

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2015"/>	<input type="text" value="10308.82"/>	<input type="text" value="10308.82"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="9569.36"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="18754.05"/>	<input type="text" value="35764.59"/>
(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="28323.41"/>	<input type="text" value="46073.41"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="12000.00"/>	<input type="text" value="29750.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="16323.41"/>	<input type="text" value="16323.41"/>
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. 06/2004)

Page 3

Write or Type Committee Name

USACS PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	15128.56	25126.49
(ii) Unitemized	3625.49	10638.10
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	18754.05	35764.59
(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)	18754.05	35764.59
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))..... ▶	18754.05	35764.59
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	18754.05	35764.59

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12000.00	29750.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(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	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	12000.00	29750.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12000.00	29750.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	18754.05	35764.59
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	18754.05	35764.59
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 30
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
USACS PAC

Full Name (Last, First, Middle Initial) A. Amit Arwindekar		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.5790
Mailing Address 2043 W McLean Ave		Amount of Each Receipt this Period 499.98 \$83.33/monthly
City Chicago	State IL	Zip Code 60647
FEC ID number of contributing federal political committee. C		
Name of Employer EMP Medical Group, LTD	Occupation Emergency Physician	
Receipt For: 2015 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 999.96	

Full Name (Last, First, Middle Initial) B. James Augustine		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.5793
Mailing Address 7868 Classics Drive		Amount of Each Receipt this Period 240.00 \$40.00/monthly
City Naples	State FL	Zip Code 34113
FEC ID number of contributing federal political committee. C		
Name of Employer EMP Medical Group, LTD	Occupation Emergency Physician	
Receipt For: 2015 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 240.00	

Full Name (Last, First, Middle Initial) C. Neal Aulick		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.5794
Mailing Address 11 Aaronwoods Court		Amount of Each Receipt this Period 120.00 \$20.00/monthly
City Wheeling	State WV	Zip Code 26003
FEC ID number of contributing federal political committee. C		
Name of Employer EMP Medical Group, LTD	Occupation Emergency Physician	
Receipt For: 2015 <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).....	859.98
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 7 OF 30
	<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. Dominic Bagnoli
Full Name (Last, First, Middle Initial)
Mailing Address 50 East Drive

City Hartville	State OH	Zip Code 44632
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FEC ID number of contributing federal political committee. **C**

Name of Employer EMP Medical Group, LTD	Occupation Emergency Physician
--	-----------------------------------

Receipt For: 2015
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11AI.5795

Amount of Each Receipt this Period
2499.98
\$416.67/monthly

B. Jennifer Bradstreet
Full Name (Last, First, Middle Initial)
Mailing Address 2212 Cross Creek Drive

City Gastonia	State NC	Zip Code 28056
------------------	-------------	-------------------

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

Name of Employer EMP Medical Group, LTD	Occupation Emergency Physician
--	-----------------------------------

Receipt For: 2015
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date ▼
240.00

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11AI.5801

Amount of Each Receipt this Period
120.00
\$20.00/monthly

C. Eric Brown
Full Name (Last, First, Middle Initial)
Mailing Address 9251 Lawing School Road

City Charlotte	State NC	Zip Code 28214
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FEC ID number of contributing federal political committee. **C**

Name of Employer EMP Medical Group, LTD	Occupation Emergency Physician
--	-----------------------------------

Receipt For: 2015
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date ▼
200.04

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11AI.5802

Amount of Each Receipt this Period
100.02
\$16.67/monthly

SUBTOTAL of Receipts This Page (optional).....	2720.00
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 30
	<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. Robert Canonico
Full Name (Last, First, Middle Initial)
Mailing Address 1578 Uluhao St
City Kailua State HI Zip Code 96734
FEC ID number of contributing federal political committee. **C**
Name of Employer EMP Medical Group, LTD Occupation Emergency Physician
Receipt For: 2015
 Primary General
 Other (specify) **Other**
Aggregate Year-to-Date **200.04**

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11AI.5803
Amount of Each Receipt this Period
100.02
\$16.67/monthly

B. John Casey
Full Name (Last, First, Middle Initial)
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 EMP Medical Group, LTD Occupation Emergency Physician
Receipt For: 2015
 Primary General
 Other (specify) **Other**
Aggregate Year-to-Date **240.00**

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11AI.5804
Amount of Each Receipt this Period
120.00
\$20.00/monthly

C. Louis Cirillo
Full Name (Last, First, Middle Initial)
Mailing Address 91 Woodridge Drive
City Saunderstown State RI Zip Code 02874
FEC ID number of contributing federal political committee. **C**
Name of Employer EMP Medical Group, LTD Occupation Emergency Physician
Receipt For: 2015
 Primary General
 Other (specify) **Other**
Aggregate Year-to-Date **999.96**

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11AI.5805
Amount of Each Receipt this Period
499.98
\$83.33/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 9 OF 30
<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. Orion Colfer
Full Name (Last, First, Middle Initial)
Mailing Address 2523 Hanover Ave
City Richmond State VA Zip Code 23220
FEC ID number of contributing federal political committee. **C**
Name of Employer EMP Medical Group, LTD Occupation Emergency Physician
Receipt For: 2015
 Primary General
 Other (specify) **Other**
Aggregate Year-to-Date **600.00**

Date of Receipt
12 / 31 / 2015
Transaction ID : **SA11AI.5806**
Amount of Each Receipt this Period
300.00
\$50.00/monthly

B. Christopher Corbit
Full Name (Last, First, Middle Initial)
Mailing Address 1075 Mornington Circle
City Uniontown State OH Zip Code 44685
FEC ID number of contributing federal political committee. **C**
Name of Employer EMP Medical Group, LTD Occupation Emergency Physician
Receipt For: 2015
 Primary General
 Other (specify) **Other**
Aggregate Year-to-Date **200.04**

Date of Receipt
12 / 31 / 2015
Transaction ID : **SA11AI.5809**
Amount of Each Receipt this Period
100.02
\$16.67/monthly

C. Kevin Corrigan
Full Name (Last, First, Middle Initial)
Mailing Address 13911 Holly Stream Dr
City Huntersville State NC Zip Code 28078
FEC ID number of contributing federal political committee. **C**
Name of Employer EMP Medical Group, LTD Occupation Emergency Physician
Receipt For: 2015
 Primary General
 Other (specify) **Other**
Aggregate Year-to-Date **200.04**

Date of Receipt
12 / 31 / 2015
Transaction ID : **SA11AI.5810**
Amount of Each Receipt this Period
100.02
\$16.67/monthly

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 10 OF 30
	<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. Timothy Corvino
Full Name (Last, First, Middle Initial)

Mailing Address 128 Miles Road

City Chagrin Falls State OH Zip Code 44022

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

Name of Employer EMP Medical Group, LTD Occupation Emergency Physician

Receipt For: 2015
 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 / 2015

Transaction ID : SA11AI.5811

Amount of Each Receipt this Period
498.00

\$83.00/monthly

B. Sydney De Angelis
Full Name (Last, First, Middle Initial)

Mailing Address 55 Araca Rd
P O Box 104

City Babylon State NY Zip Code 11702

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

Name of Employer EMP Medical Group, LTD Occupation Emergency Physician

Receipt For: 2015
 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 / 2015

Transaction ID : SA11AI.5813

Amount of Each Receipt this Period
120.00

\$20.00/monthly

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

Mailing Address 135 High St

City Exeter State NH Zip Code 03833

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

Name of Employer EMP Medical Group, LTD Occupation Emergency Physician

Receipt For: 2015
 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 / 2015

Transaction ID : SA11AI.5814

Amount of Each Receipt this Period
100.02

\$16.67/monthly

SUBTOTAL of Receipts This Page (optional)..... **718.02**

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 30
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name (Last, First, Middle Initial)
A. Paul Eakin

Mailing Address 1455 Hunakai St Apt 1

City State Zip Code
Honolulu HI 96816

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

Name of Employer Occupation
EMP Medical Group, LTD Emergency Physician

Receipt For: 2015
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 / /
12 / 31 / 2015

Transaction ID : SA11AI.5818

Amount of Each Receipt this Period

300.00

\$50.00/monthly

Full Name (Last, First, Middle Initial)
B. Clifford Erickson

Mailing Address 31 Forest Drive

City State Zip Code
Voorheesville NY 12186

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

Name of Employer Occupation
EMP Medical Group, LTD Emergency Physician

Receipt For: 2015
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date ▼
275.00

Date of Receipt
 / /
12 / 31 / 2015

Transaction ID : SA11AI.5819

Amount of Each Receipt this Period

150.00

\$25.00/monthly

Full Name (Last, First, Middle Initial)
c. David Ferrand

Mailing Address 119 Dorie Drive

City State Zip Code
Belmont NC 28012

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

Name of Employer Occupation
EMP Medical Group, LTD Emergency Physician

Receipt For: 2015
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date ▼
200.04

Date of Receipt
 / /
12 / 31 / 2015

Transaction ID : SA11AI.5820

Amount of Each Receipt this Period

100.02

\$16.67/monthly

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 12 OF 30
	<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. Jay Fisher
Full Name (Last, First, Middle Initial)

Mailing Address 416 Pinnacle Heights Ln

City Las Vegas State NV Zip Code 89144

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

Name of Employer EMP Medical Group, LTD Occupation Emergency Physician

Receipt For: 2015
 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 / 2015

Transaction ID : SA11AI.5821

Amount of Each Receipt this Period
 100.02

\$16.67/monthly

B. Daniel Freess
Full Name (Last, First, Middle Initial)

Mailing Address 55 Soby Dr

City West Hartford State CT Zip Code 06107

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

Name of Employer EMP Medical Group, LTD Occupation Emergency Physician

Receipt For: 2015
 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 / 2015

Transaction ID : SA11AI.5823

Amount of Each Receipt this Period
 150.00

\$25.00/monthly

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

Mailing Address 2174 North Hametown Road

City Akron State OH Zip Code 44333

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

Name of Employer EMP Medical Group, LTD Occupation Emergency Physician

Receipt For: 2015
 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 / 2015

Transaction ID : SA11AI.5824

Amount of Each Receipt this Period
 100.02

\$16.67/monthly

SUBTOTAL of Receipts This Page (optional).....	350.04
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 13 OF 30
	<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 (Last, First, Middle Initial) A. Michael Garfinkel		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.5825
Mailing Address 659 Lorenwood Drive		Amount of Each Receipt this Period 100.02 \$16.67/monthly
City Hermitage	State PA	Zip Code 16148
FEC ID number of contributing federal political committee. C		
Name of Employer EMP Medical Group, LTD	Occupation Emergency Physician	
Receipt For: 2015 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 200.04	

Full Name (Last, First, Middle Initial) B. Daniel Geary		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.5826
Mailing Address 142 Woodshire		Amount of Each Receipt this Period 499.98 \$83.33/monthly
City Pittsburgh	State PA	Zip Code 15215
FEC ID number of contributing federal political committee. C		
Name of Employer EMP Medical Group, LTD	Occupation Emergency Physician	
Receipt For: 2015 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 999.96	

Full Name (Last, First, Middle Initial) C. Roderick Groomes		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.5831
Mailing Address 1035 Glade Park East		Amount of Each Receipt this Period 250.00 \$50.00/monthly
City Kittanning	State PA	Zip Code 16201
FEC ID number of contributing federal political committee. C		
Name of Employer EMP Medical Group, LTD	Occupation Emergency Physician	
Receipt For: 2015 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	850.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 30
	<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. Timothy Hall
 Full Name (Last, First, Middle Initial)
 Mailing Address 1380 Woodhurst Drive
 City State Zip Code
 Rock Hill SC 29732
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 EMP Medical Group, LTD Emergency Physician
 Receipt For: 2015
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date ▼
 200.04

Date of Receipt
 12 / 31 / 2015
Transaction ID : SA11AI.5833
 Amount of Each Receipt this Period
 100.02
 \$16.67/monthly

B. Scott Heinrich
 Full Name (Last, First, Middle Initial)
 Mailing Address 2158 N Claremont Ave
 City State Zip Code
 Chicago IL 60647
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 EMP Medical Group, LTD Emergency Physician
 Receipt For: 2015
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date ▼
 200.04

Date of Receipt
 12 / 31 / 2015
Transaction ID : SA11AI.5834
 Amount of Each Receipt this Period
 100.02
 \$16.67/monthly

C. Lisa Hrutkay
 Full Name (Last, First, Middle Initial)
 Mailing Address 1464 Stoolfire Road
 City State Zip Code
 Valley Grove WV 26060
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 EMP Medical Group, LTD Emergency Physician
 Receipt For: 2015
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date ▼
 200.04

Date of Receipt
 12 / 31 / 2015
Transaction ID : SA11AI.5835
 Amount of Each Receipt this Period
 100.02
 \$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 15 OF 30
	<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. John Janikas
Full Name (Last, First, Middle Initial)

Mailing Address 43 Outlook Drive South

City State Zip Code
Mechanicville NY 12118

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

Name of Employer Occupation
EMP Medical Group, LTD Emergency Physician

Receipt For: 2015
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date ▼
999.96

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11AI.5836

Amount of Each Receipt this Period
499.98
\$83.33/monthly

B. Andrew Jenis
Full Name (Last, First, Middle Initial)

Mailing Address 115 Cayuga Heights Road

City State Zip Code
Ithaca NY 14850

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

Name of Employer Occupation
EMP Medical Group, LTD Emergency Physician

Receipt For: 2015
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date ▼
600.00

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11AI.5837

Amount of Each Receipt this Period
300.00
\$50.00/monthly

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

Mailing Address 465 Woodard Place

City State Zip Code
Powell OH 43065

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

Name of Employer Occupation
EMP Medical Group, LTD Emergency Physician

Receipt For: 2015
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date ▼
230.01

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11AI.5838

Amount of Each Receipt this Period
120.00
\$20.00/monthly

SUBTOTAL of Receipts This Page (optional)..... **919.98**

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:	PAGE 16 OF 30
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Jayne Kendall
Full Name (Last, First, Middle Initial)

Mailing Address 1251 Springbury Dr

City Uniontown State OH Zip Code 44685

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

Name of Employer EMP Medical Group, LTD Occupation Emergency Physician

Receipt For: 2015
 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 / 2015

Transaction ID : SA11AI.5840

Amount of Each Receipt this Period
 100.02

\$16.67/monthly

B. Joan Kolodzik
Full Name (Last, First, Middle Initial)

Mailing Address 1108 Paxon Court

City Bellbrook State OH Zip Code 45305

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

Name of Employer EMP Medical Group, LTD Occupation Emergency Physician

Receipt For: 2015
 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 / 2015

Transaction ID : SA11AI.5841

Amount of Each Receipt this Period
 120.00

\$20.00/monthly

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

Mailing Address 32 Woodland Ave

City Mountain Lakes State NJ Zip Code 07046

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

Name of Employer EMP Medical Group, LTD Occupation Emergency Physician

Receipt For: 2015
 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 / 2015

Transaction ID : SA11AI.5842

Amount of Each Receipt this Period
 600.00

\$100.00/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 17 OF 30
	<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. David Lancaster
 Full Name (Last, First, Middle Initial)
 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 EMP Medical Group, LTD Occupation Emergency Physician
 Receipt For: 2015
 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 / 2015
Transaction ID : SA11AI.5843
 Amount of Each Receipt this Period
100.02
 \$16.67/monthly

B. Sidney Lee
 Full Name (Last, First, Middle Initial)
 Mailing Address 701 15th Ave
 City Honolulu State HI Zip Code 96816
 FEC ID number of contributing federal political committee. **C**
 Name of Employer EMP Medical Group, LTD Occupation Emergency Physician
 Receipt For: 2015
 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 / 2015
Transaction ID : SA11AI.5845
 Amount of Each Receipt this Period
300.00
 \$50.00/monthly

C. Michael Levinson
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 Stonehill Ln
 City Moreland Hills State OH Zip Code 44022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer EMP Medical Group, LTD Occupation Emergency Physician
 Receipt For: 2015
 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 / 2015
Transaction ID : SA11AI.5846
 Amount of Each Receipt this Period
100.02
 \$16.67/monthly

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:	PAGE 18 OF 30
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Alexis Lieser
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 51

City State Zip Code
Georgetown CA 95634

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

Name of Employer Occupation
EMP Medical Group, LTD Emergency Physician

Receipt For: 2015
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date ▼
240.00

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11AI.5847

Amount of Each Receipt this Period
120.00
\$20.00/monthly

B. Christopher Lloyd
Full Name (Last, First, Middle Initial)

Mailing Address 2286 Picket Post Lane

City State Zip Code
Columbus OH 43220

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

Name of Employer Occupation
EMP Medical Group, LTD Emergency Physician

Receipt For: 2015
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date ▼
200.04

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11AI.5849

Amount of Each Receipt this Period
100.02
\$16.67/monthly

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

Mailing Address 111 Connecticut Ave Apt 1

City State Zip Code
Greenwich CT 06830

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

Name of Employer Occupation
EMP Medical Group, LTD Emergency Physician

Receipt For: 2015
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date ▼
240.00

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11AI.5850

Amount of Each Receipt this Period
120.00
\$20.00/monthly

SUBTOTAL of Receipts This Page (optional)..... ▶ 340.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 OF 30
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name (Last, First, Middle Initial)
A. Merci Madar

Mailing Address 7805 Valderrama Way

City Bradenton State FL Zip Code 34202

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

Name of Employer EMP Medical Group, LTD Occupation Emergency Physician

Receipt For: 2015
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date **400.02**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : SA11AI.5853

Amount of Each Receipt this Period
 100.02

\$16.67/monthly

Full Name (Last, First, Middle Initial)
B. Rubeal Mann

Mailing Address 20 James River Rd

City Beaver creek State OH Zip Code 45434

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

Name of Employer EMP Medical Group, LTD Occupation Emergency Physician

Receipt For: 2015
 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 / 2015

Transaction ID : SA11AI.5854

Amount of Each Receipt this Period
 600.00

\$100.00/monthly

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

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 EMP Medical Group, LTD Occupation Emergency Physician

Receipt For: 2015
 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 / 2015

Transaction ID : SA11AI.5855

Amount of Each Receipt this Period
 100.02

\$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 20 OF 30
<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 (Last, First, Middle Initial)
A. Angela Mattke

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 EMP Medical Group, LTD	Occupation Emergency Physician
--	-----------------------------------

Receipt For: 2015
 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	/	2015

Transaction ID : SA11AI.5857

Amount of Each Receipt this Period

120.00

\$20.00/monthly

Full Name (Last, First, Middle Initial)
B. Oliver Mayorga

Mailing Address 32 Church St

City Mystic	State CT	Zip Code 06355
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FEC ID number of contributing federal political committee. **C**

Name of Employer EMP Medical Group, LTD	Occupation Emergency Physician
--	-----------------------------------

Receipt For: 2015
 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	/	2015

Transaction ID : SA11AI.5858

Amount of Each Receipt this Period

300.00

\$50.00/monthly

Full Name (Last, First, Middle Initial)
C. J.D. McCourt

Mailing Address 9436 Steeplehill Dr

City Las Vegas	State NV	Zip Code 89117
-------------------	-------------	-------------------

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

Name of Employer EMP Medical Group, LTD	Occupation Emergency Physician
--	-----------------------------------

Receipt For: 2015
 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	/	2015

Transaction ID : SA11AI.5859

Amount of Each Receipt this Period

100.02

\$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: (check only one)	PAGE 21 OF 30
	<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 (Last, First, Middle Initial) A. Edward McCutcheon		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.5860
Mailing Address 605 McDonald Ave		Amount of Each Receipt this Period 100.02 \$16.67/monthly
City Charlotte	State NC	Zip Code 28203
FEC ID number of contributing federal political committee. C	Name of Employer EMP Medical Group, LTD	Occupation Emergency Physician
Receipt For: 2015 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 200.04	

Full Name (Last, First, Middle Initial) B. Susan O'Malley		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.5865
Mailing Address 6 Prospect Drive		Amount of Each Receipt this Period 100.02 \$16.67/monthly
City Brentwood	State NY	Zip Code 11717
FEC ID number of contributing federal political committee. C	Name of Employer EMP Medical Group, LTD	Occupation Emergency Physician
Receipt For: 2015 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 200.04	

Full Name (Last, First, Middle Initial) C. Michael Osmundson		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.5866
Mailing Address 62 East Drive		Amount of Each Receipt this Period 600.00 \$100.00/monthly
City Hartville	State OH	Zip Code 44632
FEC ID number of contributing federal political committee. C	Name of Employer EMP Medical Group, LTD	Occupation Emergency Physician
Receipt For: 2015 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 950.01	

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 22 OF 30
	<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. David Packo
Full Name (Last, First, Middle Initial)
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 EMP Medical Group, LTD Occupation Emergency Physician
Receipt For: 2015
 Primary General
 Other (specify) **Other**
Aggregate Year-to-Date **1800.00**

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11AI.5867
Amount of Each Receipt this Period
500.00
\$100.00/monthly

B. Carmella Percy
Full Name (Last, First, Middle Initial)
Mailing Address 6875 Stonebridge Lane
City Clover State SC Zip Code 29710
FEC ID number of contributing federal political committee. **C**
Name of Employer EMP Medical Group, LTD Occupation Emergency Physician
Receipt For: 2015
 Primary General
 Other (specify) **Other**
Aggregate Year-to-Date **450.00**

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11AI.5868
Amount of Each Receipt this Period
300.00
\$50.00/monthly

C. Jayson Podber
Full Name (Last, First, Middle Initial)
Mailing Address 221 Weaver St Apt 19C
City Greenwich State CT Zip Code 06831
FEC ID number of contributing federal political committee. **C**
Name of Employer EMP Medical Group, LTD Occupation Emergency Physician
Receipt For: 2015
 Primary General
 Other (specify) **Other**
Aggregate Year-to-Date **200.04**

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11AI.5869
Amount of Each Receipt this Period
100.02
\$16.67/monthly

SUBTOTAL of Receipts This Page (optional)..... **900.02**
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 23 OF 30
	<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. Megan Rishel
Full Name (Last, First, Middle Initial)

Mailing Address 204 Montag Circle

City Atlanta State GA Zip Code 30307

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

Name of Employer EMP Medical Group, LTD Occupation Emergency Physician

Receipt For: 2015
 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 / 2015

Transaction ID : SA11AI.5873

Amount of Each Receipt this Period
 100.02

\$16.67/monthly

B. Lawrence Satkowiak
Full Name (Last, First, Middle Initial)

Mailing Address 2807 West Decatur

City Fresno State CA Zip Code 93711

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

Name of Employer EMP Medical Group, LTD Occupation Emergency Physician

Receipt For: 2015
 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 / 2015

Transaction ID : SA11AI.5874

Amount of Each Receipt this Period
 120.00

\$20.00/monthly

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

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 EMP Medical Group, LTD Occupation Emergency Physician

Receipt For: 2015
 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 / 2015

Transaction ID : SA11AI.5875

Amount of Each Receipt this Period
 100.02

\$16.67/monthly

SUBTOTAL of Receipts This Page (optional)..... **320.04**

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 24 OF 30
	<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. Victoria Selley
Full Name (Last, First, Middle Initial)

Mailing Address 204 Glenn Abby Drive

City Morehead City State NC Zip Code 28557

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

Name of Employer EMP Medical Group, LTD Occupation Emergency Physician

Receipt For: 2015
 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 / 2015

Transaction ID : SA11AI.5877

Amount of Each Receipt this Period
 100.02

\$16.67/monthly

B. Suzy Shukovsky
Full Name (Last, First, Middle Initial)

Mailing Address 41 Old Highway

City Wilton State CT Zip Code 06897

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

Name of Employer EMP Medical Group, LTD Occupation Emergency Physician

Receipt For: 2015
 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 / 2015

Transaction ID : SA11AI.5879

Amount of Each Receipt this Period
 100.02

\$16.67/monthly

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

Mailing Address 15 Smethwick Ct

City Pittsford State NY Zip Code 14534

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

Name of Employer EMP Medical Group, LTD Occupation Emergency Physician

Receipt For: 2015
 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 / 2015

Transaction ID : SA11AI.5881

Amount of Each Receipt this Period
 100.02

\$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:	PAGE 25 OF 30
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Annie Sinnott
Full Name (Last, First, Middle Initial)

Mailing Address 1335 N Bosworth Avenue

City Chicago State IL Zip Code 60642

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

Name of Employer EMP Medical Group, LTD Occupation Emergency Physician

Receipt For: 2015
 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 / 2015

Transaction ID : SA11AI.5882

Amount of Each Receipt this Period
 100.02

\$16.67/monthly

B. Mark Slabinski
Full Name (Last, First, Middle Initial)

Mailing Address 3004 Edison St. NW

City Uniontown State OH Zip Code 44685

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

Name of Employer EMP Medical Group, LTD Occupation Emergency Physician

Receipt For: 2015
 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 / 2015

Transaction ID : SA11AI.5883

Amount of Each Receipt this Period
 499.98

\$83.33/monthly

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

Mailing Address 1425 Browning Rd

City Pittsburgh State PA Zip Code 15206

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

Name of Employer EMP Medical Group, LTD Occupation Emergency Physician

Receipt For: 2015
 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 / 2015

Transaction ID : SA11AI.5885

Amount of Each Receipt this Period
 100.02

\$16.67/monthly

SUBTOTAL of Receipts This Page (optional)..... **700.02**

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 26 OF 30
	<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 (Last, First, Middle Initial) A. Travis Ulmer		Date of Receipt 12 / 31 / 2015
Mailing Address 1210 Oakland Ave		Transaction ID : SA11AI.5890
City Columbus	State OH	Zip Code 43212
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.02	
Name of Employer EMP Medical Group, LTD	Occupation Emergency Physician	\$16.67/monthly
Receipt For: 2015 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 200.04	

Full Name (Last, First, Middle Initial) B. Christy Walter		Date of Receipt 12 / 31 / 2015
Mailing Address 9395 Harritt Rd Space 61		Transaction ID : SA11AI.5893
City Lakeside	State CA	Zip Code 92040
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 140.00	
Name of Employer EMP Medical Group, LTD	Occupation Emergency Physician	\$20.00/monthly
Receipt For: 2015 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) C. Bradley Watling		Date of Receipt 12 / 31 / 2015
Mailing Address 109 Viewpoint Lane		Transaction ID : SA11AI.5894
City Mooreville	State NC	Zip Code 28117
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.02	
Name of Employer EMP Medical Group, LTD	Occupation Emergency Physician	\$16.67/monthly
Receipt For: 2015 <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).....	340.04
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 27 OF 30
	<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. Austin Wellock
 Full Name (Last, First, Middle Initial)
 Mailing Address 882 Somerby Cir
 City Uniontown State OH Zip Code 44685
 FEC ID number of contributing federal political committee. **C**
 Name of Employer EMP Medical Group, LTD Occupation Emergency Physician
 Receipt For: 2015
 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 / 2015
Transaction ID : SA11AI.5895
 Amount of Each Receipt this Period
 100.02
 \$16.67/monthly

B. David Wirtz
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Highgate NE
 City Ithaca State NY Zip Code 14850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer EMP Medical Group, LTD Occupation Emergency Physician
 Receipt For: 2015
 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 / 2015
Transaction ID : SA11AI.5896
 Amount of Each Receipt this Period
 100.02
 \$16.67/monthly

C. Thomas Zyniewicz
 Full Name (Last, First, Middle Initial)
 Mailing Address 412 Pinnacle Heights Lane
 City Las Vegas State NV Zip Code 89144
 FEC ID number of contributing federal political committee. **C**
 Name of Employer EMP Medical Group, LTD Occupation Emergency Physician
 Receipt For: 2015
 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 / 2015
Transaction ID : SA11AI.5897
 Amount of Each Receipt this Period
 100.02
 \$16.67/monthly

SUBTOTAL of Receipts This Page (optional).....	300.06
TOTAL This Period (last page this line number only).....	15128.56

**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"/> 24	<input type="checkbox"/> 25	<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. BERA FOR CONGRESS

Mailing Address POST OFFICE BOX 582496

City ELK GROVE State CA Zip Code 95758

Purpose of Disbursement
Contribution

011

Candidate Name

AMERISH BERA

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 07

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 29 / 2015

Transaction ID : SB23.5908

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. EMERGENCY DEPARTMENT PRACTICE MANAGEMENT ASSOCIATION PAC (EDPMA-PAC)

Mailing Address 8400 WESTPARK DRIVE
2ND FLOOR

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2015
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 05 / 2015

Transaction ID : SB23.5916

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Plaster for Congress

Mailing Address PO Box 348

City Annaplos State MD Zip Code 21404

Purpose of Disbursement
Contribution

011

Candidate Name

Mark Plaster

Category/
Type

Office Sought: House
 Senate
 President
State: MD District: 03

Disbursement For: 2015
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 05 / 2015

Transaction ID : SB23.5905

Amount of Each Disbursement this Period

1000.00

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

2500.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Plaster for Congress

Mailing Address PO Box 348

City Annapolis State MD Zip Code 21404

Purpose of Disbursement
Contribution

011

Candidate Name
Mark Plaster

Category/
Type

Office Sought: House
 Senate
 President
State: MD District: 03

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 29 / 2015

Transaction ID : **SB23.5909**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. PORTMAN FOR SENATE COMMITTEE

Mailing Address 9856 ARCHER LANE

City DUBLIN State OH Zip Code 43017

Purpose of Disbursement
Contribution

011

Candidate Name
ROB PORTMAN

Category/
Type

Office Sought: House
 Senate
 President
State: OH District: 00

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 29 / 2015

Transaction ID : **SB23.5913**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. PRICE FOR CONGRESS

Mailing Address P.O. BOX 425

City ROSWELL State GA Zip Code 30077

Purpose of Disbursement
Contribution

011

Candidate Name
THOMAS EDMUNDS PRICE

Category/
Type

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 29 / 2015

Transaction ID : **SB23.5910**

Amount of Each Disbursement this Period

500.00

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

4500.00

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"/> 24	<input type="checkbox"/> 25	<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. RUIZ VICTORY FUND

Mailing Address PO BOX 6116

City LA QUINTA State CA Zip Code 92248

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name
RAUL RUIZ

Office Sought: House
 Senate
 President
State: CA District: 36

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 19 / 2015

Transaction ID : SB23.5900

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

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
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

5000.00

12000.00