

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** **C00544957** **CITY** **STATE** **ZIP CODE**
3. IS THIS REPORT **NEW (N)** OR **AMENDED (A)**

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day **POST-Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / through / /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Panitch, Orlee, , ,
Type or Print Name of Treasurer

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

USACS PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2017"/>		33926.42
(b) Cash on Hand at Beginning of Reporting Period.....	33926.42	
(c) Total Receipts (from Line 19)	45370.22	45370.22
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	79296.64	79296.64
7. Total Disbursements (from Line 31).....	31500.00	31500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	47796.64	47796.64
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

USACS PAC

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

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

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	27000.00	27000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	4500.00	4500.00
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)) ..	31500.00	31500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	31500.00	31500.00

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
USACS PAC

A. Aboutalib, Angela, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 East Erie
 Apt 3306
 City Chicago State IL Zip Code 60611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director
 Receipt For: 2017
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 06 / 30 / 2017
Transaction ID : SA11AI.6739
 Amount of Each Receipt this Period
 500.00
 Memo Item
 \$100.00/monthly

B. Arwindekar, Amit, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2043 W Mclean Ave
 City Chicago State IL Zip Code 60647
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Associate Medical Director
 Receipt For: 2017
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 499.98

Date of Receipt
 06 / 30 / 2017
Transaction ID : SA11AI.6725
 Amount of Each Receipt this Period
 499.98
 Memo Item
 \$83.33/monthly

C. 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: 2017
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 06 / 30 / 2017
Transaction ID : SA11AI.6832
 Amount of Each Receipt this Period
 500.00
 Memo Item
 \$100.00/monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 32
	<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. Augustine, James, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2017
Mailing Address 7868 Classics Drive		Transaction ID : SA11AI.6858
City Naples	State FL	Zip Code 34113
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 900.00	
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Chairman, National Clinical Governance	<input type="checkbox"/> Memo Item \$150.00/monthly
Receipt For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 900.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Bagnoli, Dominic, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2017
Mailing Address 50 East Drive		Transaction ID : SA11AI.6819
City Hartville	State OH	Zip Code 44632
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2499.78	
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Chief Executive Officer	<input type="checkbox"/> Memo Item \$416.63/monthly
Receipt For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 2499.78	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Biersbach, Raymond, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2017
Mailing Address 234 Lakeshore Dr		Transaction ID : SA11AI.6962
City Mooresville	State NC	Zip Code 28117-7535
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00	
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Emergency Physician	<input type="checkbox"/> Memo Item \$100.00/monthly
Receipt For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 300.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 OF 32
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

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

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

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

SUBTOTAL of Receipts This Page (optional).....	1100.00
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 32
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Cirillo, Louis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 91 Woodridge Drive
 City Saunderstown State RI Zip Code 02874
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Director of Health Policy & Legislativ
 Receipt For: 2017
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2017
Transaction ID : SA11AI.6914
 Amount of Each Receipt this Period
 900.00
 Memo Item
 \$150.00/monthly

B. Colfer, Orion, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2523 Hanover Ave
 City Richmond State VA Zip Code 23220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Vice President
 Receipt For: 2017
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2017
Transaction ID : SA11AI.6953
 Amount of Each Receipt this Period
 300.00
 Memo Item
 \$50.00/monthly

C. Conley, Amy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6419 Renwick Circle
 City Tampa State FL Zip Code 33647
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC Occupation (for Individual) Political/Transfer Center Director
 Receipt For: 2017
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2017
Transaction ID : SA11AI.6727
 Amount of Each Receipt this Period
 600.00
 Memo Item
 \$100.00/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 10 OF 32
	<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. Corvino, Timothy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 128 Miles Road
 City Chagrin Falls State OH Zip Code 44022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) President
 Receipt For: 2017
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 498.00

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

B. De Angelis, Sydney, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 55 Araca Rd P O Box 104
 City Babylon State NY Zip Code 11702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director
 Receipt For: 2017
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 600.00

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

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

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

SUBTOTAL of Receipts This Page (optional).....	1348.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Eakin, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1455 Hunakai St Apt 1
 City Honolulu State HI Zip Code 96816
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Associate Medical Director
 Receipt For: 2017
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 300.00

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

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

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

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2017
Transaction ID : SA11AI.6740
 Amount of Each Receipt this Period 900.00
 Memo Item
 \$150.00/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 12 OF 32
<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. Ferrand, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 119 Dorie Drive
 City Belmont State NC Zip Code 28012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Emergency Physician
 Receipt For: 2017
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2017
Transaction ID : SA11AI.6800
 Amount of Each Receipt this Period 600.00
 Memo Item
 \$100.00/monthly

B. Forcada-Lowrie, Raymundo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2400 6th Ave Unit 501
 City San Diego State CA Zip Code 92101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Firefighter
 Receipt For: 2017
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2017
Transaction ID : SA11AI.6963
 Amount of Each Receipt this Period 600.00
 Memo Item
 \$100.00/monthly

C. Gamma, Brett, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14930 Finegan Farm Dr
 City Darnestown State MD Zip Code 20874
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) Regional Medical Director
 Receipt For: 2017
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2017
Transaction ID : SA11AI.6757
 Amount of Each Receipt this Period 300.00
 Memo Item
 \$50.00/monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Geary, Daniel, , ,			Date of Receipt MM / DD / YYYY 06 / 30 / 2017
Mailing Address 142 Woodshire			Transaction ID : SA11AI.6790
City Pittsburgh	State PA	Zip Code 15215	Amount of Each Receipt this Period 499.98
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$83.33/monthly
Name of Employer (for Individual) AHN Medical Group, LLC		Occupation (for Individual) Medical Director of Integrated Acute C	
Receipt For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 499.98		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Gindlesperger, Krisii, , ,			Date of Receipt MM / DD / YYYY 06 / 30 / 2017
Mailing Address 9422 Forest Gates Path			Transaction ID : SA11AI.6899
City Laurel	State MD	Zip Code 20723	Amount of Each Receipt this Period 600.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$100.00/monthly
Name of Employer (for Individual) MEP Health, LLC		Occupation (for Individual) National Director of APPs	
Receipt For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 600.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Groomes, Roderick, , ,			Date of Receipt MM / DD / YYYY 06 / 30 / 2017
Mailing Address 1035 Glade Park East			Transaction ID : SA11AI.6969
City Kittanning	State PA	Zip Code 16201	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$50.00/monthly
Name of Employer (for Individual) AHN Medical Group, LLC		Occupation (for Individual) Medical Director	
Receipt For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional).....	1399.98
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Hibbs, Nathaniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6634 S. Prescott Way
 City Littleton State CO Zip Code 80120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director
 Receipt For: 2017
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 500.00

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

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

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

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

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 1280.00
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 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Janikas, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 43 Outlook Drive South
 City Mechanicville State NY Zip Code 12118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director
 Receipt For: 2017
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2017
Transaction ID : SA11AI.6880
 Amount of Each Receipt this Period
 499.98
 Memo Item
 \$83.33/monthly

B. Javery, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 773 Witts Bridge Rd
 City West Brookfield State VT Zip Code 05060
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Emergency Physician
 Receipt For: 2017
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2017
Transaction ID : SA11AI.7004
 Amount of Each Receipt this Period
 600.00
 Memo Item
 \$100.00/monthly

C. Jenis, Andrew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 115 Cayuga Heights Road
 City Ithaca State NY Zip Code 14850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Emergency Physician
 Receipt For: 2017
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2017
Transaction ID : SA11AI.6729
 Amount of Each Receipt this Period
 300.00
 Memo Item
 \$50.00/monthly

SUBTOTAL of Receipts This Page (optional).....	1399.98
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 OF 32
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Johnson, David, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2017
Mailing Address 27939 Berringer Run		Transaction ID : SA11AI.6813
City Westlake	State OH	Zip Code 44145
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 900.00
Name of Employer (for Individual) USACS Management Group	Occupation (for Individual) Chief Operating Officer	<input type="checkbox"/> Memo Item \$150.00/monthly
Receipt For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 900.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Jones, Bruce, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2017
Mailing Address 465 Woodard Place		Transaction ID : SA11AI.6763
City Powell	State OH	Zip Code 43065
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 800.00
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$150.00/monthly
Receipt For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 800.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Kella, Vipul, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2017
Mailing Address 11808 Woodthrus Lane		Transaction ID : SA11AI.7017
City Potomac	State MD	Zip Code 20854
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer (for Individual) MEP Health, LLC	Occupation (for Individual) Chariman	<input type="checkbox"/> Memo Item \$50.00/monthly
Receipt For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....	2000.00
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 32
	<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. Keller, Noah, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10119 Easterday Ct
 City Hagerstown State MD Zip Code 21742
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) Regional Medical Director
 Receipt For: 2017
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 06 / 30 / 2017
Transaction ID : SA11AI.6949
 Amount of Each Receipt this Period
 600.00
 Memo Item
 \$100.00/monthly

B. Kendall, Jayne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1251 Springbury Dr
 City Uniontown State OH Zip Code 44685
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Vice President
 Receipt For: 2017
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 06 / 30 / 2017
Transaction ID : SA11AI.6864
 Amount of Each Receipt this Period
 600.00
 Memo Item
 \$100.00/monthly

C. Klein, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11736 Gainsborough Rd
 City Potomac State MD Zip Code 20854
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) Chief Medical Officer
 Receipt For: 2017
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 06 / 30 / 2017
Transaction ID : SA11AI.6811
 Amount of Each Receipt this Period
 300.00
 Memo Item
 \$50.00/monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 OF 32
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Kuchinski, Joseph, , ,		Date of Receipt
Mailing Address 32 Woodland Ave		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2017"/>
City Mountain Lakes	State NJ	Zip Code 07046
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.6884
Name of Employer (for Individual) USACS Medical Group, LTD		Amount of Each Receipt this Period <input type="text" value="600.00"/>
Occupation (for Individual) Regional Director of Clinic 21		<input type="checkbox"/> Memo Item \$100.00/monthly
Receipt For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="text" value="Other"/>	Aggregate Year-to-Date ▼ <input type="text" value="600.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Land, Larry, , ,		Date of Receipt
Mailing Address 10014 Hazelnut Court		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2017"/>
City Tampa	State FL	Zip Code 33647
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.6904
Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC		Amount of Each Receipt this Period <input type="text" value="400.00"/>
Occupation (for Individual) Medical Director		<input type="checkbox"/> Memo Item \$100.00/monthly
Receipt For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="text" value="Other"/>	Aggregate Year-to-Date ▼ <input type="text" value="400.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Lawrence, Linda, , ,		Date of Receipt
Mailing Address 3942 S Arlington Rd #203		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2017"/>
City Uniontown	State OH	Zip Code 44685
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.6910
Name of Employer (for Individual) USACS Medical Group, LTD		Amount of Each Receipt this Period <input type="text" value="300.00"/>
Occupation (for Individual) President		<input type="checkbox"/> Memo Item \$100.00/monthly
Receipt For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="text" value="Other"/>	Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="1300.00"/>
TOTAL This Period (last page this line number only).....	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 32
	<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. LeBlanc, Louis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1428 Lacy Lane
 City Rock Hill State SC Zip Code 29732
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Emergency Physician
 Receipt For: 2017
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2017
Transaction ID : SA11AI.6916
 Amount of Each Receipt this Period
300.00
 Memo Item
 \$50.00/monthly

B. Lee, Sidney, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 701 15th Ave
 City Honolulu State HI Zip Code 96816
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director
 Receipt For: 2017
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2017
Transaction ID : SA11AI.6981
 Amount of Each Receipt this Period
300.00
 Memo Item
 \$50.00/monthly

C. Little, Andrew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5700 Van Wert Dr
 City Hilliard State OH Zip Code 43026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Emergency Physician
 Receipt For: 2017
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **600.00**

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

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 20 OF 32
<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. Mann, Rubeal, , ,			Date of Receipt MM / DD / YYYY 06 / 30 / 2017
Mailing Address 20 James River Rd			Transaction ID : SA11AI.6971
City Beavercreek	State OH	Zip Code 45434	Amount of Each Receipt this Period 600.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$100.00/monthly
Name of Employer (for Individual) USACS Medical Group, LTD		Occupation (for Individual) Medical Director	
Receipt For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other		Aggregate Year-to-Date 600.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Mayorga, Oliver, , ,			Date of Receipt MM / DD / YYYY 06 / 30 / 2017
Mailing Address 32 Church St			Transaction ID : SA11AI.6951
City Mystic	State CT	Zip Code 06355	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$50.00/monthly
Name of Employer (for Individual) USACS Medical Group, LTD		Occupation (for Individual) Medical Director	
Receipt For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other		Aggregate Year-to-Date 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Mayz, Kurtis, , ,			Date of Receipt MM / DD / YYYY 06 / 30 / 2017
Mailing Address 13015 Conifer St			Transaction ID : SA11AI.6900
City Plainfield	State IL	Zip Code 60585	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$50.00/monthly
Name of Employer (for Individual) USACS Medical Group, LTD		Occupation (for Individual) Assistant Medical Director	
Receipt For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other		Aggregate Year-to-Date 300.00	

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 21 OF 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Mittleman, Craig, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 25 Equestrian Ridge

City Newtown	State CT	Zip Code 06470
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FEC ID number of contributing federal political committee. **C**

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

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

Aggregate Year-to-Date ▼
250.00

Date of Receipt
06 / 30 / 2017
Transaction ID : SA11AI.6786

Amount of Each Receipt this Period
250.00

Memo Item
\$50.00/monthly

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

Mailing Address 62 East Drive

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

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

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

Aggregate Year-to-Date ▼
600.00

Date of Receipt
06 / 30 / 2017
Transaction ID : SA11AI.6934

Amount of Each Receipt this Period
600.00

Memo Item
\$100.00/monthly

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

Mailing Address 4535 Dressler Rd NW

City Canton	State OH	Zip Code 44718
----------------	-------------	-------------------

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

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

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

Aggregate Year-to-Date ▼
600.00

Date of Receipt
06 / 30 / 2017
Transaction ID : SA11AI.6806

Amount of Each Receipt this Period
600.00

Memo Item
\$100.00/monthly

SUBTOTAL of Receipts This Page (optional).....	1450.00
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 32
	<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. Panitch, Orlee, , ,			Date of Receipt MM / DD / YYYY 06 / 30 / 2017
Mailing Address 1753 Gainsborough Rd			Transaction ID : SA11AI.6954
City Potomac	State MD	Zip Code 20854	Amount of Each Receipt this Period 900.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$150.00/monthly	
Name of Employer (for Individual) MEP Health, LLC		Occupation (for Individual) Chief Administrative Officer	
Receipt For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 900.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Percy, Carmella, , ,			Date of Receipt MM / DD / YYYY 06 / 30 / 2017
Mailing Address 6875 Stonebridge Lane			Transaction ID : SA11AI.6768
City Clover	State SC	Zip Code 29710	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$50.00/monthly	
Name of Employer (for Individual) USACS Medical Group, LTD		Occupation (for Individual) Emergency Physician	
Receipt For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 300.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Phillips, Miranda, , ,			Date of Receipt MM / DD / YYYY 06 / 30 / 2017
Mailing Address 7122 S Sheridan Rd			Transaction ID : SA11AI.6941
City Tulsa	State OK	Zip Code 74133	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$50.00/monthly	
Name of Employer (for Individual) USACS Medical Group, LTD		Occupation (for Individual) Associate Medical Director	
Receipt For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 300.00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 32
	<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. Radford, Shawn, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 263 Shawmont Avenue

City Philadelphia	State PA	Zip Code 19128
----------------------	-------------	-------------------

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

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

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

Aggregate Year-to-Date ▼
600.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2017

Transaction ID : SA11AI.6979

Amount of Each Receipt this Period
600.00

Memo Item
\$100.00/monthly

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

Mailing Address 4516 Tuscana Drive

City Sarasota	State FL	Zip Code 34241
------------------	-------------	-------------------

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

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

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

Aggregate Year-to-Date ▼
600.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2017

Transaction ID : SA11AI.6836

Amount of Each Receipt this Period
600.00

Memo Item
\$100.00/monthly

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

Mailing Address 9796 Diversified Lane

City Ellicott City	State MD	Zip Code 21042
-----------------------	-------------	-------------------

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

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

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

Aggregate Year-to-Date ▼
600.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2017

Transaction ID : SA11AI.6983

Amount of Each Receipt this Period
600.00

Memo Item
\$300.00/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 24 OF 32
	<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. Slabinski, Mark, , ,			Date of Receipt MM / DD / YYYY 06 / 30 / 2017 Transaction ID : SA11AI.6920
Mailing Address 3004 Edison St. NW			Amount of Each Receipt this Period 499.98
City Uniontown	State OH	Zip Code 44685	<input type="checkbox"/> Memo Item \$83.33/monthly
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) USACS Medical Group, LTD		Occupation (for Individual) Vice President	
Receipt For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other		Aggregate Year-to-Date 499.98	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Snyder, Aaron, , ,			Date of Receipt MM / DD / YYYY 06 / 30 / 2017 Transaction ID : SA11AI.6718
Mailing Address 9925 Silver Brook Drive			Amount of Each Receipt this Period 900.00
City Rockville	State MD	Zip Code 20850	<input type="checkbox"/> Memo Item \$150.00/monthly
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) MEP Health, LLC		Occupation (for Individual) COO MidAtlantic	
Receipt For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other		Aggregate Year-to-Date 900.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Snyder, Eric, , ,			Date of Receipt MM / DD / YYYY 06 / 30 / 2017 Transaction ID : SA11AI.6828
Mailing Address 311 East Carrolltown PO Box 384			Amount of Each Receipt this Period 260.00
City Carrolltown	State PA	Zip Code 15722	<input type="checkbox"/> Memo Item \$20.00/monthly
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) AHN Medical Group, LLC		Occupation (for Individual) APP Lead	
Receipt For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other		Aggregate Year-to-Date 260.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Srivastava, Geetanjali, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5447 N Sequoia Ave
 City Fresno State CA Zip Code 93711-2849
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director
 Receipt For: 2017
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 500.00

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

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

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

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

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

SUBTOTAL of Receipts This Page (optional).....▶ 1850.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 26 OF 32
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Vaill, Samuel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 R Horseshoe Lane
 City South Hamilton State MA Zip Code 01982
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Management Group Occupation (for Individual) Chief Development Officer
 Receipt For: 2017
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2017
Transaction ID : SA11AI.6972
 Amount of Each Receipt this Period
300.00
 Memo Item
 \$50.00/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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) System Medical Director
 Receipt For: 2017
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **633.34**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2017
Transaction ID : SA11AI.6756
 Amount of Each Receipt this Period
633.34
 Memo Item
 \$150.00/monthly

C. Welsh, Ian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1027 Gardenia St
 City Fort Mill State SC Zip Code 29708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Assistant Medical Director
 Receipt For: 2017
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2017
Transaction ID : SA11AI.6847
 Amount of Each Receipt this Period
300.00
 Memo Item
 \$50.00/monthly

SUBTOTAL of Receipts This Page (optional)..... **1233.34**
TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 27 OF 32
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Zayac, Carl, , ,

Mailing Address 5901 Velasco Ave

City Dallas State TX Zip Code 75206

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

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

Receipt For: 2017
 Primary General
 Other (specify) Other

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2017

Transaction ID : SA11A1.6766

Amount of Each Receipt this Period
600.00

Memo Item
\$100.00/monthly

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

Mailing Address

City State Zip Code

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y 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).....▶	34121.04

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name (Last, First, Middle Initial)
A. BEN CARDIN FOR SENATE, INC.

Date of Disbursement

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

Mailing Address P.O. BOX 21093

City CATONSVILLE State MD Zip Code 21228

FEC Identification Number

C C00411587

Purpose of Disbursement Contribution

011
Category/
Type

Transaction ID : SB23.7045

Amount of Each Disbursement this Period

2000.00

Candidate Name

CARDIN, BENJAMIN L, , ,

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

Disbursement For: 2017
 Primary General
 Other (specify) ▼

Memo Item

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	07	/	2017

Mailing Address PO BOX 8277

City THE WOODLANDS State TX Zip Code 77387

FEC Identification Number

C C00311043

Purpose of Disbursement Contribution

011
Category/
Type

Transaction ID : SB23.7039

Amount of Each Disbursement this Period

5000.00

Candidate Name

BRADY, KEVIN, , ,

Office Sought: House Senate President
State: TX District: 08

Disbursement For: 2017
 Primary General
 Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)
C. DR. RAUL RUIZ FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	23	/	2017

Mailing Address PO BOX 3433

City PALM DESERT State CA Zip Code 92261

FEC Identification Number

C C00502575

Purpose of Disbursement Contribution

011
Category/
Type

Transaction ID : SB23.7050

Amount of Each Disbursement this Period

5000.00

Candidate Name

RUIZ, RAUL, , ,

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

Disbursement For: 2017
 Primary General
 Other (specify) ▼

Memo Item

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

12000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
USACS PAC

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

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

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

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

5500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
USACS PAC

A. QUIGLEY FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address 2652 N SOUTHPORT AVENUE
UNIT E

City CHICAGO State IL Zip Code 60614

Purpose of Disbursement Contribution
Candidate Name **QUIGLEY, MIKE, , ,**
Office Sought: House Senate President
Disbursement For: 2017 Primary General Other (specify) ▼
State: IL District: 05

Date of Disbursement: 02 / 09 / 2017

FEC Identification Number: C00457556
Transaction ID : **SB23.7040**
Amount of Each Disbursement this Period: 500.00

Memo Item

B. QUIGLEY FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address 2652 N SOUTHPORT AVENUE
UNIT E

City CHICAGO State IL Zip Code 60614

Purpose of Disbursement Contribution
Candidate Name **QUIGLEY, MIKE, , ,**
Office Sought: House Senate President
Disbursement For: 2017 Primary General Other (specify) ▼
State: IL District: 05

Date of Disbursement: 03 / 23 / 2017

FEC Identification Number: C00457556
Transaction ID : **SB23.7046**
Amount of Each Disbursement this Period: 500.00

Memo Item

C. RUIZ VICTORY FUND

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 6116

City LA QUINTA State CA Zip Code 92248

Purpose of Disbursement Contribution
Candidate Name **RUIZ, RAUL, , ,**
Office Sought: House Senate President
Disbursement For: 2017 Primary General Other (specify) ▼
State: CA District: 36

Date of Disbursement: 03 / 23 / 2017

FEC Identification Number: C00525402
Transaction ID : **SB23.7047**
Amount of Each Disbursement this Period: 5000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 6000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
USACS PAC

A. SALUD CARBAJAL FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 1290

City SANTA BARBARA State CA Zip Code 93102

Purpose of Disbursement Contribution
Category/Type **011**

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

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

State: CA District: 24

Date of Disbursement: 04 / 18 / 2017

FEC Identification Number: **C00576041**
Transaction ID : **SB23.7048**
Amount of Each Disbursement this Period: 500.00

Memo Item

B. STABENOW FOR US SENATE

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 4945

City EAST LANSING State MI Zip Code 48826

Purpose of Disbursement Contribution
Category/Type **011**

Candidate Name **STABENOW FOR US SENATE**

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

State: MI District: 00

Date of Disbursement: 03 / 10 / 2017

FEC Identification Number: **C00344473**
Transaction ID : **SB23.7042**
Amount of Each Disbursement this Period: 1000.00

Memo Item

C. TIBERI FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address 2931 E DUBLIN GRANVILLE ROAD SUITE 190

City COLUMBUS State OH Zip Code 43231

Purpose of Disbursement Contribution
Category/Type **011**

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

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

State: OH District: 12

Date of Disbursement: 03 / 10 / 2017

FEC Identification Number: **C00347492**
Transaction ID : **SB23.7043**
Amount of Each Disbursement this Period: 2000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	3500.00
TOTAL This Period (last page this line number only).....▶	27000.00

**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. Foley & Lardner LLP			Date of Disbursement MM / DD / YYYY 06 / 30 / 2017	
Mailing Address 111 North Orange Ave, Suite 1800				
City Orlando	State FL	Zip Code 32801	FEC Identification Number C [REDACTED] Transaction ID : SB29.7053 Amount of Each Disbursement this Period [REDACTED] 1500.00	
Purpose of Disbursement Legal Service		Category/Type 001		
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. Foley & Lardner LLP			Date of Disbursement MM / DD / YYYY 06 / 30 / 2017	
Mailing Address 111 North Orange Ave, Suite 1800				
City Orlando	State FL	Zip Code 32801	FEC Identification Number C [REDACTED] Transaction ID : SB29.7055 Amount of Each Disbursement this Period [REDACTED] 1500.00	
Purpose of Disbursement Legal Services		Category/Type 001		
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. Foley & Lardner LLP			Date of Disbursement MM / DD / YYYY 06 / 30 / 2017	
Mailing Address 111 North Orange Ave, Suite 1800				
City Orlando	State FL	Zip Code 32801	FEC Identification Number C [REDACTED] Transaction ID : SB29.7057 Amount of Each Disbursement this Period [REDACTED] 1500.00	
Purpose of Disbursement Legal Services		Category/Type 001		
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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

4500.00

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

4500.00