \$16.67/monthly

C. Tucker, Cynthia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 Warwick Terrace
 City Waterford State CT Zip Code 06385
 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 ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2017
Transaction ID : SA11AI.7474
 Amount of Each Receipt this Period 120.00
 Memo Item
 \$20.00/monthly

SUBTOTAL of Receipts This Page (optional).....	340.02
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 57
	<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. Tucker, Jeremy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23959 Meredith Court
 City Hollywood State MD Zip Code 20636
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) National Director of Patient Safety
 Receipt For: 2017
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **1200.00**

Date of Receipt **12 / 31 / 2017**
Transaction ID : SA11AI.7519
 Amount of Each Receipt this Period **600.00**
 Memo Item
 \$100.00/monthly

B. 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 Medical Group, LTD Occupation (for Individual) Vice President of Marketing and Recrui
 Receipt For: 2017
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **200.04**

Date of Receipt **12 / 31 / 2017**
Transaction ID : SA11AI.7600
 Amount of Each Receipt this Period **100.02**
 Memo Item
 \$16.67/monthly

C. Vaill, Samuel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 315 Bridge Street
 City South Hamilton State MA Zip Code 01982
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Management Group Occupation (for Individual) Chief Development Officer
 Receipt For: 2017
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **600.00**

Date of Receipt **12 / 31 / 2017**
Transaction ID : SA11AI.7578
 Amount of Each Receipt this Period **300.00**
 Memo Item
 \$50.00/monthly

SUBTOTAL of Receipts This Page (optional).....	1000.02
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 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Vock, Tracie, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2017
Mailing Address 1826 Free Terrace			Transaction ID : SA11AI.7599
City Frederick	State MD	Zip Code 21702	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) Director of APPs, Observation Medicine	
Receipt For: 2017 <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. Watling, Bradley, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2017
Mailing Address 101 E. W.T. Harris Blvd Suite 3109			Transaction ID : SA11AI.7459
City Mooresville	State NC	Zip Code 28117	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) Virtual Locations		Occupation (for Individual) Regional Vice President	
Receipt For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 1533.34		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Weaver, Mary, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2017
Mailing Address 16715 Redcliff Dr.			Transaction ID : SA11AI.7548
City Huntersville	State NC	Zip Code 28078	Amount of Each Receipt this Period 120.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$20.00/monthly
Name of Employer (for Individual) USACS Medical Group, LTD		Occupation (for Individual) Travel APP	
Receipt For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 240.00		

SUBTOTAL of Receipts This Page (optional).....	1320.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 52 OF 57
<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. Wellock, Austin, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2017
Mailing Address 2439 Clydesdale St NW			Transaction ID : SA11AI.7455
City North Canton	State OH	Zip Code 44720-9818	Amount of Each Receipt this Period 100.02
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$16.67/monthly	
Name of Employer (for Individual) USACS Medical Group, LTD		Occupation (for Individual) Medical Director	
Receipt For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other		Aggregate Year-to-Date ▼ 200.04	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Welsh, Ian, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2017
Mailing Address 1027 Gardenia St			Transaction ID : SA11AI.7508
City Fort Mill	State SC	Zip Code 29708	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) Assistant 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 C. White, Jeremy, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2017
Mailing Address 4844 Jewell Terrace			Transaction ID : SA11AI.7521
City Palm Harbor	State FL	Zip Code 34685	Amount of Each Receipt this Period 120.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$20.00/monthly	
Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC		Occupation (for Individual) Associate Medical Director	
Receipt For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other		Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional).....	520.02
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 57
	<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. Wirtz, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Highgate NE
 City Ithaca State NY Zip Code 14850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director
 Receipt For: 2017
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 200.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2017
Transaction ID : SA11AI.7484
 Amount of Each Receipt this Period
 100.02
 Memo Item
 \$16.67/monthly

B. Wu, Jack, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1018 Assembly Street
 City Belmont State NC Zip Code 28012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Firefighter
 Receipt For: 2017
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2017
Transaction ID : SA11AI.7510
 Amount of Each Receipt this Period
 120.00
 Memo Item
 \$20.00/monthly

C. Wyatt, Cheryl, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 141
 City Lexington Park State MD Zip Code 20653-0141
 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: 2017
 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
 12 / 31 / 2017
Transaction ID : SA11AI.7467
 Amount of Each Receipt this Period
 300.00
 Memo Item
 \$50.00/monthly

SUBTOTAL of Receipts This Page (optional).....	520.02
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 54 OF 57
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Yonteck, Frederick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27518 Pine Point Drive
 City Wesley Chapel State FL Zip Code 33544
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC Occupation (for Individual) Regional Chest Pain & Stroke Director
 Receipt For: 2017
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **12 / 31 / 2017**
Transaction ID : SA11AI.7503
 Amount of Each Receipt this Period **120.00**
 Memo Item
 \$20.00/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) USACS Medical Group, LTD Occupation (for Individual) Firefighter
 Receipt For: 2017
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt **12 / 31 / 2017**
Transaction ID : SA11AI.7464
 Amount of Each Receipt this Period **600.00**
 Memo Item
 \$100.00/monthly

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

Date of Receipt
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	720.00
TOTAL This Period (last page this line number only).....	45016.66

**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. ANDY BARR FOR CONGRESS, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		17		2017

Mailing Address PO BOX 2059

FEC Identification Number

C C00467571

City LEXINGTON State KY Zip Code 40588

Transaction ID : SB23.7255

Purpose of Disbursement Contribution

011
Category/
Type

Amount of Each Disbursement this Period

2000.00

Candidate Name

BARR, GARLAND ANDY, , ,

Office Sought: House Senate President
State: KY District: 06

Disbursement For: 2017
 Primary General
 Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)
B. ANDY HARRIS FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		30		2017

Mailing Address PO BOX 426

FEC Identification Number

C C00435974

City STEVENSVILLE State MD Zip Code 21666

Transaction ID : SB23.7258

Purpose of Disbursement Contribution

011
Category/
Type

Amount of Each Disbursement this Period

2500.00

Candidate Name

HARRIS, ANDREW P, , ,

Office Sought: House Senate President
State: MD District: 01

Disbursement For: 2017
 Primary General
 Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)
C. CASTOR FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		24		2017

Mailing Address 301 W PLATT STREET, #385

FEC Identification Number

C C00410761

City TAMPA State FL Zip Code 33606

Transaction ID : SB23.7256

Purpose of Disbursement Contribution

011
Category/
Type

Amount of Each Disbursement this Period

500.00

Candidate Name

CASTOR, KATHY, , ,

Office Sought: House Senate President
State: FL District: 14

Disbursement For: 2017
 Primary General
 Other (specify) ▼

Memo Item

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

5000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)

Date of Disbursement

Mailing Address PO BOX 681202

M M M	/	D D D	/	Y Y Y Y Y
11		30		2017

City SCHAUMBURG State IL Zip Code 60168

FEC Identification Number

Purpose of Disbursement Contribution

011

C	C00575092
---	-----------

Transaction ID : SB23.7260

Candidate Name KRISHNAMOORTHY, S. RAJA, , ,

Amount of Each Disbursement this Period

Office Sought: House Senate President
 Disbursement For: 2017 Primary General Other (specify) ▼
 State: IL District: 08

1000.00

Memo Item

B. MIKE MILLER FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 127 WEST FAIRBANKS AVE #380

M M M	/	D D D	/	Y Y Y Y Y
12		28		2017

City WINTER PARK State FL Zip Code 32789

FEC Identification Number

Purpose of Disbursement Contribution

011

C	C00648816
---	-----------

Transaction ID : SB23.7264

Candidate Name MILLER, MIKE, , ,

Amount of Each Disbursement this Period

Office Sought: House Senate President
 Disbursement For: 2017 Primary General Other (specify) ▼
 State: FL District: 07

500.00

Memo Item

C. QUIGLEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 2652 N SOUTHPORT AVENUE
UNIT E

M M M	/	D D D	/	Y Y Y Y Y
11		30		2017

City CHICAGO State IL Zip Code 60614

FEC Identification Number

Purpose of Disbursement Contribution

011

C	C00457556
---	-----------

Transaction ID : SB23.7261

Candidate Name QUIGLEY, MIKE, , ,

Amount of Each Disbursement this Period

Office Sought: House Senate President
 Disbursement For: 2017 Primary General Other (specify) ▼
 State: IL District: 05

1000.00

Memo Item

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

2500.00

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. SINEMA FOR ARIZONA

Mailing Address PO BOX 7586

City PHOENIX State AZ Zip Code 85011

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name
SINEMA, KYRSTEN, , ,

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

State: AZ District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		3	0		2	0	1	7		

FEC Identification Number

C C00508804

Transaction ID : SB23.7259

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)
B. WENSTRUP FOR CONGRESS

Mailing Address PO BOX 9551

City CINCINNATI State OH Zip Code 45209

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name
WENSTRUP, BRAD DR., , ,

Office Sought: House Senate President
Disbursement For: 2017 Primary General Other (specify)

State: OH District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		1	6		2	0	1	7		

FEC Identification Number

C C00497818

Transaction ID : SB23.7257

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)
C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

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

State: District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

4000.00

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

11500.00