

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

USACS PAC

ADDRESS (number and street) 4535 Dressler RD NW

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

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

C C00544957

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

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

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

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on M M / D D / Y Y Y Y Y Y in the State of

- (d) 30-Day POST-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y Y Y 04 / 01 / 2020 through M M / D D / Y Y Y Y Y Y 06 / 30 / 2020

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

Orlee, Panitch, , ,

Type or Print Name of Treasurer

Signature of Treasurer Orlee, Panitch, , , [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 07 / 10 / 2020

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

| | | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|--|
| Office Use Only | | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|--|

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

USACS PAC

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

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1, <input type="text" value="2020"/> | | 131501.78 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 154578.46 | |
| (c) Total Receipts (from Line 19) | 64726.72 | 136503.40 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 219305.18 | 268005.18 |
| 7. Total Disbursements (from Line 31)..... | 23550.00 | 72250.00 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | 195755.18 | 195755.18 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

USACS PAC

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2020 To: M M / D D / Y Y Y Y 06 / 30 / 2020

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 60548.24 | 114463.11 |
| (ii) Unitemized | 4178.48 | 17540.29 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶ | 64726.72 | 132003.40 |
| (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) | 64726.72 | 132003.40 |
| 12. Transfers From Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received..... | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 0.00 | 2500.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 0.00 | 2000.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3)..... | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfers (add 18(a) and 18(b)).. | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶ | 64726.72 | 136503.40 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶ | 64726.72 | 136503.40 |

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..... | 12000.00 | 47500.00 |
| 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)..... | 11550.00 | 24750.00 |
| 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)) .. | 23550.00 | 72250.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 23550.00 | 72250.00 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

| III. Net Contributions/ Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|---------------------------------------|---|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 64726.72 | 132003.40 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 64726.72 | 132003.40 |
| 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 80 |
| | <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. Aboutalib, Angela, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 East Erie St
 Apt 3306
 City Chicago State IL Zip Code 60611-3169
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Senior Director of Quality and Educati
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.11986
 Amount of Each Receipt this Period
 300.00
 Memo Item
 \$100.00/Monthly

B. Albaugh, Chad, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1602 River Bluff Rd
 City Morehead City State NC Zip Code 28557
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.12039
 Amount of Each Receipt this Period
 450.00
 Memo Item
 \$150.00/Monthly

C. Aldeen, Amer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17327 Ladera Estates Blvd
 City Lutz State FL Zip Code 33548-4817
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Chief Medical Officer
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.11957
 Amount of Each Receipt this Period
 450.00
 Memo Item
 \$150.00/Monthly

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1200.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 OF 80 |
| | <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. Aldred, Brian, , , | | Date of Receipt MM / DD / YYYY 06 / 30 / 2020 Transaction ID : SA11AI.12126 |
| Mailing Address 3508 Good Night Trail | | Amount of Each Receipt this Period 450.00 |
| City Leander | State TX | Zip Code 78641-3628 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Memo Item \$150.00/Monthly |
| Name of Employer (for Individual) Emergency Svc Partners, LLC | Occupation (for Individual) System Medical Director | |
| Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other | Aggregate Year-to-Date 900.00 | |

| | | |
|---|---|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Altmin, Stephen, , , | | Date of Receipt MM / DD / YYYY 06 / 30 / 2020 Transaction ID : SA11AI.11928 |
| Mailing Address 2641 4th Street | | Amount of Each Receipt this Period 150.00 |
| City Boulder | State CO | Zip Code 80304-3201 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Memo Item \$50.00/Monthly |
| Name of Employer (for Individual) Colorado Emergency Service Physicians, | Occupation (for Individual) Director Of Operations | |
| Receipt For: 2020 <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. Ammon, Stefen, , , | | Date of Receipt MM / DD / YYYY 06 / 30 / 2020 Transaction ID : SA11AI.11929 |
| Mailing Address 2 Mountain High Ct. | | Amount of Each Receipt this Period 150.00 |
| City Littleton | State CO | Zip Code 80127 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Memo Item \$50.00/Monthly |
| Name of Employer (for Individual) Colorado Emergency Service Physicians, | Occupation (for Individual) Medical Director | |
| Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other | Aggregate Year-to-Date 300.00 | |

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 8 OF 80 |
| | <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. Anderson, Britney, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 637 Ruby Trust Way
 City Castle Rock State CO Zip Code 80108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Regional Vice President
 Receipt For: 2020
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.11930
 Amount of Each Receipt this Period
 100.00
 Memo Item
 \$100.00/Monthly

B. Atez, Francisco, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17376 Emerald Chase Drive
 City Tampa State FL Zip Code 33647
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC Occupation (for Individual) Regional Director of Risk Management
 Receipt For: 2020
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.11958
 Amount of Each Receipt this Period
 300.00
 Memo Item
 \$100.00/Monthly

C. Augustine, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7868 Classics Dr.
 City Naples State FL Zip Code 34113-3063
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Chairman, National Clinical Governance
 Receipt For: 2020
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.11959
 Amount of Each Receipt this Period
 450.00
 Memo Item
 \$150.00/Monthly

| | |
|---|---------------|
| 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 9 OF 80 |
| | <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. 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 Management Group Occupation (for Individual) Executive Chairman
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 2083.15

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.12065
 Amount of Each Receipt this Period
 833.26
 Memo Item
 \$416.63/Monthly

B. Baker, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1209 E Cumberland Ave Unit #1404
 City Tampa State FL Zip Code 33602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC Occupation (for Individual) Regional Vice President
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.11960
 Amount of Each Receipt this Period
 450.00
 Memo Item
 \$150.00/Monthly

C. Balewick, Donna, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 626 Phillips Rd
 City Blairsville State PA Zip Code 15717-4233
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AHN Medical Group, LLC Occupation (for Individual) Medical Director of Integrated Acute C
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.12097
 Amount of Each Receipt this Period
 450.00
 Memo Item
 \$150.00/Monthly

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1733.26 |
| 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 80 |
| | <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. Barquin, Jose, , , | | Date of Receipt MM / DD / YYYY 06 / 30 / 2020 Transaction ID : SA11AI.11961 |
| Mailing Address 1011 charles st | | Amount of Each Receipt this Period 150.00 |
| City clearwater | State FL | Zip Code 33755 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Memo Item \$50.00/Monthly |
| Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC | Occupation (for Individual) Associate Medical Director | |
| Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other | Aggregate Year-to-Date 300.00 | |

| | | |
|---|--|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Bedolla, John, , , | | Date of Receipt MM / DD / YYYY 06 / 30 / 2020 Transaction ID : SA11AI.12127 |
| Mailing Address 1000 San Marcos Street Unit 324 | | Amount of Each Receipt this Period 300.00 |
| City Austin | State TX | Zip Code 78702-2667 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Memo Item \$100.00/Monthly |
| Name of Employer (for Individual) Emergency Service Partners, LLC | Occupation (for Individual) Emergency Physician | |
| Receipt For: 2020 <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. Bender, Sean, , , | | Date of Receipt MM / DD / YYYY 06 / 30 / 2020 Transaction ID : SA11AI.11931 |
| Mailing Address 520 Elm Street | | Amount of Each Receipt this Period 450.00 |
| City Denver | State CO | Zip Code 80220 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Memo Item \$150.00/Monthly |
| Name of Employer (for Individual) Virtual Locations | Occupation (for Individual) Regional Vice President | |
| Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other | Aggregate Year-to-Date 900.00 | |

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 900.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 11 OF 80 |
| | <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. 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) Quality Director
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2020
Transaction ID : SA11AI.12040
 Amount of Each Receipt this Period 300.00
 Memo Item
 \$100.00/Monthly

B. Bishop, Sara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 2175
 City Morehead City State NC Zip Code 28557
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) APP Lead
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 06 / 30 / 2020
Transaction ID : SA11AI.12041
 Amount of Each Receipt this Period 225.00
 Memo Item
 \$75.00/Monthly

C. Bissell, Brad, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3535 Selwyn Farms Ln.
 City Charlotte State NC Zip Code 28209-4082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 06 / 30 / 2020
Transaction ID : SA11AI.12042
 Amount of Each Receipt this Period 150.00
 Memo Item
 \$150.00/Monthly

SUBTOTAL of Receipts This Page (optional)..... ▶ 675.00
TOTAL This Period (last page this line number only)..... ▶

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 12 OF 80 |
| | (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. Blankenship, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7058 Ravens Run
 City Cincinnati State OH Zip Code 45244-3591
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **900.00**

Date of Receipt
 06 / 30 / 2020
Transaction ID : SA11AI.12066
 Amount of Each Receipt this Period
 450.00
 Memo Item
 \$150.00/Monthly

B. Bown, Nicholas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 532 College Blvd
 City San Antonio State TX Zip Code 78209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **900.00**

Date of Receipt
 06 / 30 / 2020
Transaction ID : SA11AI.12128
 Amount of Each Receipt this Period
 450.00
 Memo Item
 \$150.00/Monthly

C. Bradstreet, Jennifer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8026 Vanity Hill
 City San Antonio State TX Zip Code 78256-2509
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Regional Vice President
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **900.00**

Date of Receipt
 06 / 30 / 2020
Transaction ID : SA11AI.12129
 Amount of Each Receipt this Period
 450.00
 Memo Item
 \$150.00/Monthly

SUBTOTAL of Receipts This Page (optional)..... **1350.00**
TOTAL This Period (last page this line number only).....

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 13 OF 80 |
| | <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. Brice, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17007 Arrowhead Ct
 City College Station State TX Zip Code 77845
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Svc Partners, LLC Occupation (for Individual) Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.12130
 Amount of Each Receipt this Period
 300.00
 Memo Item
 \$100.00/Monthly

B. Brill, April, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25537 Prairiewood Ln
 City Shorewood State IL Zip Code 60404-2526
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Site Education Director
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.11987
 Amount of Each Receipt this Period
 150.00
 Memo Item
 \$50.00/Monthly

C. Buchanan, Curtis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3608 Shadow Arbor Way
 City Lutz State FL Zip Code 33548
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Emergency Physician
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.11962
 Amount of Each Receipt this Period
 450.00
 Memo Item
 \$150.00/Monthly

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 900.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 14 OF 80 |
| | <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. Burke, Thomas, , , | | Date of Receipt MM / DD / YYYY 06 / 30 / 2020 Transaction ID : SA11AI.11932 |
| Mailing Address 1010 Gapter Road | | Amount of Each Receipt this Period 150.00 |
| City Boulder | State CO | Zip Code 80303 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Memo Item \$50.00/Monthly |
| Name of Employer (for Individual) Colorado Emergency Service Physicians, | Occupation (for Individual) Emergency Physician | |
| Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other | Aggregate Year-to-Date 300.00 | |

| | | |
|---|---|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Caceres, Camilo, , , | | Date of Receipt MM / DD / YYYY 06 / 30 / 2020 Transaction ID : SA11AI.12099 |
| Mailing Address 2419 Smallman Street Unit 401 | | Amount of Each Receipt this Period 450.00 |
| City Pittsburgh | State PA | Zip Code 15222-5643 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Memo Item \$150.00/Monthly |
| Name of Employer (for Individual) AHN Medical Group, LLC | Occupation (for Individual) Quality Director | |
| Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other | Aggregate Year-to-Date 900.00 | |

| | | |
|---|---|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Carney, Bryan, , , | | Date of Receipt MM / DD / YYYY 06 / 30 / 2020 Transaction ID : SA11AI.12046 |
| Mailing Address 2408 Marsh Tern Ln | | Amount of Each Receipt this Period 450.00 |
| City Morehead City | State NC | Zip Code 28557-4772 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Memo Item \$150.00/Monthly |
| Name of Employer (for Individual) USACS Medical Group, LTD | Occupation (for Individual) Assistant Medical Director | |
| Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other | Aggregate Year-to-Date 900.00 | |

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1050.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 15 OF 80 |
| <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. Carter, Stephen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 161 Glen Eagles Drive
 City Cibolo State TX Zip Code 78108-3343
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) Emergency Physician
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 06 / 30 / 2020
Transaction ID : SA11AI.12131
 Amount of Each Receipt this Period 150.00
 Memo Item
 \$50.00/Monthly

B. Casey, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5156 Baker Ridge Dr.
 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) National Director of Scholars
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 06 / 30 / 2020
Transaction ID : SA11AI.12067
 Amount of Each Receipt this Period 450.00
 Memo Item
 \$150.00/Monthly

C. 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 Management Group Occupation (for Individual) Chief of Integrated Acute Care
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt
 06 / 30 / 2020
Transaction ID : SA11AI.11995
 Amount of Each Receipt this Period 1200.00
 Memo Item
 \$400.00/Monthly

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1800.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 16 OF 80 |
| <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. Chatfield, Kenneth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 142 Isle of Venice Dr
 City Ft Lauderdale State FL Zip Code 33301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Management Group, Ltd. Occupation (for Individual) Chief Information Officer
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **300.00**

Date of Receipt **06 / 30 / 2020**
Transaction ID : SA11AI.12170
 Amount of Each Receipt this Period **150.00**
 Memo Item
 \$50.00/Monthly

B. Cirillo, Louis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 91 Woodridge Drive
 City Saunderstown State RI Zip Code 02874-1943
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Director of Government Affairs
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **900.00**

Date of Receipt **06 / 30 / 2020**
Transaction ID : SA11AI.12119
 Amount of Each Receipt this Period **450.00**
 Memo Item
 \$150.00/Monthly

C. Cline, Gretchann, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8506 Queen Heights
 City San Antonio State TX Zip Code 78254-2329
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) System APP Lead
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **300.00**

Date of Receipt **06 / 30 / 2020**
Transaction ID : SA11AI.12132
 Amount of Each Receipt this Period **150.00**
 Memo Item
 \$50.00/Monthly

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 17 OF 80 |
| | <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. Colfer, Orion, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2523 Hanover Ave
 City Richmond State VA Zip Code 23220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) National Director of Patient Experienc
 Receipt For: 2020
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.12172
 Amount of Each Receipt this Period
450.00
 Memo Item
 \$150.00/Monthly

B. Conley, Amy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6419 Renwick Circle
 City Tampa State FL Zip Code 33647
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC Occupation (for Individual) Regional Transfer Center Director
 Receipt For: 2020
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.11963
 Amount of Each Receipt this Period
300.00
 Memo Item
 \$100.00/Monthly

C. Cook, Alexander, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8780 Surrey Place
 City Maineville State OH Zip Code 45039-9519
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Director of APPs
 Receipt For: 2020
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **480.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.12068
 Amount of Each Receipt this Period
240.00
 Memo Item
 \$80.00/Monthly

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 990.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 18 OF 80 |
| | <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. Coomes, Justin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7762 Westwind Lane
 City Montgomery State OH Zip Code 45242-5008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.12069
 Amount of Each Receipt this Period
 450.00
 Memo Item
 \$150.00/Monthly

B. Correll, Bodie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 782 Archie Lane
 City Belton State TX Zip Code 76513
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.12133
 Amount of Each Receipt this Period
 450.00
 Memo Item
 \$150.00/Monthly

C. Corrigan, Kevin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9338 Standerwick Ln
 City Huntersville State NC Zip Code 28078
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Interim Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.12047
 Amount of Each Receipt this Period
 450.00
 Memo Item
 \$150.00/Monthly

| | |
|---|----------------|
| SUBTOTAL of Receipts This Page (optional)..... | 1350.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 19 OF 80 |
| | <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. Darnell, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5125 Duffy Rd. SE
 City Lancaster State OH Zip Code 43130-9451
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.12070
 Amount of Each Receipt this Period
 450.00
 Memo Item
 \$150.00/Monthly

B. Dayton, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1914 E Gray Fox Drive
 City Draper State UT Zip Code 84020-5630
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Firefighter
 Receipt For: 2020
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.12171
 Amount of Each Receipt this Period
 300.00
 Memo Item
 \$100.00/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) Emergency Physician
 Receipt For: 2020
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.11996
 Amount of Each Receipt this Period
 300.00
 Memo Item
 \$100.00/Monthly

| | |
|---|----------------|
| SUBTOTAL of Receipts This Page (optional)..... | 1050.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 20 OF 80 |
| | <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. 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: 2020
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **300.00**

Date of Receipt **06 / 30 / 2020**
Transaction ID : SA11AI.12095
 Amount of Each Receipt this Period **150.00**
 Memo Item
 \$50.00/Monthly

B. DiCaprio, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3960 N. Monet Ct.
 City Allison Park State PA Zip Code 15101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Quality Director
 Receipt For: 2020
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **300.00**

Date of Receipt **06 / 30 / 2020**
Transaction ID : SA11AI.12100
 Amount of Each Receipt this Period **150.00**
 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) Virtual Locations Occupation (for Individual) Vice President, Clinical Resource Grou
 Receipt For: 2020
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **900.00**

Date of Receipt **06 / 30 / 2020**
Transaction ID : SA11AI.12071
 Amount of Each Receipt this Period **450.00**
 Memo Item
 \$150.00/Monthly

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 21 OF 80 |
| | <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. Domuczicz, Kenneth, , ,

Mailing Address 3217 Raspberry Rd

| | | |
|----------------|-------------|-------------------|
| City Austin | State TX | Zip Code 78748 |
|----------------|-------------|-------------------|

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

| | |
|---|---|
| Name of Employer (for Individual) Travis County Emergency Physicians, PA | Occupation (for Individual) Medical Director |
|---|---|

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

Aggregate Year-to-Date ▼
300.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | | 30 | | 2020 |

Transaction ID : SA11AI.12134

Amount of Each Receipt this Period
150.00

Memo Item
\$50.00/Monthly

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

Mailing Address 7911 El Dorado Drive

| | | |
|----------------|-------------|------------------------|
| City Austin | State TX | Zip Code 78737-3010 |
|----------------|-------------|------------------------|

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

| | |
|--|---|
| Name of Employer (for Individual) Emergency Service Partners, LLC | Occupation (for Individual) Medical Director |
|--|---|

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

Aggregate Year-to-Date ▼
300.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | | 30 | | 2020 |

Transaction ID : SA11AI.12135

Amount of Each Receipt this Period
150.00

Memo Item
\$50.00/Monthly

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

Mailing Address 1344 County Road 3552

| | | |
|--------------------|-------------|-------------------|
| City Queen City | State TX | Zip Code 75572 |
|--------------------|-------------|-------------------|

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

| | |
|--|---|
| Name of Employer (for Individual) Emergency Service Partners, LLC | Occupation (for Individual) APP Lead |
|--|---|

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

Aggregate Year-to-Date ▼
450.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | | 30 | | 2020 |

Transaction ID : SA11AI.12136

Amount of Each Receipt this Period
225.00

Memo Item
\$75.00/Monthly

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 525.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 22 OF 80 |
| | <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. Dschaak, Tyler, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 585 Paisley Dr
 City Colorado Springs State CO Zip Code 80906
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Assistant Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 06 / 30 / 2020
Transaction ID : SA11AI.11934
 Amount of Each Receipt this Period 450.00
 Memo Item
 \$150.00/Monthly

B. Eakin, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1455 Hunakai St. Apt. 1
 City Honolulu State HI Zip Code 96816-5526
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Associate Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2020
Transaction ID : SA11AI.11984
 Amount of Each Receipt this Period 150.00
 Memo Item
 \$50.00/Monthly

C. Edginton, Simon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28671 Corbara Place
 City Wesley Chapel State FL Zip Code 33543
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC Occupation (for Individual) Regional Chief Medical Officer
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 06 / 30 / 2020
Transaction ID : SA11AI.11964
 Amount of Each Receipt this Period 450.00
 Memo Item
 \$150.00/Monthly

SUBTOTAL of Receipts This Page (optional).....▶ 1050.00
TOTAL This Period (last page this line number only).....▶

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

| | | |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 23 OF 80 |
| | <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. Eisenberg, Steven, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35590 Michael Drive
 City Solon State OH Zip Code 44139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Management Group Occupation (for Individual) General Counsel
 Receipt For: 2020
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **900.00**

Date of Receipt **06 / 30 / 2020**
Transaction ID : SA11AI.12072
 Amount of Each Receipt this Period **450.00**
 Memo Item
 \$150.00/Monthly

B. Falcone, Angelo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2606 Tridelphia Lake Road
 City Brookeville State MD Zip Code 20833
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Management Group Occupation (for Individual) President
 Receipt For: 2020
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **900.00**

Date of Receipt **06 / 30 / 2020**
Transaction ID : SA11AI.11997
 Amount of Each Receipt this Period **450.00**
 Memo Item
 \$150.00/Monthly

C. Faulk, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3951 Fluvanna-Townline Road
 City Jamestown State NY Zip Code 14701-9032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AHN Medical Group, LLC Occupation (for Individual) Medical Director of Integrated Acute C
 Receipt For: 2020
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **300.00**

Date of Receipt **06 / 30 / 2020**
Transaction ID : SA11AI.12034
 Amount of Each Receipt this Period **150.00**
 Memo Item
 \$50.00/Monthly

SUBTOTAL of Receipts This Page (optional)..... **1050.00**
TOTAL This Period (last page this line number only).....

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 24 OF 80 |
| | <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. Fearheiley, Corey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2604 Rain Song
 City Leander State TX Zip Code 78641
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.12137
 Amount of Each Receipt this Period
 150.00
 Memo Item
 \$50.00/Monthly

B. Ferrand, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 193 Bryna Lane
 City Carnegie State PA Zip Code 15106-1473
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Firefighter
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.12101
 Amount of Each Receipt this Period
 300.00
 Memo Item
 \$100.00/Monthly

C. Flanigan, Alan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 195 McGregor Street Apt 405
 City Manchester State NH Zip Code 03102-3777
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.12031
 Amount of Each Receipt this Period
 450.00
 Memo Item
 \$150.00/Monthly

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 900.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 25 OF 80 |
| | <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. Fleming, Sean, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2300 Shoreham Circle
 City Lewisville State TX Zip Code 75056
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **900.00**

Date of Receipt
 06 / 30 / 2020
Transaction ID : SA11AI.12138
 Amount of Each Receipt this Period
 450.00
 Memo Item
 \$150.00/Monthly

B. Flores, Anna, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2608 Del Curto Rd, Unit 3
 City Austin State TX Zip Code 78704-6014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) APP Lead
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **300.00**

Date of Receipt
 06 / 30 / 2020
Transaction ID : SA11AI.12139
 Amount of Each Receipt this Period
 150.00
 Memo Item
 \$50.00/Monthly

C. Forcada-Lowrie, Raymundo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 775 Potters Ave
 City Providence State RI Zip Code 02907-3075
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Firefighter
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **600.00**

Date of Receipt
 06 / 30 / 2020
Transaction ID : SA11AI.12120
 Amount of Each Receipt this Period
 300.00
 Memo Item
 \$100.00/Monthly

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 900.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 26 OF 80 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
USACS PAC

| | | |
|---|---|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Foss, David, , , | | Date of Receipt MM / DD / YYYY 06 / 30 / 2020 Transaction ID : SA11AI.12140 |
| Mailing Address 915 Tschoepe Rd | | Amount of Each Receipt this Period 450.00 |
| City Seguin | State TX | Zip Code 78155 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Memo Item \$150.00/Monthly |
| Name of Employer (for Individual) Emergency Service Partners, LLC | Occupation (for Individual) Medical Director | |
| Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other | Aggregate Year-to-Date 900.00 | |

| | | |
|---|--|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Frary, James, , , | | Date of Receipt MM / DD / YYYY 06 / 30 / 2020 Transaction ID : SA11AI.12141 |
| Mailing Address 4009 Grassmere Lane | | Amount of Each Receipt this Period 450.00 |
| City Dallas | State TX | Zip Code 75205 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Memo Item \$150.00/Monthly |
| Name of Employer (for Individual) USACS Management Group | Occupation (for Individual) Chief Executive Officer | |
| Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other | Aggregate Year-to-Date 900.00 | |

| | | |
|---|---|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Freedman, Scott, , , | | Date of Receipt MM / DD / YYYY 06 / 30 / 2020 Transaction ID : SA11AI.11998 |
| Mailing Address 12814 Doe Lane | | Amount of Each Receipt this Period 450.00 |
| City N. Potomac | State MD | Zip Code 20878 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Memo Item \$150.00/Monthly |
| Name of Employer (for Individual) MEP Health, LLC | Occupation (for Individual) Pediatric Medical Director | |
| Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other | Aggregate Year-to-Date 900.00 | |

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1350.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 27 OF 80 |
| | <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. Gamma, Brett, , ,

Mailing Address 14930 Finegan Farm Drive

| | | |
|--------------------|-------------|-------------------|
| City Darnestown | State MD | Zip Code 20874 |
|--------------------|-------------|-------------------|

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

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

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

Aggregate Year-to-Date ▼
300.00

Date of Receipt
06 / 30 / 2020
Transaction ID : SA11AI.12000

Amount of Each Receipt this Period
150.00

Memo Item
\$50.00/Monthly

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

Mailing Address 7700 Overlook Hills Lane

| | | |
|--------------------|-------------|------------------------|
| City Cincinnati | State OH | Zip Code 45244-3289 |
|--------------------|-------------|------------------------|

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

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

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

Aggregate Year-to-Date ▼
600.00

Date of Receipt
06 / 30 / 2020
Transaction ID : SA11AI.12073

Amount of Each Receipt this Period
300.00

Memo Item
\$100.00/Monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Garcia-Gonzalez, Alexander, , ,

Mailing Address 19916 Bluff Oak Blvd

| | | |
|---------------|-------------|------------------------|
| City Tampa | State FL | Zip Code 33647-2973 |
|---------------|-------------|------------------------|

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

| | |
|--|---|
| Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC | Occupation (for Individual) Medical Director |
|--|---|

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

Aggregate Year-to-Date ▼
300.00

Date of Receipt
06 / 30 / 2020
Transaction ID : SA11AI.11965

Amount of Each Receipt this Period
150.00

Memo Item
\$50.00/Monthly

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

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

| | | |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 28 OF 80 |
| | <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. Garfinkel, Michael, , , | | Date of Receipt MM / DD / YYYY 06 / 30 / 2020 Transaction ID : SA11AI.11935 |
| Mailing Address 2821 Grand Lake Dr | | Amount of Each Receipt this Period 300.00 |
| City Lafayette | State CO | Zip Code 80026 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Memo Item \$100.00/Monthly |
| Name of Employer (for Individual) USACS Medical Group, LTD | Occupation (for Individual) Emergency Physician | |
| Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other | Aggregate Year-to-Date ▼ 433.34 | |

| | | |
|---|---|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Geary, Daniel, , , | | Date of Receipt MM / DD / YYYY 06 / 30 / 2020 Transaction ID : SA11AI.12173 |
| Mailing Address 7265 Hidden Lake Estate dr | | Amount of Each Receipt this Period 249.99 |
| City Mechanicsville | State VA | Zip Code 23111-6274 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Memo Item \$83.33/Monthly |
| Name of Employer (for Individual) MEP Health, LLC | Occupation (for Individual) Medical Director | |
| Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other | Aggregate Year-to-Date ▼ 499.98 | |

| | | |
|---|---|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Gerhart, Caleb, , , | | Date of Receipt MM / DD / YYYY 06 / 30 / 2020 Transaction ID : SA11AI.12121 |
| Mailing Address 1111 Lancashire Drive | | Amount of Each Receipt this Period 150.00 |
| City Indian Land | State SC | Zip Code 29707 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Memo Item \$50.00/Monthly |
| Name of Employer (for Individual) USACS Medical Group, LTD | Occupation (for Individual) Quality Director | |
| Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other | Aggregate Year-to-Date ▼ 300.00 | |

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 699.99 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 29 OF 80 |
| | <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. Gibson, George, , , | | Date of Receipt MM / DD / YYYY 06 / 30 / 2020 |
| Mailing Address 4100 Wallace Shire Dr. | | Transaction ID : SA11AI.12142 |
| City College Station | State TX | Zip Code 77845 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 150.00 |
| Name of Employer (for Individual) Travis County Emergency Physicians, PA | Occupation (for Individual) Medical Director | <input type="checkbox"/> Memo Item \$50.00/Monthly |
| Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other | Aggregate Year-to-Date ▼ 300.00 | |

| | | |
|---|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Goen, Paul, , , | | Date of Receipt MM / DD / YYYY 06 / 30 / 2020 |
| Mailing Address 4417 Leonard Road | | Transaction ID : SA11AI.12143 |
| City Bryan | State TX | Zip Code 77807 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 300.00 |
| Name of Employer (for Individual) Emergency Service Partners, LLC | Occupation (for Individual) System Medical Director | <input type="checkbox"/> Memo Item \$100.00/Monthly |
| Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other | Aggregate Year-to-Date ▼ 600.00 | |

| | | |
|---|---|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Gonzalez, Javier, , , | | Date of Receipt MM / DD / YYYY 06 / 30 / 2020 |
| Mailing Address 4527 Scarlet Loop | | Transaction ID : SA11AI.11966 |
| City Wesley Chapel | State FL | Zip Code 33544 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 450.00 |
| Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC | Occupation (for Individual) Medical Director | <input type="checkbox"/> Memo Item \$150.00/Monthly |
| Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other | Aggregate Year-to-Date ▼ 900.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 900.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 30 OF 80 |
| | <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. Groomes, Roderick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 417 Edgewood Drive
 City Sarver State PA Zip Code 16055-9266
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AHN Medical Group, LLC Occupation (for Individual) Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **300.00**

Date of Receipt **06 / 30 / 2020**
Transaction ID : SA11AI.12103
 Amount of Each Receipt this Period **150.00**
 Memo Item
 \$50.00/Monthly

B. Guyton, Steven, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 Stillwater Lane
 City Pittsburgh State PA Zip Code 15143-8899
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AHN Medical Group, LLC Occupation (for Individual) Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **900.00**

Date of Receipt **06 / 30 / 2020**
Transaction ID : SA11AI.12104
 Amount of Each Receipt this Period **450.00**
 Memo Item
 \$150.00/Monthly

C. Hall, Timothy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1380 Woodhurst Drive
 City Rock Hill State SC Zip Code 29732-2082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Emergency Physician
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **900.00**

Date of Receipt **06 / 30 / 2020**
Transaction ID : SA11AI.12122
 Amount of Each Receipt this Period **450.00**
 Memo Item
 \$150.00/Monthly

SUBTOTAL of Receipts This Page (optional)..... **1050.00**
TOTAL This Period (last page this line number only).....

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 31 OF 80 |
| | <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. Hall, Wyatt, , , | | Date of Receipt MM / DD / YYYY 06 / 30 / 2020 Transaction ID : SA11AI.11936 |
| Mailing Address 2310B Old Trail Rd. | | Amount of Each Receipt this Period 150.00 |
| City Avon | State CO | Zip Code 81620 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Memo Item \$50.00/Monthly |
| Name of Employer (for Individual) Colorado Emergency Service Physicians, | Occupation (for Individual) Medical Director | |
| Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other | Aggregate Year-to-Date 300.00 | |

| | | |
|---|---|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Hanlon, Dennis, , , | | Date of Receipt MM / DD / YYYY 06 / 30 / 2020 Transaction ID : SA11AI.12105 |
| Mailing Address 200 Windermere Ct. | | Amount of Each Receipt this Period 300.00 |
| City McMurray | State PA | Zip Code 15317 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Memo Item \$100.00/Monthly |
| Name of Employer (for Individual) USACS Medical Group, Ltd. | Occupation (for Individual) Medical Director | |
| Receipt For: 2020 <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. Hanson, Kim, , , | | Date of Receipt MM / DD / YYYY 06 / 30 / 2020 Transaction ID : SA11AI.12145 |
| Mailing Address 2503 Whispering Oaks Circle | | Amount of Each Receipt this Period 150.00 |
| City Bryan | State TX | Zip Code 77802-2024 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Memo Item \$50.00/Monthly |
| Name of Employer (for Individual) Emergency Service Partners, LLC | Occupation (for Individual) APP Lead | |
| Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other | Aggregate Year-to-Date 300.00 | |

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 32 OF 80 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Harris, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 785 Joe Tyl Road
 City Texarkana State TX Zip Code 75501-5105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Travis County Emergency Physicians, PA Occupation (for Individual) Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **900.00**

Date of Receipt **06 / 30 / 2020**
Transaction ID : SA11AI.12147
 Amount of Each Receipt this Period **450.00**
 Memo Item
 \$150.00/Monthly

B. Hart, Alicia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8005 Villefranche
 City Corpus Christi State TX Zip Code 78414-6024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) Assistant Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **300.00**

Date of Receipt **06 / 30 / 2020**
Transaction ID : SA11AI.12148
 Amount of Each Receipt this Period **150.00**
 Memo Item
 \$50.00/Monthly

C. Henry, Androni, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 241 Sweet Gum Road
 City Pittsburgh State PA Zip Code 15238-1353
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AHN Medical Group, LLC Occupation (for Individual) Medical Director of Integrated Acute C
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **900.00**

Date of Receipt **06 / 30 / 2020**
Transaction ID : SA11AI.12106
 Amount of Each Receipt this Period **450.00**
 Memo Item
 \$150.00/Monthly

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| SUBTOTAL of Receipts This Page (optional)..... | 1050.00 |
| TOTAL This Period (last page this line number only)..... | |

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

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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 33 OF 80 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
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NAME OF COMMITTEE (In Full)
USACS PAC

A. Herndon, Yalonda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2509 Mill Wright Rd
 City Concord State NC Zip Code 28027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Quality Director
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **300.00**

Date of Receipt
 06 / 30 / 2020
Transaction ID : SA11AI.12051
 Amount of Each Receipt this Period
 150.00
 Memo Item
 \$50.00/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) Emergency Physician
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **600.00**

Date of Receipt
 06 / 30 / 2020
Transaction ID : SA11AI.11937
 Amount of Each Receipt this Period
 300.00
 Memo Item
 \$100.00/Monthly

C. Higginbotham, Eric, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1701B South 2nd Street Unit B
 City Austin State TX Zip Code 78704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **900.00**

Date of Receipt
 06 / 30 / 2020
Transaction ID : SA11AI.12149
 Amount of Each Receipt this Period
 450.00
 Memo Item
 \$150.00/Monthly

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 900.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 34 OF 80 |
| | <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. Holt, Douglas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 207 Cabbage Inlet Lane
 City Wilmington State NC Zip Code 28409-3004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Firefighter
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2020
Transaction ID : SA11AI.12052
 Amount of Each Receipt this Period 300.00
 Memo Item
 \$100.00/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: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2020
Transaction ID : SA11AI.11967
 Amount of Each Receipt this Period 300.00
 Memo Item
 \$100.00/Monthly

C. Hydari, Irfan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3203 Walnut Ave
 City Austin State TX Zip Code 78722-1635
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Regional Vice President
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 06 / 30 / 2020
Transaction ID : SA11AI.12150
 Amount of Each Receipt this Period 450.00
 Memo Item
 \$150.00/Monthly

SUBTOTAL of Receipts This Page (optional).....▶ 1050.00
TOTAL This Period (last page this line number only).....▶

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 35 OF 80 |
| | <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. Iyer, Sujit, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1204 Kinney Avenue
 City Austin State TX Zip Code 78704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) Emergency Physician
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 06 / 30 / 2020
Transaction ID : SA11AI.12151
 Amount of Each Receipt this Period
 300.00
 Memo Item
 \$100.00/Monthly

B. Janikas, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 748 Carlton Road
 City Clifton Park State NY Zip Code 12065-1023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 499.98

Date of Receipt
 06 / 30 / 2020
Transaction ID : SA11AI.12036
 Amount of Each Receipt this Period
 249.99
 Memo Item
 \$83.33/Monthly

C. Jeffrey, Douglas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1109 Bluebonnet Lane
 City Austin State TX Zip Code 78704-2005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) Emergency Physician
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 06 / 30 / 2020
Transaction ID : SA11AI.12152
 Amount of Each Receipt this Period
 450.00
 Memo Item
 \$150.00/Monthly

| | |
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| SUBTOTAL of Receipts This Page (optional)..... | 999.99 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 36 OF 80 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Jenis, Andrew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 115 Cayuga Heights Road
 City Ithaca State NY Zip Code 14850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Regional Vice President
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **900.00**

Date of Receipt **06 / 30 / 2020**
Transaction ID : SA11AI.12037
 Amount of Each Receipt this Period **450.00**
 Memo Item
 \$150.00/Monthly

B. Johnston, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1459 Milwaukee St.
 City Denver State CO Zip Code 80206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Colorado Emergency Service Physicians, Occupation (for Individual) Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **300.00**

Date of Receipt **06 / 30 / 2020**
Transaction ID : SA11AI.11938
 Amount of Each Receipt this Period **150.00**
 Memo Item
 \$50.00/Monthly

C. Jones, Bruce, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4187 Colister Drive
 City Dublin State OH Zip Code 43016-6162
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **900.00**

Date of Receipt **06 / 30 / 2020**
Transaction ID : SA11AI.12075
 Amount of Each Receipt this Period **450.00**
 Memo Item
 \$150.00/Monthly

SUBTOTAL of Receipts This Page (optional)..... **1050.00**
TOTAL This Period (last page this line number only).....

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 37 OF 80 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Jones, Wayne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6063 Deerfield Drive
 City Fairview State PA Zip Code 16415
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AHN Medical Group, LLC Occupation (for Individual) Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **300.00**

Date of Receipt
 06 / 30 / 2020
Transaction ID : SA11AI.12107
 Amount of Each Receipt this Period
 150.00
 Memo Item
 \$50.00/Monthly

B. Jouriles, Nicholas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 398 Bentleyville Road
 City Moreland Hills State OH Zip Code 44022-2433
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Vice Chair of Faculty Development
 Receipt For: 2020
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **300.00**

Date of Receipt
 06 / 30 / 2020
Transaction ID : SA11AI.12076
 Amount of Each Receipt this Period
 150.00
 Memo Item
 \$50.00/Monthly

C. Kapadia, Homi, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31281 Island Dr
 City Evergreen State CO Zip Code 80439-8966
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Regional Vice President
 Receipt For: 2020
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **900.00**

Date of Receipt
 06 / 30 / 2020
Transaction ID : SA11AI.11939
 Amount of Each Receipt this Period
 450.00
 Memo Item
 \$150.00/Monthly

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 38 OF 80 |
| | <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. Keller, Noah, , , | | Date of Receipt MM / DD / YYYY 06 / 30 / 2020 Transaction ID : SA11AI.12004 |
| Mailing Address 10119 Easterday Court | | Amount of Each Receipt this Period 450.00 |
| City Hagerstown | State MD | Zip Code 21742 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Memo Item \$150.00/Monthly |
| Name of Employer (for Individual) Virtual Locations | Occupation (for Individual) Regional Vice President | |
| Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other | Aggregate Year-to-Date 900.00 | |

| | | |
|---|--|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Kendall, Jayne, , , | | Date of Receipt MM / DD / YYYY 06 / 30 / 2020 Transaction ID : SA11AI.12053 |
| Mailing Address 21710 Parsons Green Row | | Amount of Each Receipt this Period 300.00 |
| City Cornelius | State NC | Zip Code 28031 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Memo Item \$100.00/Monthly |
| Name of Employer (for Individual) Virtual Locations | Occupation (for Individual) Regional Vice President | |
| Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other | Aggregate Year-to-Date 600.00 | |

| | | |
|---|---|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Kirtz, Jeremy, , , | | Date of Receipt MM / DD / YYYY 06 / 30 / 2020 Transaction ID : SA11AI.11968 |
| Mailing Address 906 S Fremont Ave | | Amount of Each Receipt this Period 150.00 |
| City Tampa | State FL | Zip Code 33606 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Memo Item \$50.00/Monthly |
| Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC | Occupation (for Individual) Medical Director | |
| Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other | Aggregate Year-to-Date 300.00 | |

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| 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 39 OF 80 |
| | <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. Klein, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11736 Gainsborough Road
 City Potomac State MD Zip Code 20854
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Management Group Occupation (for Individual) National Director of Quality
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2020
Transaction ID : SA11AI.12006
 Amount of Each Receipt this Period 300.00
 Memo Item
 \$100.00/Monthly

B. Kleinman, Jacob, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 Marvelwood Place
 City Pittsburgh State PA Zip Code 15215-1569
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AHN Medical Group, LLC Occupation (for Individual) Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2020
Transaction ID : SA11AI.12108
 Amount of Each Receipt this Period 150.00
 Memo Item
 \$50.00/Monthly

C. Kolodzik, Joan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1108 Paxon Court
 City Bellbrook State OH Zip Code 45305-8959
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) National Director of Continuing Medica
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 06 / 30 / 2020
Transaction ID : SA11AI.12077
 Amount of Each Receipt this Period 450.00
 Memo Item
 \$150.00/Monthly

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|---|--------|
| 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 40 OF 80 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
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NAME OF COMMITTEE (In Full)
USACS PAC

A. Kornas, Rebecca, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4338 Wyandot St
 City Denver State CO Zip Code 80211-1761
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Colorado Emergency Service Physicians, Occupation (for Individual) Emergency Physician
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **300.00**

Date of Receipt
 06 / 30 / 2020
Transaction ID : SA11AI.11941
 Amount of Each Receipt this Period
 150.00
 Memo Item
 \$50.00/Monthly

B. Kramer, Olga, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5836 Kinglet Lane
 City Charlotte State NC Zip Code 28269-7115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) APP Lead
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **300.00**

Date of Receipt
 06 / 30 / 2020
Transaction ID : SA11AI.12054
 Amount of Each Receipt this Period
 150.00
 Memo Item
 \$50.00/Monthly

C. Kuchinski, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5869 Heaven View Drive
 City Las Vegas State NV Zip Code 89135-1296
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **1300.00**

Date of Receipt
 06 / 30 / 2020
Transaction ID : SA11AI.12023
 Amount of Each Receipt this Period
 550.00
 Memo Item
 \$150.00/Monthly

| | |
|---|---------------|
| 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: | PAGE 41 OF 80 |
| | (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. Laberge, Anne-Marie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 114 Nazarene Ct
 City Fombell State PA Zip Code 16123-2420
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AHN Medical Group, LLC Occupation (for Individual) Quality Director
 Receipt For: 2020
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **300.00**

Date of Receipt **06 / 30 / 2020**
Transaction ID : SA11AI.12109
 Amount of Each Receipt this Period **150.00**
 Memo Item
 \$50.00/Monthly

B. Land, Larry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10014 Hazelnut Court
 City Tampa State FL Zip Code 33647
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC Occupation (for Individual) Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **900.00**

Date of Receipt **06 / 30 / 2020**
Transaction ID : SA11AI.11969
 Amount of Each Receipt this Period **450.00**
 Memo Item
 \$150.00/Monthly

C. LeBlanc, Louis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1428 Lacy Lane
 City Rock Hill State SC Zip Code 29732-7723
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Firefighter
 Receipt For: 2020
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **300.00**

Date of Receipt **06 / 30 / 2020**
Transaction ID : SA11AI.12123
 Amount of Each Receipt this Period **150.00**
 Memo Item
 \$50.00/Monthly

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 42 OF 80 |
| | <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. Lee, Sidney, , , | | Date of Receipt MM / DD / YYYY 06 / 30 / 2020 Transaction ID : SA11AI.11985 |
| Mailing Address 1200 Queen Emma Street Apt 2001 | | Amount of Each Receipt this Period 150.00 |
| City Honolulu | State HI | Zip Code 96813-6311 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Memo Item \$50.00/Monthly |
| Name of Employer (for Individual) USACS Medical Group, LTD | Occupation (for Individual) Medical Director | |
| Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other | Aggregate Year-to-Date 300.00 | |

| | | |
|---|--|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Lewis, Brandon, , , | | Date of Receipt MM / DD / YYYY 06 / 30 / 2020 Transaction ID : SA11AI.12154 |
| Mailing Address 3648 Calusa Springs Dr | | Amount of Each Receipt this Period 450.00 |
| City College Station | State TX | Zip Code 77845-4545 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Memo Item \$150.00/Monthly |
| Name of Employer (for Individual) Virtual Locations | Occupation (for Individual) Regional Vice President | |
| Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other | Aggregate Year-to-Date 900.00 | |

| | | |
|---|---|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Lim, David, , , | | Date of Receipt MM / DD / YYYY 06 / 30 / 2020 Transaction ID : SA11AI.12155 |
| Mailing Address 3919 Luz del faro | | Amount of Each Receipt this Period 150.00 |
| City San Antonio | State TX | Zip Code 78261-2765 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Memo Item \$50.00/Monthly |
| Name of Employer (for Individual) Travis County Emergency Physicians, PA | Occupation (for Individual) Medical Director | |
| Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other | Aggregate Year-to-Date 300.00 | |

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

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

| | | |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 43 OF 80 |
| | <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. 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: 2020
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **600.00**

Date of Receipt **06 / 30 / 2020**
Transaction ID : SA11AI.12078
 Amount of Each Receipt this Period **300.00**
 Memo Item
 \$100.00/Monthly

B. Loar, Jesse, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2554 E. Maplewood Ave.
 City Centennial State CO Zip Code 80121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Colorado Emergency Service Physicians, Occupation (for Individual) Co-Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **900.00**

Date of Receipt **06 / 30 / 2020**
Transaction ID : SA11AI.11942
 Amount of Each Receipt this Period **450.00**
 Memo Item
 \$150.00/Monthly

c. MacLean, Craig, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 64 Newfields Road
 City Exeter State NH Zip Code 03833-4542
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Director of Quality
 Receipt For: 2020
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **900.00**

Date of Receipt **06 / 30 / 2020**
Transaction ID : SA11AI.12032
 Amount of Each Receipt this Period **450.00**
 Memo Item
 \$150.00/Monthly

| | |
|---|----------------|
| SUBTOTAL of Receipts This Page (optional)..... | 1200.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 44 OF 80 |
| | <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. MacLeod, Bruce, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1515 Mohican Dr
 City Pittsburgh State PA Zip Code 15228-1615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Regional Vice President
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.12111
 Amount of Each Receipt this Period
 450.00
 Memo Item
 \$150.00/Monthly

B. Mann, Rubeal, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10122 Concord Road
 City Dublin State OH Zip Code 43017-9434
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.12081
 Amount of Each Receipt this Period
 300.00
 Memo Item
 \$100.00/Monthly

C. Martinez, Anthony, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7897 Broadway St. Unit 1001
 City San Antonio State TX Zip Code 78209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) System Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.12156
 Amount of Each Receipt this Period
 450.00
 Memo Item
 \$150.00/Monthly

| | |
|---|----------------|
| SUBTOTAL of Receipts This Page (optional)..... | 1200.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 45 OF 80 |
| | <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. Mattke, Angela, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1080 Pebblebrook Rd. SE
 City Mableton State GA Zip Code 30126-5612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Firefighter
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.11981
 Amount of Each Receipt this Period
 450.00
 Memo Item
 \$150.00/Monthly

B. Mayz, Kurtis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 E Main St Ste 404
 City Champaign State IL Zip Code 61820-1313
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Firefighter
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.11989
 Amount of Each Receipt this Period
 450.00
 Memo Item
 \$150.00/Monthly

C. McAtee, Jill, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8112 Sweet Dreams Court
 City Las Vegas State NV Zip Code 89131-1537
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Advanced Practice Provider
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **450.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.12024
 Amount of Each Receipt this Period
 225.00
 Memo Item
 \$75.00/Monthly

| | |
|---|----------------|
| SUBTOTAL of Receipts This Page (optional)..... | 1125.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 46 OF 80 |
| | <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. McManus, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 3484
 City Durango State CO Zip Code 81302-3484
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Colorado Emergency Service Physicians, Occupation (for Individual) Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.11943
 Amount of Each Receipt this Period
 300.00
 Memo Item
 \$100.00/Monthly

B. Meers, Holley, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24 Quincy Street
 City Chevy Chase State MD Zip Code 20815-4227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.12008
 Amount of Each Receipt this Period
 300.00
 Memo Item
 \$100.00/Monthly

C. Meyer, Kendra, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 85 Beatty Lane
 City Scenery Hill State PA Zip Code 15360-1537
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AHN Medical Group, LLC Occupation (for Individual) Director of APPs
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.12112
 Amount of Each Receipt this Period
 150.00
 Memo Item
 \$50.00/Monthly

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 47 OF 80 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
USACS PAC

| | | |
|---|---|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Miner, D., , , | | Date of Receipt MM / DD / YYYY 06 / 30 / 2020 Transaction ID : SA11AI.11945 |
| Mailing Address 2398 S. Garfield St. | | Amount of Each Receipt this Period 150.00 |
| City Denver | State CO | Zip Code 80210 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Memo Item \$50.00/Monthly |
| Name of Employer (for Individual) Colorado Emergency Service Physicians, | Occupation (for Individual) Medical Director | |
| Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other | Aggregate Year-to-Date ▼ 300.00 | |

| | | |
|---|---|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Mirhadi, Michael, , , | | Date of Receipt MM / DD / YYYY 06 / 30 / 2020 Transaction ID : SA11AI.11922 |
| Mailing Address 1984 Caversham Way | | Amount of Each Receipt this Period 150.00 |
| City Folsom | State CA | Zip Code 95630 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Memo Item \$50.00/Monthly |
| Name of Employer (for Individual) USACS Medical Group, LTD | Occupation (for Individual) Medical Director | |
| Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other | Aggregate Year-to-Date ▼ 300.00 | |

| | | |
|---|---|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Misra, Swarup, , , | | Date of Receipt MM / DD / YYYY 06 / 30 / 2020 Transaction ID : SA11AI.12056 |
| Mailing Address 9667 Ashley Green Ct NW | | Amount of Each Receipt this Period 450.00 |
| City Concord | State NC | Zip Code 28027 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Memo Item \$150.00/Monthly |
| Name of Employer (for Individual) USACS Medical Group, LTD | Occupation (for Individual) Quality Director | |
| Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other | Aggregate Year-to-Date ▼ 900.00 | |

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 48 OF 80 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Natali, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 115 Pheasant Drive
 City Blawnox State PA Zip Code 15238-2207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AHN Medical Group, LLC Occupation (for Individual) Emergency Physician
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **900.00**

Date of Receipt **06 / 30 / 2020**
Transaction ID : SA11AI.12113
 Amount of Each Receipt this Period **450.00**
 Memo Item
 \$150.00/Monthly

B. Nguyen, Vicky, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 336 E 1st Ave Apt 203
 City Denver State CO Zip Code 80203-4379
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Colorado Emergency Service Physicians, Occupation (for Individual) Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **300.00**

Date of Receipt **06 / 30 / 2020**
Transaction ID : SA11AI.11946
 Amount of Each Receipt this Period **150.00**
 Memo Item
 \$50.00/Monthly

C. Osmundson, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 62 East Dr.
 City Hartville State OH Zip Code 44632-8890
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Management Group Occupation (for Individual) President
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **900.00**

Date of Receipt **06 / 30 / 2020**
Transaction ID : SA11AI.12084
 Amount of Each Receipt this Period **450.00**
 Memo Item
 \$150.00/Monthly

| | |
|---|----------------|
| SUBTOTAL of Receipts This Page (optional)..... | 1050.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 49 OF 80 |
| <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. Otwell, Justin, , , | | Date of Receipt MM / DD / YYYY 06 / 30 / 2020 Transaction ID : SA11AI.11982 |
| Mailing Address 1736 Oakview Rd | | Amount of Each Receipt this Period 150.00 |
| City Decatur | State GA | Zip Code 30030 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Memo Item \$50.00/Monthly |
| Name of Employer (for Individual) USACS Management Group | Occupation (for Individual) Vice President of Claims and Risk Man | |
| Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other | Aggregate Year-to-Date 300.00 | |

| | | |
|---|--|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Panitch, Orlee, , , | | Date of Receipt MM / DD / YYYY 06 / 30 / 2020 Transaction ID : SA11AI.12010 |
| Mailing Address 11753 Gainsborough Road | | Amount of Each Receipt this Period 450.00 |
| City Potomac | State MD | Zip Code 20854 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Memo Item \$150.00/Monthly |
| Name of Employer (for Individual) USACS Management Group | Occupation (for Individual) Regional Chief Administrative Officer | |
| Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other | Aggregate Year-to-Date 900.00 | |

| | | |
|---|---|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Parks, Thomas, , , | | Date of Receipt MM / DD / YYYY 06 / 30 / 2020 Transaction ID : SA11AI.11972 |
| Mailing Address 11533 Sand Stone Rock Dr | | Amount of Each Receipt this Period 225.00 |
| City Riverview | State FL | Zip Code 33569-8709 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Memo Item \$75.00/Monthly |
| Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC | Occupation (for Individual) Advanced Practice Provider | |
| Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other | Aggregate Year-to-Date 450.00 | |

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 825.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 50 OF 80 |
| | <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. Patlovany, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19938 Terra Canyon
 City San Antonio State TX Zip Code 78255-2344
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) President
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.12158
 Amount of Each Receipt this Period 450.00
 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 29710-9372
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.12124
 Amount of Each Receipt this Period 150.00
 Memo Item
 \$50.00/Monthly

C. Perfetti, Joyce, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29470 Picana Lane
 City Wesley Chapel State FL Zip Code 33543
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LLC Occupation (for Individual) Associate Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.11973
 Amount of Each Receipt this Period 300.00
 Memo Item
 \$100.00/Monthly

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 900.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 51 OF 80 |
| | <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. Phillips, Donald, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1315 Woodglen Ct
 City Aledo State TX Zip Code 76008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Firefighter
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.12159
 Amount of Each Receipt this Period
450.00
 Memo Item
 \$150.00/Monthly

B. Phillips, Todd, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2407 Motif Ct
 City Henderson State NV Zip Code 89052-5531
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) APP Lead
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.12026
 Amount of Each Receipt this Period
150.00
 Memo Item
 \$50.00/Monthly

C. Pines, Jesse, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2424 N Potomac St
 City Arlington State VA Zip Code 22207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) National Director of Clinical Innovati
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.12175
 Amount of Each Receipt this Period
300.00
 Memo Item
 \$100.00/Monthly

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 900.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 52 OF 80 |
| | <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. Posin, Shawn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 229 Washington Ave.
 City Wheeling State WV Zip Code 26003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Assistant Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **600.00**

Date of Receipt **06 / 30 / 2020**
Transaction ID : SA11AI.12177
 Amount of Each Receipt this Period **300.00**
 Memo Item
 \$100.00/Monthly

B. Pyle, Moira, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2220 Valley Oaks Cove
 City Leander State TX Zip Code 78641
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) Regional APP Lead
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **450.00**

Date of Receipt **06 / 30 / 2020**
Transaction ID : SA11AI.12160
 Amount of Each Receipt this Period **225.00**
 Memo Item
 \$75.00/Monthly

C. Radford, Shawn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 210 N Wells St Apt 4101
 City Chicago State IL Zip Code 60606-1352
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Director of Firefighters
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **1900.00**

Date of Receipt **06 / 30 / 2020**
Transaction ID : SA11AI.11990
 Amount of Each Receipt this Period **450.00**
 Memo Item
 \$150.00/Monthly

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 975.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 53 OF 80 |
| | <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. Reed, Rhett, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12509 Red Mesa Hollow
 City Austin State TX Zip Code 78739
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.12161
 Amount of Each Receipt this Period 300.00
 Memo Item
 \$100.00/Monthly

B. Ricciardi, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 736 Cole Street
 City Charlottesville State VA Zip Code 22901-3210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.12176
 Amount of Each Receipt this Period 150.00
 Memo Item
 \$50.00/Monthly

C. Rihter, Sasha, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1000 South Clark St. Unit 1614
 City Chicago State IL Zip Code 60605-2194
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Accelerated Firefighter
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.11991
 Amount of Each Receipt this Period 150.00
 Memo Item
 \$50.00/Monthly

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 54 OF 80 |
| | <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. Roberts, Sam, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3806 Bonnell Drive
 City Austin State TX Zip Code 78731
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Chief Medical Officer
 Receipt For: 2020
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.12162
 Amount of Each Receipt this Period
 450.00
 Memo Item
 \$150.00/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 34241-4201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Firefighter
 Receipt For: 2020
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.11974
 Amount of Each Receipt this Period
 450.00
 Memo Item
 \$150.00/Monthly

C. Rooks, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1663 Parkdale Circle S.
 City Erie State CO Zip Code 80516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Colorado Emergency Service Physicians, Occupation (for Individual) Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.11948
 Amount of Each Receipt this Period
 300.00
 Memo Item
 \$100.00/Monthly

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1200.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 55 OF 80 |
| | <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. 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: 2020
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.11949
 Amount of Each Receipt this Period
 150.00
 Memo Item
 \$50.00/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: 2020
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.12011
 Amount of Each Receipt this Period
 150.00
 Memo Item
 \$50.00/Monthly

C. Russell Goman, Dacia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2076 Atterbury Ave
 City Columbus State OH Zip Code 43229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LLC Occupation (for Individual) Emergency Physician
 Receipt For: 2020
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.12086
 Amount of Each Receipt this Period
 300.00
 Memo Item
 \$100.00/Monthly

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 56 OF 80 |
| | <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. Rutherford, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3502 Quitman St.
 City Denver State CO Zip Code 80212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Senior Director of Quality
 Receipt For: 2020
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.11950
 Amount of Each Receipt this Period
 300.00
 Memo Item
 \$100.00/Monthly

B. Scheer, Ronald, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 285 Elder View Drive
 City Las Vegas State NV Zip Code 89138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Emergency Physician
 Receipt For: 2020
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.12027
 Amount of Each Receipt this Period
 200.00
 Memo Item
 \$100.00/Monthly

C. Scherer, Nathan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6286 E Long Circle N
 City Centennial State CO Zip Code 80112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Colorado Emergency Service Physicians, Occupation (for Individual) Emergency Physician
 Receipt For: 2020
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.11952
 Amount of Each Receipt this Period
 300.00
 Memo Item
 \$100.00/Monthly

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 800.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 57 OF 80 |
| | <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. Scott, David, , , | | Date of Receipt MM / DD / YYYY 06 / 30 / 2020 Transaction ID : SA11AI.12088 |
| Mailing Address 4733 North Ridge Drive | | Amount of Each Receipt this Period 300.00 |
| City Akron | State OH | Zip Code 44333 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Memo Item \$150.00/Monthly |
| Name of Employer (for Individual) USACS Management Group | Occupation (for Individual) Chief Clinical Officer | |
| Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other | Aggregate Year-to-Date 300.00 | |

| | | |
|---|---|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Seaberg, David, , , | | Date of Receipt MM / DD / YYYY 06 / 30 / 2020 Transaction ID : SA11AI.11975 |
| Mailing Address 1221 1st St S Unit 3A | | Amount of Each Receipt this Period 450.00 |
| City Jacksonville Beach | State FL | Zip Code 32250-6446 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Memo Item \$150.00/Monthly |
| Name of Employer (for Individual) USACS Medical Group, LTD | Occupation (for Individual) Executive Vice President | |
| Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other | Aggregate Year-to-Date 900.00 | |

| | | |
|---|---|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Shelat, Chandresh, , , | | Date of Receipt MM / DD / YYYY 06 / 30 / 2020 Transaction ID : SA11AI.12012 |
| Mailing Address 2144 Grant Farm Court | | Amount of Each Receipt this Period 450.00 |
| City Marriottsville | State MD | Zip Code 21104 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Memo Item \$150.00/Monthly |
| Name of Employer (for Individual) USACS Medical Group, Ltd. | Occupation (for Individual) Associate Medical Director | |
| Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other | Aggregate Year-to-Date 900.00 | |

| | |
|---|---------|
| 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 58 OF 80 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Shellenbarger, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 912 Camelot Dr.
 City Hermitage State PA Zip Code 16148-9100
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director of Integrated Acute C
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **900.00**

Date of Receipt **06 / 30 / 2020**
Transaction ID : SA11AI.12115
 Amount of Each Receipt this Period **450.00**
 Memo Item
 \$150.00/Monthly

B. Sinnott, Annie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1335 N. Bosworth Ave. #3
 City Chicago State IL Zip Code 60642-2341
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **900.00**

Date of Receipt **06 / 30 / 2020**
Transaction ID : SA11AI.11992
 Amount of Each Receipt this Period **450.00**
 Memo Item
 \$150.00/Monthly

C. Slabinski, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3004 Edison St. NW
 City Uniontown State OH Zip Code 44685-7212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Management Group Occupation (for Individual) Regional Vice President
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **900.00**

Date of Receipt **06 / 30 / 2020**
Transaction ID : SA11AI.12089
 Amount of Each Receipt this Period **450.00**
 Memo Item
 \$150.00/Monthly

| | |
|---|----------------|
| SUBTOTAL of Receipts This Page (optional)..... | 1350.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 59 OF 80 |
| | <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. Snyder, Aaron, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9925 Silver Brook Drive
 City Rockville State MD Zip Code 20850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Regional Vice President
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **900.00**

Date of Receipt **06 / 30 / 2020**
Transaction ID : SA11AI.12013
 Amount of Each Receipt this Period **450.00**
 Memo Item
 \$150.00/Monthly

B. Snyder, Mary Jo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Gulf Drive N Unit # 111
 City Bradenton Beach State FL Zip Code 34217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) President Echo Consulting Group
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **450.00**

Date of Receipt **06 / 30 / 2020**
Transaction ID : SA11AI.11977
 Amount of Each Receipt this Period **150.00**
 Memo Item
 \$100.00/Monthly

C. Somers, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 503 Neuse Harbour Blvd
 City New Bern State NC Zip Code 28560-8958
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Medical Director
 USACS Medical Group, LTD
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **750.00**

Date of Receipt **06 / 30 / 2020**
Transaction ID : SA11AI.12060
 Amount of Each Receipt this Period **450.00**
 Memo Item
 \$150.00/Monthly

SUBTOTAL of Receipts This Page (optional)..... **1050.00**
TOTAL This Period (last page this line number only).....

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 60 OF 80 |
| | <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. Sullivan, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 117 James Place
 City Pittsburgh State PA Zip Code 15228-1021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **600.00**

Date of Receipt **06 / 30 / 2020**
Transaction ID : SA11AI.12117
 Amount of Each Receipt this Period **300.00**
 Memo Item
 \$100.00/Monthly

B. Thompson, Donovan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4408 Lake Shore Road North
 City Denver State NC Zip Code 28037-9198
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **600.00**

Date of Receipt **06 / 30 / 2020**
Transaction ID : SA11AI.12061
 Amount of Each Receipt this Period **300.00**
 Memo Item
 \$100.00/Monthly

C. Tirheimer, Wenzel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13404 Golf Crest Way
 City Tampa State FL Zip Code 33618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC Occupation (for Individual) Emergency Physician
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **900.00**

Date of Receipt **06 / 30 / 2020**
Transaction ID : SA11AI.11978
 Amount of Each Receipt this Period **450.00**
 Memo Item
 \$150.00/Monthly

| | |
|---|----------------|
| SUBTOTAL of Receipts This Page (optional)..... | 1050.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 61 OF 80 |
| | <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. Townsend, Martha, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16220 W 84th Drive

| | | |
|----------------|-------------|-------------------|
| City Arvada | State CO | Zip Code 80007 |
|----------------|-------------|-------------------|

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

| | |
|---|---|
| Name of Employer (for Individual) Colorado Emergency Service Physicians, | Occupation (for Individual) APP Lead |
|---|---|

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

Aggregate Year-to-Date ▼
300.00

Date of Receipt
06 / 30 / 2020
Transaction ID : SA11AI.11953

Amount of Each Receipt this Period
150.00

Memo Item
\$50.00/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: 2020
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date ▼
900.00

Date of Receipt
06 / 30 / 2020
Transaction ID : SA11AI.11993

Amount of Each Receipt this Period
450.00

Memo Item
\$150.00/Monthly

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

Mailing Address 23959 Meredith Court

| | | |
|-------------------|-------------|-------------------|
| City Hollywood | State MD | Zip Code 20636 |
|-------------------|-------------|-------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) Virtual Locations | Occupation (for Individual) National Director of Patient Safety |
|--|--|

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

Aggregate Year-to-Date ▼
900.00

Date of Receipt
06 / 30 / 2020
Transaction ID : SA11AI.12014

Amount of Each Receipt this Period
450.00

Memo Item
\$150.00/Monthly

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1050.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 62 OF 80 |
| | <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. Tucker, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 136 Hickory Flats Dr
 City Harrison State OH Zip Code 45030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Emergency Physician
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.12090
 Amount of Each Receipt this Period 300.00
 Memo Item
 \$100.00/Monthly

B. Tully, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8345 Rolling Acres Trail
 City Fair Oaks Ranch State TX Zip Code 78015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.12164
 Amount of Each Receipt this Period 300.00
 Memo Item
 \$100.00/Monthly

C. Ulmer, Travis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1240 Broadview Ave
 City Columbus State OH Zip Code 43212-3344
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Management Group Occupation (for Individual) Vice President of Marketing and Recrui
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.12091
 Amount of Each Receipt this Period 450.00
 Memo Item
 \$150.00/Monthly

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1050.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 63 OF 80 |
| | <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. Venkat, Arvind, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 105 Breckenridge Dr.
 City Wexford State PA Zip Code 15090-9400
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AHN Medical Group, LLC Occupation (for Individual) National Director of Research
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.12118
 Amount of Each Receipt this Period
 450.00
 Memo Item
 \$150.00/Monthly

B. Vock, Tracie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1826 Free Terrace
 City Frederick State MD Zip Code 21702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) Director of APPs, Observation and Hos
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.12015
 Amount of Each Receipt this Period
 150.00
 Memo Item
 \$50.00/Monthly

C. Warwick-Heckman, Kelley, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 303 Four T Ranch Rd
 City Georgetown State TX Zip Code 78633
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) Emergency Physician
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.12165
 Amount of Each Receipt this Period
 300.00
 Memo Item
 \$100.00/Monthly

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 900.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 64 OF 80 |
| | <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. Watkins, Angela, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3128 Persimmon Tree Ct
 City Woodstock State MD Zip Code 21163-1150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **900.00**

Date of Receipt
 06 / 30 / 2020
Transaction ID : SA11AI.12016
 Amount of Each Receipt this Period
 450.00
 Memo Item
 \$150.00/Monthly

B. Watling, Bradley, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 109 Viewpoint Lane
 City Mooresville State NC Zip Code 28117-7558
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Regional Vice President
 Receipt For: 2020
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **900.00**

Date of Receipt
 06 / 30 / 2020
Transaction ID : SA11AI.12062
 Amount of Each Receipt this Period
 450.00
 Memo Item
 \$150.00/Monthly

C. Watson, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2158 W 5th Street Up Unit
 City Cleveland State OH Zip Code 44113
 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: 2020
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **900.00**

Date of Receipt
 06 / 30 / 2020
Transaction ID : SA11AI.12092
 Amount of Each Receipt this Period
 450.00
 Memo Item
 \$150.00/Monthly

SUBTOTAL of Receipts This Page (optional)..... **1350.00**
TOTAL This Period (last page this line number only).....

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

| | | |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 65 OF 80 |
| | <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. Watt, Christopher, , , | | Date of Receipt MM / DD / YYYY 06 / 30 / 2020 Transaction ID : SA11AI.12166 |
| Mailing Address 3909 Fox Glen Drive | | Amount of Each Receipt this Period 300.00 |
| City Irving | State TX | Zip Code 75062 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Memo Item \$100.00/Monthly |
| Name of Employer (for Individual) USACS Management Group | Occupation (for Individual) Chief Accounting Officer | |
| Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other | Aggregate Year-to-Date 600.00 | |

| | | |
|---|---|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Wellock, Austin, , , | | Date of Receipt MM / DD / YYYY 06 / 30 / 2020 Transaction ID : SA11AI.12093 |
| Mailing Address 2439 Clydesdale St NW | | Amount of Each Receipt this Period 150.00 |
| City North Canton | State OH | Zip Code 44720-9818 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Memo Item \$50.00/Monthly |
| Name of Employer (for Individual) USACS Medical Group, LTD | Occupation (for Individual) Medical Director | |
| Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other | Aggregate Year-to-Date 300.00 | |

| | | |
|---|---|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Wellock, Kathleen, , , | | Date of Receipt MM / DD / YYYY 06 / 30 / 2020 Transaction ID : SA11AI.12094 |
| Mailing Address 3430 Ashton Drive | | Amount of Each Receipt this Period 150.00 |
| City Uniontown | State OH | Zip Code 44685 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Memo Item \$50.00/Monthly |
| Name of Employer (for Individual) USACS Management Group | Occupation (for Individual) Vice President, Account Management | |
| Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other | Aggregate Year-to-Date 300.00 | |

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 66 OF 80 |
| | <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. Welsh, Ian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1027 Gardenia Street
 City Fort Mill State SC Zip Code 29708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Assistant Medical Director of Firefigh
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.12125
 Amount of Each Receipt this Period
 450.00
 Memo Item
 \$150.00/Monthly

B. West, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 441 Carnoustie
 City Highland State MI Zip Code 48357-4754
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Quality Director
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.12020
 Amount of Each Receipt this Period
 150.00
 Memo Item
 \$50.00/Monthly

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.12038
 Amount of Each Receipt this Period
 450.00
 Memo Item
 \$150.00/Monthly

SUBTOTAL of Receipts This Page (optional)..... **1050.00**
TOTAL This Period (last page this line number only).....

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 67 OF 80 |
| <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. Wisniewski, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2813 Elmira St.
 City Denver State CO Zip Code 80238
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Colorado Emergency Service Physicians, Occupation (for Individual) Emergency Physician
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2020
Transaction ID : SA11AI.11954
 Amount of Each Receipt this Period 300.00
 Memo Item \$100.00/Monthly

B. Wyatt, Cheryl, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 48252 Leachburg Road
 City Lexington Park State MD Zip Code 20653
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) Director of APPs
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2020
Transaction ID : SA11AI.12017
 Amount of Each Receipt this Period 150.00
 Memo Item \$50.00/Monthly

C. Zayac, Carl, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5901 Velasco Ave
 City Dallas State TX Zip Code 75206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Firefighter
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2020
Transaction ID : SA11AI.12167
 Amount of Each Receipt this Period 300.00
 Memo Item \$100.00/Monthly

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 68 OF 80 |
| | <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. Ziebell, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4014 Greystone Drive
 City Austin State TX Zip Code 78731
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.12168
 Amount of Each Receipt this Period
 300.00
 Memo Item
 \$100.00/Monthly

B. Zimmerman, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1913 Buffalo Speedway
 City Leander State TX Zip Code 78641
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) Emergency Physician
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.12169
 Amount of Each Receipt this Period
 300.00
 Memo Item
 \$100.00/Monthly

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

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

| | |
|---|-----------------|
| SUBTOTAL of Receipts This Page (optional)..... | 600.00 |
| TOTAL This Period (last page this line number only)..... | 60548.24 |

**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 JAMES ST. GEORGE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 10313

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 1 | 1 | | 2 | 0 | 2 | 0 |

City FLEMING ISLAND State FL Zip Code 32006

FEC Identification Number

Purpose of Disbursement

C C00733873

Candidate Name

Transaction ID : SB23.11390

St. George, James, , Dr,

Category/
Type

Amount of Each Disbursement this Period

Office Sought: House Senate President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

2000.00

State: District:

Memo Item

B. FRIENDS OF MCCORMICK

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 4410 LAUREL GROVE TRACE

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 2 | 5 | | 2 | 0 | 2 | 0 |

City SUWANEE State GA Zip Code 30024

FEC Identification Number

Purpose of Disbursement

C C00706747

Candidate Name

Transaction ID : SB23.11393

MCCORMICK, RICHARD DEAN DR., , ,

Category/
Type

Amount of Each Disbursement this Period

Office Sought: House Senate President

Disbursement For: 2020
 Primary General
 Other (specify)

5000.00

State: GA District: 07

Memo Item

C. MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 2165

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 1 | 1 | | 2 | 0 | 2 | 0 |

City GASTONIA State NC Zip Code 28053

FEC Identification Number

Purpose of Disbursement

C C00393629

Candidate Name

Transaction ID : SB23.11391

McHenry, Patrick, , ,

Category/
Type

Amount of Each Disbursement this Period

Office Sought: House Senate President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

5000.00

State: District:

Memo Item

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

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

12000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
USACS PAC

A. SUSIE LEE FOR CONGRESS

Full Name (Last, First, Middle Initial)
Date of Disbursement: MM / DD / YYYY
06 / 11 / 2020

Mailing Address 5130 S FORT APACHE RD
STE. 215-382

City LAS VEGAS State NV Zip Code 89148

Purpose of Disbursement

FEC Identification Number
C C00655613
Transaction ID : SB23.11392
Amount of Each Disbursement this Period
5000.00

Candidate Name
LEE, SUSIE, , ,
Category/Type

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

State: NV District: 03

Memo Item

B. TEAM MCHENRY

Full Name (Last, First, Middle Initial)
Date of Disbursement: MM / DD / YYYY
06 / 11 / 2020

Mailing Address 228 S WASHINGTON ST STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
Void check 1226

FEC Identification Number
C C00544650
Transaction ID : SB23.12192
Amount of Each Disbursement this Period
- 5000.00

Candidate Name
McHenry, Patrick, , ,
Category/Type

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

State: District:

Memo Item

C.

Full Name (Last, First, Middle Initial)
Date of Disbursement: MM / DD / YYYY

Mailing Address

City State Zip Code

Purpose of Disbursement

FEC Identification Number
C

Amount of Each Disbursement this Period

Candidate Name
Category/Type

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

State: District:

Memo Item

| | |
|--|----------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 0.00 |
| TOTAL This Period (last page this line number only).....▶ | 12000.00 |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
USACS PAC

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Benninghoff for Representative Committee | | Date of Disbursement MM / DD / YYYY 06 / 11 / 2020 |
| Mailing Address 225 State St 2nd Flr | | FEC Identification Number C [] Transaction ID : SB29.11359 |
| City Harrisburg | State PA | Zip Code 17101 |
| Purpose of Disbursement Reissue Check 1220 | | Amount of Each Disbursement this Period [] 1000.00 |
| Candidate Name Benninghoff, Kerry, , , | | Category/ Type [] |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: [] | District: [] | <input type="checkbox"/> Memo Item |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Benninghoff for Representative Committee | | Date of Disbursement MM / DD / YYYY 06 / 11 / 2020 |
| Mailing Address 225 State St 2nd Flr | | FEC Identification Number C [] Transaction ID : SB29.12185 |
| City Harrisburg | State PA | Zip Code 17101 |
| Purpose of Disbursement Void check 1220 | | Amount of Each Disbursement this Period [] - 1000.00 |
| Candidate Name Benninghoff, Kerry, , , | | Category/ Type [] |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: [] | District: [] | <input type="checkbox"/> Memo Item |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Callender for Ohio | | Date of Disbursement MM / DD / YYYY 06 / 25 / 2020 |
| Mailing Address 4679 Winterset Drive | | FEC Identification Number C [] Transaction ID : SB29.11368 |
| City Columbus | State OH | Zip Code 43220 |
| Purpose of Disbursement | | Amount of Each Disbursement this Period [] 1000.00 |
| Candidate Name Callender, Jamie, , , | | Category/ Type [] |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: [] | District: [] | <input type="checkbox"/> Memo Item |

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | [] 1000.00 |
| TOTAL This Period (last page this line number only).....▶ | [] |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
USACS PAC

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Citizens for Blessing | | Date of Disbursement MM / DD / YYYY 06 / 25 / 2020 |
| Mailing Address 3378 Dolomar Drive | | FEC Identification Number C [] Transaction ID : SB29.11369 Amount of Each Disbursement this Period [] 500.00 |
| City Cincinnati | State OH | Zip Code 45239 |
| Purpose of Disbursement | | Category/Type [] |
| Candidate Name Blessing, Bill, , , | | Memo Item <input type="checkbox"/> |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Citizens for Gavarone | | Date of Disbursement MM / DD / YYYY 06 / 25 / 2020 |
| Mailing Address 1537 Cedar Lane | | FEC Identification Number C [] Transaction ID : SB29.11371 Amount of Each Disbursement this Period [] 500.00 |
| City Bowling Green | State OH | Zip Code 43402 |
| Purpose of Disbursement | | Category/Type [] |
| Candidate Name Gavarone, Theresa, , , | | Memo Item <input type="checkbox"/> |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Citizens for Hottinger | | Date of Disbursement MM / DD / YYYY 06 / 25 / 2020 |
| Mailing Address 2135 Horns Hill Road | | FEC Identification Number C [] Transaction ID : SB29.11372 Amount of Each Disbursement this Period [] 500.00 |
| City Newark | State OH | Zip Code 43055 |
| Purpose of Disbursement | | Category/Type [] |
| Candidate Name Hottinger, Jay, , , | | Memo Item <input type="checkbox"/> |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | [] 1500.00 |
| TOTAL This Period (last page this line number only).....▶ | [] |

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

21b 22 23 26 27
 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Citizens for Stephanie Kunze

Full Name (Last, First, Middle Initial)
Mailing Address 865 Macon Alley

City Columbus State OH Zip Code 43206

Purpose of Disbursement Category/Type

Candidate Name
Kunze, Stephanie, , ,

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

State: District:

Date of Disbursement: 06 / 25 / 2020

FEC Identification Number: C
Transaction ID : SB29.11373
Amount of Each Disbursement this Period: 1000.00

Memo Item

B. Citizens to Elect Allison Russo

Full Name (Last, First, Middle Initial)
Mailing Address 545 E. Town Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement Category/Type

Candidate Name
Russo, Allison, , ,

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

State: District:

Date of Disbursement: 06 / 25 / 2020

FEC Identification Number: C
Transaction ID : SB29.11374
Amount of Each Disbursement this Period: 500.00

Memo Item

C. Dr. Terry Johnson for Ohio

Full Name (Last, First, Middle Initial)
Mailing Address 1609 Offnere Street
PO Box 595

City Portsmouth State OH Zip Code 45662

Purpose of Disbursement Category/Type

Candidate Name
Johnson, Terry, , ,

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

State: District:

Date of Disbursement: 06 / 25 / 2020

FEC Identification Number: C
Transaction ID : SB29.11383
Amount of Each Disbursement this Period: 500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Friends of Beth Liston

Full Name (Last, First, Middle Initial)
Mailing Address 2193 Stratingham Dr

City Dublin State OH Zip Code 43016

Purpose of Disbursement

Candidate Name
Liston, Beth, , ,

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

State: District:

Date of Disbursement: 06 / 25 / 2020

FEC Identification Number: C
Transaction ID : **SB29.11380**
Amount of Each Disbursement this Period: 500.00

Memo Item

B. Friends of Bryan Cutler

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 412

City Harrisburg State PA Zip Code 17101

Purpose of Disbursement
Reissue Check 1221

Candidate Name
Cutler, Bryan, , ,

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

State: PA District:

Date of Disbursement: 06 / 11 / 2020

FEC Identification Number: C
Transaction ID : **SB29.11361**
Amount of Each Disbursement this Period: 5000.00

Memo Item

C. Friends of Bryan Cutler

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 412

City Harrisburg State PA Zip Code 17101

Purpose of Disbursement
Void check 1221

Candidate Name
Cutler, Bryan, , ,

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

State: PA District:

Date of Disbursement: 06 / 11 / 2020

FEC Identification Number: C
Transaction ID : **SB29.12187**
Amount of Each Disbursement this Period: - 5000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
USACS PAC

A. FRIENDS OF FRANK DERMODY

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address P.O. BOX 274

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 06 | | 11 | | 2020 |

City TARENTUM State PA Zip Code 15084

FEC Identification Number

Purpose of Disbursement
Reissue Check 1222

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

Candidate Name
Dermody, Frank, , ,

Category/
Type

Transaction ID : **SB29.11362**

Amount of Each Disbursement this Period

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

Disbursement For: 2020
 Primary General
 Other (specify) ▼

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

Memo Item

B. FRIENDS OF FRANK DERMODY

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address P.O. BOX 274

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 06 | | 11 | | 2020 |

City TARENTUM State PA Zip Code 15084

FEC Identification Number

Purpose of Disbursement
Void check 1222

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

Candidate Name
Dermody, Frank, , ,

Category/
Type

Transaction ID : **SB29.12188**

Amount of Each Disbursement this Period

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

Disbursement For: 2020
 Primary General
 Other (specify)

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

Memo Item

C. Friends of Greg Rothman

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 412

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 06 | | 11 | | 2020 |

City Harrisburg State PA Zip Code 17101

FEC Identification Number

Purpose of Disbursement
Reissue Check 1223

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

Candidate Name
Rothman, Greg, , ,

Category/
Type

Transaction ID : **SB29.11363**

Amount of Each Disbursement this Period

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2020
 Primary General
 Other (specify) ▼

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

Memo Item

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

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

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

| |
|--|
| |
|--|

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Friends of Greg Rothman

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 412

City Harrisburg State PA Zip Code 17101

Purpose of Disbursement
Void check 1223

Candidate Name
Rothman, Greg, , ,

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

State: District:

Date of Disbursement
MM / DD / YYYY
06 / 11 / 2020

FEC Identification Number
C

Transaction ID : **SB29.12189**

Amount of Each Disbursement this Period
- 1000.00

Memo Item

B. Friends of Hearcel F. Craig

Full Name (Last, First, Middle Initial)
Mailing Address 545 E. Town Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement

Candidate Name
Craig, Hearcel, , ,

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

State: District:

Date of Disbursement
MM / DD / YYYY
06 / 25 / 2020

FEC Identification Number
C

Transaction ID : **SB29.11375**

Amount of Each Disbursement this Period
350.00

Memo Item

C. Friends of Jay Edwards

Full Name (Last, First, Middle Initial)
Mailing Address 35950 Union Ridge Rd

City Albany State OH Zip Code 45710

Purpose of Disbursement

Candidate Name
Edwards, Jay, , ,

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

State: District:

Date of Disbursement
MM / DD / YYYY
06 / 25 / 2020

FEC Identification Number
C

Transaction ID : **SB29.11377**

Amount of Each Disbursement this Period
350.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ - 300.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
USACS PAC

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. Friends of Matt Dolan | | Date of Disbursement MM / DD / YYYY 06 / 25 / 2020 |
| Mailing Address 2226 Edgeview Drive | | FEC Identification Number C Transaction ID : SB29.11376 Amount of Each Disbursement this Period 1000.00 |
| City Hudson | State OH Zip Code 44236 | |
| Purpose of Disbursement | | Memo Item <input type="checkbox"/> |
| Candidate Name Dolan, Matt, , , | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | Category/Type | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. Friends of Scott Lipps | | Date of Disbursement MM / DD / YYYY 06 / 25 / 2020 |
| Mailing Address 3757 McLean Road | | FEC Identification Number C Transaction ID : SB29.11379 Amount of Each Disbursement this Period 1000.00 |
| City Franklin | State OH Zip Code 45005 | |
| Purpose of Disbursement | | Memo Item <input type="checkbox"/> |
| Candidate Name Lipps, Scott, , , | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | Category/Type | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) C. Hackett for Ohio | | Date of Disbursement MM / DD / YYYY 06 / 25 / 2020 |
| Mailing Address 2050 Palouse Drive | | FEC Identification Number C Transaction ID : SB29.11381 Amount of Each Disbursement this Period 1000.00 |
| City London | State OH Zip Code 43140 | |
| Purpose of Disbursement | | Memo Item <input type="checkbox"/> |
| Candidate Name Hackett, Bob, , , | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | Category/Type | |

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

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

| |
|---------|
| 3000.00 |
| |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name (Last, First, Middle Initial)
A. KATHY RAPP FOR REP

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 06 | / | 11 | / | 2020 |

Mailing Address 3780 FOLLETT RUN RD

FEC Identification Number

C []

Transaction ID : SB29.11367

Amount of Each Disbursement this Period

[] 1000.00

Memo Item

City WARREN State PA Zip Code 16365

Purpose of Disbursement
Reissue Check 1225

[]

Candidate Name

Rapp, Kathy, , ,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: PA District: 65

Full Name (Last, First, Middle Initial)
B. KATHY RAPP FOR REP

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 06 | / | 11 | / | 2020 |

Mailing Address 3780 FOLLETT RUN RD

FEC Identification Number

C []

Transaction ID : SB29.12191

Amount of Each Disbursement this Period

[] - 1000.00

Memo Item

City WARREN State PA Zip Code 16365

Purpose of Disbursement
Void check 1225

[]

Candidate Name

Rapp, Kathy, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: PA District: 65

Full Name (Last, First, Middle Initial)
C. Kaufer Now Committee

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 06 | / | 11 | / | 2020 |

Mailing Address PO Box 412

FEC Identification Number

C []

Transaction ID : SB29.11365

Amount of Each Disbursement this Period

[] 1000.00

Memo Item

City Harrisburg State PA Zip Code 17101

Purpose of Disbursement
Reissue Check 1224

[]

Candidate Name

Kaufer, Aaron, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: District:

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

[] 1000.00

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

[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
USACS PAC

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Kaufer Now Committee | | Date of Disbursement MM / DD / YYYY 06 / 11 / 2020 |
| Mailing Address PO Box 412 | | FEC Identification Number C [] Transaction ID : SB29.12190 Amount of Each Disbursement this Period [] - 1000.00 |
| City Harrisburg | State PA | Zip Code 17101 |
| Purpose of Disbursement Void check 1224 | | Category/ Type [] |
| Candidate Name Kaufer, Aaron, , , | | Memo Item <input type="checkbox"/> |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: [] | District: [] | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Lanese for Ohio | | Date of Disbursement MM / DD / YYYY 06 / 25 / 2020 |
| Mailing Address 260 N Cassady Avenue | | FEC Identification Number C [] Transaction ID : SB29.11384 Amount of Each Disbursement this Period [] 350.00 |
| City Columbus | State OH | Zip Code 43209 |
| Purpose of Disbursement | | Category/ Type [] |
| Candidate Name Lanese, Laura, , , | | Memo Item <input type="checkbox"/> |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: [] | District: [] | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Matt Huffman for Ohio | | Date of Disbursement MM / DD / YYYY 06 / 25 / 2020 |
| Mailing Address 4679 Winterset Drive | | FEC Identification Number C [] Transaction ID : SB29.11385 Amount of Each Disbursement this Period [] 1000.00 |
| City Columbus | State OH | Zip Code 43220 |
| Purpose of Disbursement | | Category/ Type [] |
| Candidate Name Huffman, Matt, , , | | Memo Item <input type="checkbox"/> |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: [] | District: [] | |

| | |
|--|------------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | [] 350.00 |
| TOTAL This Period (last page this line number only).....▶ | [] |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Peterson for Good Government

Full Name (Last, First, Middle Initial)
Mailing Address 5564 Grassy Branch Road

City Sabina State OH Zip Code 45169

Purpose of Disbursement Category/Type

Candidate Name **Peterson, Bob, , ,**

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

State: District:

Date of Disbursement: 06 / 25 / 2020

FEC Identification Number: **C**
Transaction ID : **SB29.11386**
Amount of Each Disbursement this Period: 500.00

Memo Item

B. Seitz for Ohio

Full Name (Last, First, Middle Initial)
Mailing Address 4401 Abby Court

City Cincinnati State OH Zip Code 45248

Purpose of Disbursement Category/Type

Candidate Name **Seitz, Bill, , ,**

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

State: District:

Date of Disbursement: 06 / 25 / 2020

FEC Identification Number: **C**
Transaction ID : **SB29.11387**
Amount of Each Disbursement this Period: 1000.00

Memo Item

C.

Full Name (Last, First, Middle Initial)
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: / /

FEC Identification Number: **C**
Amount of Each Disbursement this Period:

Memo Item

| | |
|--|----------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 1500.00 |
| TOTAL This Period (last page this line number only).....▶ | 11550.00 |