

# 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 M / D D D / Y Y 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 M / D D D / Y Y Y Y Y Y Y Y in the State of  

5. Covering Period M M M / D D D / Y Y Y Y Y Y Y Y through M M M / D D D / Y Y Y Y Y Y Y Y

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

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

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

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**USACS PAC**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2020"/>		131501.78
(b) Cash on Hand at Beginning of Reporting Period.....	131501.78	
(c) Total Receipts (from Line 19) .....	71776.68	71776.68
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	203278.46	203278.46
7. Total Disbursements (from Line 31).....	48700.00	48700.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	154578.46	154578.46
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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 01 / 01 / 2020 To: M M / D D / Y Y Y Y 03 / 31 / 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).....	53914.87	53914.87
(ii) Unitemized .....	13361.81	13361.81
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	67276.68	67276.68
(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) .....	67276.68	67276.68
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.....	2500.00	2500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	2000.00	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)).....▶	71776.68	71776.68
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	71776.68	71776.68

**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.....	35500.00	35500.00
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).....	13200.00	13200.00
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)) ..	48700.00	48700.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	48700.00	48700.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	67276.68	67276.68
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	67276.68	67276.68
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 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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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 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 **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2020  
**Transaction ID : SA11AI.11126**  
 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) 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  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2020  
**Transaction ID : SA11AI.11203**  
 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 **450.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2020  
**Transaction ID : SA11AI.11111**  
 Amount of Each Receipt this Period  
**450.00**  
 Memo Item  
 \$150.00/Monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Aldred, Brian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3508 Good Night Trail  
 City Leander State TX Zip Code 78641-3628  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Emergency Svc Partners, LLC Occupation (for Individual) System Medical Director  
 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  
 03 / 31 / 2020  
**Transaction ID : SA11AI.11303**  
 Amount of Each Receipt this Period 450.00  
 Memo Item  
 \$150.00/Monthly

**B. 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 ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2020  
**Transaction ID : SA11AI.11080**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 \$100.00/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: 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  
 03 / 31 / 2020  
**Transaction ID : SA11AI.11104**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 \$100.00/Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1050.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 57
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. 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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2020  
**Transaction ID : SA11AI.11108**  
 Amount of Each Receipt this Period  
 450.00  
 Memo Item  
 \$150.00/Monthly

**B. Bagnoli, Dominic, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 East Drive  
 City Hartville State OH Zip Code 44632  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Management Group Occupation (for Individual) Executive Chairman  
 Receipt For: 2020  
 Primary  General  
 Other (specify)  Other

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2020  
**Transaction ID : SA11AI.11235**  
 Amount of Each Receipt this Period  
 1249.89  
 Memo Item  
 \$416.63/Monthly

**C. 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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2020  
**Transaction ID : SA11AI.11112**  
 Amount of Each Receipt this Period  
 450.00  
 Memo Item  
 \$150.00/Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2149.89
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. 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 ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2020  
**Transaction ID : SA11AI.11261**  
 Amount of Each Receipt this Period 450.00  
 Memo Item  
 \$150.00/Monthly

**B. Bedolla, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1000 San Marcos Street Unit 324  
 City Austin State TX Zip Code 78702-2667  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2020  
**Transaction ID : SA11AI.11296**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 \$100.00/Monthly

**C. Bender, Sean, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 520 Elm Street  
 City Denver State CO Zip Code 80220  
 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 ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2020  
**Transaction ID : SA11AI.11087**  
 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:	PAGE 10 OF 57
	(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. 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 **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2020  
**Transaction ID : SA11AI.11194**  
 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 **225.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2020  
**Transaction ID : SA11AI.11192**  
 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 **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2020  
**Transaction ID : SA11AI.11195**  
 Amount of Each Receipt this Period  
**300.00**  
 Memo Item  
 \$150.00/Monthly

**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 11 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Blankenship, Robert, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 31 / 2020 <b>Transaction ID : SA11AI.11234</b>
Mailing Address 7058 Ravens Run			Amount of Each Receipt this Period 450.00
City Cincinnati	State OH	Zip Code 45244-3591	<input type="checkbox"/> Memo Item \$150.00/Monthly
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 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 450.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Bown, Nicholas, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 31 / 2020 <b>Transaction ID : SA11AI.11307</b>
Mailing Address 532 College Blvd			Amount of Each Receipt this Period 450.00
City San Antonio	State TX	Zip Code 78209	<input type="checkbox"/> Memo Item \$150.00/Monthly
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 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 450.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Bradstreet, Jennifer, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 31 / 2020 <b>Transaction ID : SA11AI.11298</b>
Mailing Address 8026 Vanity Hill			Amount of Each Receipt this Period 450.00
City San Antonio	State TX	Zip Code 78256-2509	<input type="checkbox"/> Memo Item \$150.00/Monthly
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 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 450.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1350.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 57
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Brice, Matthew, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 31 / 2020 <b>Transaction ID : SA11AI.11292</b>
Mailing Address 17007 Arrowhead Ct		Amount of Each Receipt this Period 300.00
City College Station	State TX	Zip Code 77845
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$100.00/Monthly
Name of Employer (for Individual) Emergency Svc 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 ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Buchanan, Curtis, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 31 / 2020 <b>Transaction ID : SA11AI.11117</b>
Mailing Address 3608 Shadow Arbor Way		Amount of Each Receipt this Period 450.00
City Lutz	State FL	Zip Code 33548
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) Emergency Physician	
Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 450.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Caceres, Camilo, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 31 / 2020 <b>Transaction ID : SA11AI.11259</b>
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 ▼ 450.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Carney, Bryan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2408 Marsh Tern Ln  
 City Morehead City State NC Zip Code 28557-4772  
 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 ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2020  
**Transaction ID : SA11AI.11202**  
 Amount of Each Receipt this Period  
 450.00  
 Memo Item  
 \$150.00/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 ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2020  
**Transaction ID : SA11AI.11226**  
 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 ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2020  
**Transaction ID : SA11AI.11154**  
 Amount of Each Receipt this Period  
 1200.00  
 Memo Item  
 \$400.00/Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2100.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 57
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Cirillo, Louis, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 31 / 2020 <b>Transaction ID : SA11AI.11263</b>
Mailing Address 91 Woodridge Drive		Amount of Each Receipt this Period 450.00
City Saunderstown	State RI	Zip Code 02874-1943
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) Director of Government Affairs	
Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 450.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Colfer, Orion, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 31 / 2020 <b>Transaction ID : SA11AI.11319</b>
Mailing Address 2523 Hanover Ave		Amount of Each Receipt this Period 450.00
City Richmond	State VA	Zip Code 23220
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) National Director of Patient Experienc	
Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 450.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Conley, Amy, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 31 / 2020 <b>Transaction ID : SA11AI.11103</b>
Mailing Address 6419 Renwick Circle		Amount of Each Receipt this Period 300.00
City Tampa	State FL	Zip Code 33647
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$100.00/Monthly
Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC	Occupation (for Individual) Regional Transfer Center 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	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. 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 **240.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2020  
**Transaction ID : SA11AI.11217**  
 Amount of Each Receipt this Period  
 240.00  
 Memo Item  
 \$80.00/Monthly

**B. 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 **450.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2020  
**Transaction ID : SA11AI.11227**  
 Amount of Each Receipt this Period  
 450.00  
 Memo Item  
 \$150.00/Monthly

**C. 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 **450.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2020  
**Transaction ID : SA11AI.11300**  
 Amount of Each Receipt this Period  
 450.00  
 Memo Item  
 \$150.00/Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1140.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Corrigan, Kevin, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 31 / 2020
Mailing Address 9338 Standerwick Ln		<b>Transaction ID : SA11AI.11200</b>
City Huntersville	State NC	Zip Code 28078
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 450.00
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Interim 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 ▼ 450.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Darnell, Mark, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 31 / 2020
Mailing Address 5125 Duffy Rd. SE		<b>Transaction ID : SA11AI.11233</b>
City Lancaster	State OH	Zip Code 43130-9451
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 450.00
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$150.00/Monthly
Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 450.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Dayton, John, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 31 / 2020
Mailing Address 1914 E Gray Fox Drive		<b>Transaction ID : SA11AI.11314</b>
City Draper	State UT	Zip Code 84020-5630
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer (for Individual) Virtual Locations	Occupation (for Individual) Firefighter	<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 ▼ 300.00	

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. De Angelis, Sydney, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 31 / 2020 <b>Transaction ID : SA11AI.11144</b>		
Mailing Address 114 E Church St			Amount of Each Receipt this Period 300.00		
City Frederick	State MD	Zip Code 21701	Memo Item <input type="checkbox"/> \$100.00/Monthly		
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 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other		Aggregate Year-to-Date ▼ 300.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. DiRando, Jesse, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 31 / 2020 <b>Transaction ID : SA11AI.11224</b>		
Mailing Address 33531 Royal Saint George Drive			Amount of Each Receipt this Period 450.00		
City Avon	State OH	Zip Code 44011	Memo Item <input type="checkbox"/> \$150.00/Monthly		
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 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other		Aggregate Year-to-Date ▼ 450.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Doss, Belinda, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 31 / 2020 <b>Transaction ID : SA11AI.11286</b>		
Mailing Address 1344 County Road 3552			Amount of Each Receipt this Period 225.00		
City Queen City	State TX	Zip Code 75572	Memo Item <input type="checkbox"/> \$75.00/Monthly		
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 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other		Aggregate Year-to-Date ▼ 225.00			

<b>SUBTOTAL</b> of Receipts This Page (optional).....	975.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Dschaak, Tyler, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 31 / 2020 <b>Transaction ID : SA11AI.11088</b>
Mailing Address 585 Paisley Dr		Amount of Each Receipt this Period 450.00
City Colorado Springs	State CO	Zip Code 80906
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 ▼ 450.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Edginton, Simon, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 31 / 2020 <b>Transaction ID : SA11AI.11115</b>
Mailing Address 28671 Corbara Place		Amount of Each Receipt this Period 450.00
City Wesley Chapel	State FL	Zip Code 33543
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$150.00/Monthly
Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC	Occupation (for Individual) Regional Chief Medical Officer	
Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 450.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Eisenberg, Steven, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 31 / 2020 <b>Transaction ID : SA11AI.11230</b>
Mailing Address 35590 Michael Drive		Amount of Each Receipt this Period 450.00
City Solon	State OH	Zip Code 44139
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) General Counsel	
Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1350.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. 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 ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2020  
**Transaction ID : SA11AI.11147**  
 Amount of Each Receipt this Period  
 450.00  
 Memo Item  
 \$150.00/Monthly

**B. Ferrand, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 193 Bryna Lane  
 City Carnegie State PA Zip Code 15106-1473  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) 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  
 03 / 31 / 2020  
**Transaction ID : SA11AI.11251**  
 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 ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2020  
**Transaction ID : SA11AI.11170**  
 Amount of Each Receipt this Period  
 450.00  
 Memo Item  
 \$150.00/Monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Fleming, Sean, , ,</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2020 <b>Transaction ID : SA11AI.11309</b>
Mailing Address 2300 Shoreham Circle		Amount of Each Receipt this Period 450.00
City Lewisville	State TX	Zip Code 75056
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 ▼ 450.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Forcada-Lowrie, Raymundo, , ,</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2020 <b>Transaction ID : SA11AI.11262</b>
Mailing Address 775 Potters Ave		Amount of Each Receipt this Period 300.00
City Providence	State RI	Zip Code 02907-3075
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) Firefighter	
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>C. Foss, David, , ,</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2020 <b>Transaction ID : SA11AI.11310</b>
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 ▼ 450.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 21 OF 57
	(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. Frary, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4009 Grassmere Lane  
 City Dallas State TX Zip Code 75205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Management Group Occupation (for Individual) Chief Executive Officer  
 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  
 03 / 31 / 2020  
**Transaction ID : SA11AI.11311**  
 Amount of Each Receipt this Period 450.00  
 Memo Item  
 \$150.00/Monthly

**B. Freedman, Scott, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12814 Doe Lane  
 City N. Potomac State MD Zip Code 20878  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) Pediatric Medical Director  
 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  
 03 / 31 / 2020  
**Transaction ID : SA11AI.11152**  
 Amount of Each Receipt this Period 450.00  
 Memo Item  
 \$150.00/Monthly

**C. Garber, Suzanne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2020  
**Transaction ID : SA11AI.11221**  
 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 22 OF 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Geary, Daniel, , ,</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2020 <b>Transaction ID : SA11AI.11317</b>
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 249.99	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Gindlesperger, Krisi, , ,</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2020 <b>Transaction ID : SA11AI.11219</b>
Mailing Address 6203 Renninger Road		Amount of Each Receipt this Period 300.00
City New Franklin	State OH	Zip Code 44319-4741
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) Vice President - National Director of	
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>C. Goen, Paul, , ,</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2020 <b>Transaction ID : SA11AI.11293</b>
Mailing Address 4417 Leonard Road		Amount of Each Receipt this Period 300.00
City Bryan	State TX	Zip Code 77807
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) 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 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	849.99
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Gonzalez, Javier, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4527 Scarlet Loop  
 City Wesley Chapel State FL Zip Code 33544  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC Occupation (for Individual) Medical Director  
 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  
 03 / 31 / 2020  
**Transaction ID : SA11AI.11114**  
 Amount of Each Receipt this Period  
 450.00  
 Memo Item  
 \$150.00/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 ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2020  
**Transaction ID : SA11AI.11257**  
 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 ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2020  
**Transaction ID : SA11AI.11268**  
 Amount of Each Receipt this Period  
 450.00  
 Memo Item  
 \$150.00/Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1350.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 24 OF 57
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Hanlon, Dennis, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 200 Windermere Ct.  
 City McMurray State PA Zip Code 15317  
 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  
 03 / 31 / 2020  
**Transaction ID : SA11AI.11253**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 \$100.00/Monthly

**B. 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 ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2020  
**Transaction ID : SA11AI.11312**  
 Amount of Each Receipt this Period  
 450.00  
 Memo Item  
 \$150.00/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 ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2020  
**Transaction ID : SA11AI.11258**  
 Amount of Each Receipt this Period  
 450.00  
 Memo Item  
 \$150.00/Monthly

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. 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 **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2020  
**Transaction ID : SA11AI.11078**  
 Amount of Each Receipt this Period  
**300.00**  
 Memo Item  
 \$100.00/Monthly

**B. 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 **450.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2020  
**Transaction ID : SA11AI.11304**  
 Amount of Each Receipt this Period  
**450.00**  
 Memo Item  
 \$150.00/Monthly

**C. 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 **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2020  
**Transaction ID : SA11AI.11198**  
 Amount of Each Receipt this Period  
**300.00**  
 Memo Item  
 \$100.00/Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1050.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. 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 **300.00**

Date of Receipt **03 / 31 / 2020**  
**Transaction ID : SA11AI.11105**  
 Amount of Each Receipt this Period **300.00**  
 Memo Item  
 \$100.00/Monthly

**B. 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 **450.00**

Date of Receipt **03 / 31 / 2020**  
**Transaction ID : SA11AI.11305**  
 Amount of Each Receipt this Period **450.00**  
 Memo Item  
 \$150.00/Monthly

**C. 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 **300.00**

Date of Receipt **03 / 31 / 2020**  
**Transaction ID : SA11AI.11295**  
 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 27 OF 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Janikas, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 748 Carlton Road  
 City Clifton Park State NY Zip Code 12065-1023  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director  
 Receipt For: 2020  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2020  
**Transaction ID : SA11AI.11173**  
 Amount of Each Receipt this Period  
 249.99  
 Memo Item  
 \$83.33/Monthly

**B. 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 ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2020  
**Transaction ID : SA11AI.11299**  
 Amount of Each Receipt this Period  
 450.00  
 Memo Item  
 \$150.00/Monthly

**C. Jenis, Andrew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 115 Cayuga Heights Road  
 City Ithaca State NY Zip Code 14850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Regional Vice President  
 Receipt For: 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  
 03 / 31 / 2020  
**Transaction ID : SA11AI.11174**  
 Amount of Each Receipt this Period  
 450.00  
 Memo Item  
 \$150.00/Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1149.99
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. 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 ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2020  
**Transaction ID : SA11AI.11223**  
 Amount of Each Receipt this Period 450.00  
 Memo Item  
 \$150.00/Monthly

**B. 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 ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2020  
**Transaction ID : SA11AI.11085**  
 Amount of Each Receipt this Period 450.00  
 Memo Item  
 \$150.00/Monthly

**C. Keller, Noah, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10119 Easterday Court  
 City Hagerstown State MD Zip Code 21742  
 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 ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2020  
**Transaction ID : SA11AI.11149**  
 Amount of Each Receipt this Period 450.00  
 Memo Item  
 \$150.00/Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1350.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Kendall, Jayne, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 31 / 2020 <b>Transaction ID : SA11AI.11193</b>
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 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Klein, David, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 31 / 2020 <b>Transaction ID : SA11AI.11143</b>
Mailing Address 11736 Gainsborough Road		Amount of Each Receipt this Period 300.00
City Potomac	State MD	Zip Code 20854
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$100.00/Monthly
Name of Employer (for Individual) USACS Management Group	Occupation (for Individual) National Director of Quality	
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>C. Kolodzik, Joan, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 31 / 2020 <b>Transaction ID : SA11AI.11225</b>
Mailing Address 1108 Paxon Court		Amount of Each Receipt this Period 450.00
City Bellbrook	State OH	Zip Code 45305-8959
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) National Director of Continuing Medica	
Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1050.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. 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 **750.00**

Date of Receipt **03 / 31 / 2020**  
**Transaction ID : SA11AI.11166**  
 Amount of Each Receipt this Period **750.00**  
 Memo Item  
 \$250.00/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 **450.00**

Date of Receipt **03 / 31 / 2020**  
**Transaction ID : SA11AI.11109**  
 Amount of Each Receipt this Period **450.00**  
 Memo Item  
 \$150.00/Monthly

**C. Lewis, Brandon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3648 Calusa Springs Dr  
 City College Station State TX Zip Code 77845-4545  
 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 **450.00**

Date of Receipt **03 / 31 / 2020**  
**Transaction ID : SA11AI.11302**  
 Amount of Each Receipt this Period **450.00**  
 Memo Item  
 \$150.00/Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1650.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. 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 **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2020  
**Transaction ID : SA11AI.11218**  
 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 **450.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2020  
**Transaction ID : SA11AI.11086**  
 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 **450.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2020  
**Transaction ID : SA11AI.11169**  
 Amount of Each Receipt this Period  
 450.00  
 Memo Item  
 \$150.00/Monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. 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 ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2020

**Transaction ID : SA11AI.11255**

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 ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2020

**Transaction ID : SA11AI.11220**

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 ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2020

**Transaction ID : SA11AI.11301**

Amount of Each Receipt this Period  
450.00

Memo Item  
\$150.00/Monthly

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Mattke, Angela, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 31 / 2020 <b>Transaction ID : SA11AI.11119</b>
Mailing Address 1080 Pebblebrook Rd. SE		Amount of Each Receipt this Period 450.00
City Mableton	State GA	Zip Code 30126-5612
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) Firefighter	
Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 450.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Mayz, Kurtis, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 31 / 2020 <b>Transaction ID : SA11AI.11129</b>
Mailing Address 1 E Main St Ste 404		Amount of Each Receipt this Period 450.00
City Champaign	State IL	Zip Code 61820-1313
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) Firefighter	
Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 450.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. McAtee, Jill, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 31 / 2020 <b>Transaction ID : SA11AI.11165</b>
Mailing Address 8112 Sweet Dreams Court		Amount of Each Receipt this Period 225.00
City Las Vegas	State NV	Zip Code 89131-1537
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$75.00/Monthly
Name of Employer (for Individual) USACS Medical Group, LTD	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 ▼ 225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1125.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. 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 **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2020  
**Transaction ID : SA11AI.11083**  
 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 **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2020  
**Transaction ID : SA11AI.11145**  
 Amount of Each Receipt this Period  
**300.00**  
 Memo Item  
 \$100.00/Monthly

**C. Misra, Swarup, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9667 Ashley Green Ct NW  
 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 **450.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2020  
**Transaction ID : SA11AI.11201**  
 Amount of Each Receipt this Period  
**450.00**  
 Memo Item  
 \$150.00/Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1050.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Myers, Troy, , ,</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2020 <b>Transaction ID : SA11AI.11204</b>
Mailing Address 301 B.J. Taylor Rd		Amount of Each Receipt this Period 450.00
City Newport	State NC	Zip Code 28570-5133
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) Emergency Physician	
Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 450.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Natali, David, , ,</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2020 <b>Transaction ID : SA11AI.11260</b>
Mailing Address 115 Pheasant Drive		Amount of Each Receipt this Period 450.00
City Blawnox	State PA	Zip Code 15238-2207
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) Emergency Physician	
Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 450.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Osmundson, Michael, , ,</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2020 <b>Transaction ID : SA11AI.11229</b>
Mailing Address 62 East Dr.		Amount of Each Receipt this Period 450.00
City Hartville	State OH	Zip Code 44632-8890
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) President	
Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1350.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

**A. Panitch, Orlee, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11753 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) Regional Chief Administrative Officer  
 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  
 03 / 31 / 2020  
**Transaction ID : SA11AI.11150**  
 Amount of Each Receipt this Period 450.00  
 Memo Item  
 \$150.00/Monthly

**B. Parks, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11533 Sand Stone Rock Dr  
 City Riverview State FL Zip Code 33569-8709  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC Occupation (for Individual) Advanced Practice Provider  
 Receipt For: 2020  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2020  
**Transaction ID : SA11AI.11102**  
 Amount of Each Receipt this Period 225.00  
 Memo Item  
 \$75.00/Monthly

**C. Patlovan, 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 ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2020  
**Transaction ID : SA11AI.11306**  
 Amount of Each Receipt this Period 450.00  
 Memo Item  
 \$150.00/Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1125.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. 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 ▼  
 450.00

Date of Receipt  
 03 / 31 / 2020  
**Transaction ID : SA11AI.11313**  
 Amount of Each Receipt this Period  
 450.00  
 Memo Item  
 \$150.00/Monthly

**B. 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 ▼  
 300.00

Date of Receipt  
 03 / 31 / 2020  
**Transaction ID : SA11AI.11318**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 \$100.00/Monthly

**C. 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 ▼  
 300.00

Date of Receipt  
 03 / 31 / 2020  
**Transaction ID : SA11AI.11320**  
 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 38 OF 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Pyle, Moira, , ,</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2020 <b>Transaction ID : SA11AI.11285</b>
Mailing Address 2220 Valley Oaks Cove		Amount of Each Receipt this Period 225.00
City Leander	State TX	Zip Code 78641
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$75.00/Monthly
Name of Employer (for Individual) Emergency Service Partners, LLC	Occupation (for Individual) Regional APP Lead	
Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 225.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Radford, Shawn, , ,</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2020 <b>Transaction ID : SA11AI.11130</b>
Mailing Address 210 N Wells St Apt 4101		Amount of Each Receipt this Period 1450.00
City Chicago	State IL	Zip Code 60606-1352
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) Director of Firefighters	
Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 1450.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Reed, Rhett, , ,</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2020 <b>Transaction ID : SA11AI.11294</b>
Mailing Address 12509 Red Mesa Hollow		Amount of Each Receipt this Period 300.00
City Austin	State TX	Zip Code 78739
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) 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	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1975.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. 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 ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2020  
**Transaction ID : SA11AI.11308**  
 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 ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2020  
**Transaction ID : SA11AI.11107**  
 Amount of Each Receipt this Period 450.00  
 Memo Item  
 \$150.00/Monthly

**C. Rocks, 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) Virtual Locations Occupation (for Individual) Medical Director  
 Colorado Emergency Service Physicians,  
 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  
 03 / 31 / 2020  
**Transaction ID : SA11AI.11082**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 \$100.00/Monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. 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 **300.00**

Date of Receipt **03 / 31 / 2020**  
**Transaction ID : SA11AI.11081**  
 Amount of Each Receipt this Period **300.00**  
 Memo Item  
 \$100.00/Monthly

**B. 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 **300.00**

Date of Receipt **03 / 31 / 2020**  
**Transaction ID : SA11AI.11084**  
 Amount of Each Receipt this Period **300.00**  
 Memo Item  
 \$100.00/Monthly

**C. Seaberg, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1221 1st St S Unit 3A  
 City Jacksonville Beach State FL Zip Code 32250-6446  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Executive Vice President  
 Receipt For: 2020  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **450.00**

Date of Receipt **03 / 31 / 2020**  
**Transaction ID : SA11AI.11113**  
 Amount of Each Receipt this Period **450.00**  
 Memo Item  
 \$150.00/Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1050.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Shelat, Chandresh, , ,</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2020 <b>Transaction ID : SA11AI.11153</b>
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 ▼ 450.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Shellenbarger, David, , ,</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2020 <b>Transaction ID : SA11AI.11256</b>
Mailing Address 912 Camelot Dr.		Amount of Each Receipt this Period 450.00
City Hermitage	State PA	Zip Code 16148-9100
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$150.00/Monthly
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Medical Director of Integrated Acute C	
Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 450.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Sinnott, Annie, , ,</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2020 <b>Transaction ID : SA11AI.11127</b>
Mailing Address 1335 N. Bosworth Ave. #3		Amount of Each Receipt this Period 450.00
City Chicago	State IL	Zip Code 60642-2341
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$150.00/Monthly
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Medical Director	
Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1350.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. 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 ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2020  
**Transaction ID : SA11AI.11228**  
 Amount of Each Receipt this Period 450.00  
 Memo Item  
 \$150.00/Monthly

**B. Snyder, Aaron, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9925 Silver Brook Drive  
 City Rockville State MD Zip Code 20850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Regional Vice President  
 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  
 03 / 31 / 2020  
**Transaction ID : SA11AI.11146**  
 Amount of Each Receipt this Period 450.00  
 Memo Item  
 \$150.00/Monthly

**C. 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 ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2020  
**Transaction ID : SA11AI.11106**  
 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 43 OF 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Somers, Michael, , ,</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2020 <b>Transaction ID : SA11AI.11197</b>
Mailing Address 503 Neuse Harbour Blvd		Amount of Each Receipt this Period 300.00
City New Bern	State NC	Zip Code 28560-8958
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$150.00/Monthly
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Medical Director	
Receipt For: 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>B. Sullivan, Richard, , ,</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2020 <b>Transaction ID : SA11AI.11252</b>
Mailing Address 117 James Place		Amount of Each Receipt this Period 300.00
City Pittsburgh	State PA	Zip Code 15228-1021
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 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Thompson, Donovan, , ,</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2020 <b>Transaction ID : SA11AI.11196</b>
Mailing Address 4408 Lake Shore Road North		Amount of Each Receipt this Period 300.00
City Denver	State NC	Zip Code 28037-9198
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 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	900.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. 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 ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2020  
**Transaction ID : SA11AI.11110**  
 Amount of Each Receipt this Period 450.00  
 Memo Item  
 \$150.00/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 ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2020  
**Transaction ID : SA11AI.11128**  
 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 ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2020  
**Transaction ID : SA11AI.11148**  
 Amount of Each Receipt this Period 450.00  
 Memo Item  
 \$150.00/Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1350.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 45 OF 57
	(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. 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 ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2020  
**Transaction ID : SA11AI.11222**  
 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 ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2020  
**Transaction ID : SA11AI.11290**  
 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 ▼  
 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2020  
**Transaction ID : SA11AI.11231**  
 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 46 OF 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. 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 ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2020  
**Transaction ID : SA11AI.11254**  
 Amount of Each Receipt this Period  
 450.00  
 Memo Item  
 \$150.00/Monthly

**B. 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 ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2020  
**Transaction ID : SA11AI.11291**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 \$100.00/Monthly

**C. 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 ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2020  
**Transaction ID : SA11AI.11151**  
 Amount of Each Receipt this Period  
 450.00  
 Memo Item  
 \$150.00/Monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. 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 ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2020  
**Transaction ID : SA11AI.11199**  
 Amount of Each Receipt this Period 450.00  
 Memo Item  
 \$150.00/Monthly

**B. 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 ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2020  
**Transaction ID : SA11AI.11232**  
 Amount of Each Receipt this Period 450.00  
 Memo Item  
 \$150.00/Monthly

**C. Watt, Christopher, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3909 Fox Glen Drive  
 City Irving State TX Zip Code 75062  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Management Group Occupation (for Individual) Chief Accounting Officer  
 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  
 03 / 31 / 2020  
**Transaction ID : SA11AI.11289**  
 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 48 OF 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Welsh, Ian, , ,</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2020 <b>Transaction ID : SA11AI.11267</b>
Mailing Address 1027 Gardenia Street		Amount of Each Receipt this Period 450.00
City Fort Mill	State SC	Zip Code 29708
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) Assistant Medical Director of Firefigh	
Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 450.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Wirtz, David, , ,</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2020 <b>Transaction ID : SA11AI.11175</b>
Mailing Address 1 Highgate NE		Amount of Each Receipt this Period 450.00
City Ithaca	State NY	Zip Code 14850
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$150.00/Monthly
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Medical Director	
Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 450.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Wisniewski, Michael, , ,</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2020 <b>Transaction ID : SA11AI.11079</b>
Mailing Address 2813 Elmira St.		Amount of Each Receipt this Period 300.00
City Denver	State CO	Zip Code 80238
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$100.00/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	

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. 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 **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2020  
**Transaction ID : SA11AI.11287**  
 Amount of Each Receipt this Period  
**300.00**  
 Memo Item  
 \$100.00/Monthly

**B. 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 **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2020  
**Transaction ID : SA11AI.11288**  
 Amount of Each Receipt this Period  
**300.00**  
 Memo Item  
 \$100.00/Monthly

**C. 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 **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2020  
**Transaction ID : SA11AI.11297**  
 Amount of Each Receipt this Period  
**300.00**  
 Memo Item  
 \$100.00/Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>900.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>53914.87</b>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 50 OF 57
<input 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 checked="" type="checkbox"/> 17

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Friends of Joe Scarnati

Mailing Address PO Box 177

City Brockway	State PA	Zip Code 15824
------------------	-------------	-------------------

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 ▼  
2000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01	/	31	/	2020

**Transaction ID : SA17.10786**

Amount of Each Receipt this Period  
2000.00

Memo Item

**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
-----	---	-----	---	---------

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
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Amount of Each Receipt this Period

Memo Item

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

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

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

FOR LINE NUMBER: PAGE 51 OF 57  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**BERA FOR CONGRESS**

Mailing Address POST OFFICE BOX 582496

City ELK GROVE State CA Zip Code 95758

FEC ID number of contributing federal political committee. **C** C00461061

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

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 13 / 2020  
**Transaction ID : SA16.10785**

Amount of Each Receipt this Period  
2500.00

Memo Item

**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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	2500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. BERA FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 01 / 13 / 2020
Mailing Address POST OFFICE BOX 582496		FEC Identification Number C 000461061 <b>Transaction ID : SB23.10780</b> Amount of Each Disbursement this Period 2500.00
City ELK GROVE	State CA	Zip Code 95758
Purpose of Disbursement	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name <b>BERA, AMERISH, , ,</b>	Office Sought: <input checked="" 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: CA	District: 07	

Full Name (Last, First, Middle Initial) <b>B. BRADY FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 02 / 19 / 2020
Mailing Address PO BOX 8277		FEC Identification Number C 000311043 <b>Transaction ID : SB23.10220</b> Amount of Each Disbursement this Period 5000.00
City THE WOODLANDS	State TX	Zip Code 77387
Purpose of Disbursement	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name <b>BRADY, KEVIN, , ,</b>	Office Sought: <input checked="" 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: TX	District: 08	

Full Name (Last, First, Middle Initial) <b>C. BRADY FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 03 / 06 / 2020
Mailing Address PO BOX 8277		FEC Identification Number C 000311043 <b>Transaction ID : SB23.10230</b> Amount of Each Disbursement this Period 5000.00
City THE WOODLANDS	State TX	Zip Code 77387
Purpose of Disbursement	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name <b>BRADY, KEVIN, , ,</b>	Office Sought: <input checked="" 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: TX	District: 08	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	12500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. BRADY VICTORY FUND**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 8277

City THE WOODLANDS State TX Zip Code 77387

Purpose of Disbursement

Candidate Name  
**BRADY, KEVIN, , ,**

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

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement: 02 / 19 / 2020

FEC Identification Number: **C H6TX08100**  
Transaction ID : **SB23.10223**  
Amount of Each Disbursement this Period: 5000.00

Memo Item

**B. DARREN SOTO FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 420239

City KISSIMMEE State FL Zip Code 34742

Purpose of Disbursement

Candidate Name  
**Soto, Darren, , ,**

Office Sought:  House  Senate  President  
State: FL District: 09

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

Date of Disbursement: 02 / 19 / 2020

FEC Identification Number: **C C00581074**  
Transaction ID : **SB23.10229**  
Amount of Each Disbursement this Period: 2500.00

Memo Item

**C. DR. RAUL RUIZ FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 3433

City PALM DESERT State CA Zip Code 92261

Purpose of Disbursement

Candidate Name  
**RUIZ, RAUL, , ,**

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

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

Date of Disbursement: 02 / 19 / 2020

FEC Identification Number: **C C00502575**  
Transaction ID : **SB23.10228**  
Amount of Each Disbursement this Period: 5000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 12500.00

**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. NEVADANS FOR STEVEN HORSFORD**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	9		2	0	2	0

Mailing Address PO BOX 336664

FEC Identification Number

**C** C00668228

**Transaction ID : SB23.10224**

Amount of Each Disbursement this Period

3500.00

Memo Item

City NORTH LAS VEGAS State NV Zip Code 89033

Purpose of Disbursement

Category/Type

Candidate Name  
**HORSFORD, STEVEN ALEXZANDER, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼  
State: NV District: 04

Full Name (Last, First, Middle Initial)  
**B. RUIZ VICTORY FUND**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	9		2	0	2	0

Mailing Address 77933 LAS MONTANAS ROAD #103

FEC Identification Number

**C** C00525402

**Transaction ID : SB23.10225**

Amount of Each Disbursement this Period

5000.00

Memo Item

City PALM DESERT State CA Zip Code 92211

Purpose of Disbursement

Category/Type

Candidate Name  
**RUIZ, RAUL, , ,**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: CA District: 36

Full Name (Last, First, Middle Initial)  
**C. TEAM MCHENRY**

Date of Disbursement

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

Mailing Address 228 S WASHINGTON ST STE 115

FEC Identification Number

**C** C00544650

**Transaction ID : SB23.10231**

Amount of Each Disbursement this Period

2000.00

Memo Item

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement

Category/Type

Candidate Name  
**McHenry, Patrick, , ,**

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

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

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

10500.00

35500.00

**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. Benninghoff for Representative Committee**

Full Name (Last, First, Middle Initial)  
Mailing Address 225 State St 2nd Flr

City Harrisburg State PA Zip Code 17101

Purpose of Disbursement  Category/Type

Candidate Name **Benninghoff, Kerry, , ,**

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

State: District:

Date of Disbursement: 03 / 10 / 2020

FEC Identification Number: **C**  
Transaction ID : **SB29.10235**  
Amount of Each Disbursement this Period: 1000.00

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  Category/Type

Candidate Name **Cutler, Bryan, , ,**

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

State: PA District:

Date of Disbursement: 03 / 10 / 2020

FEC Identification Number: **C**  
Transaction ID : **SB29.10236**  
Amount of Each Disbursement this Period: 5000.00

Memo Item

**C. FRIENDS OF FRANK DERMODY**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 274

City TARENTUM State PA Zip Code 15084

Purpose of Disbursement  Category/Type

Candidate Name **Dermody, Frank, , ,**

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

State: PA District: 33

Date of Disbursement: 03 / 10 / 2020

FEC Identification Number: **C**  
Transaction ID : **SB29.10237**  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 7000.00

**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 Greg Rothman**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	10	/	2020

Mailing Address PO Box 412

FEC Identification Number

**C**

**Transaction ID : SB29.10238**

Amount of Each Disbursement this Period

1000.00

City Harrisburg State PA Zip Code 17101

Purpose of Disbursement

Category/Type

Candidate Name  
**Rothman, Greg, , ,**

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Friends of Joe Scarnati**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	19	/	2020

Mailing Address PO Box 177

FEC Identification Number

**C**

**Transaction ID : SB29.10234**

Amount of Each Disbursement this Period

2000.00

City Brockway State PA Zip Code 15824

Purpose of Disbursement

Category/Type

Candidate Name  
**Scarnati, Joe, , ,**

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Friends of Nickie J Antonio**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	19	/	2020

Mailing Address 1305 Belle Avenue

FEC Identification Number

**C**

**Transaction ID : SB29.10233**

Amount of Each Disbursement this Period

1000.00

City Lakewood State OH Zip Code 44107

Purpose of Disbursement

Category/Type

Candidate Name  
**Antonio, Nickie, , ,**

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

Memo Item

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

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

4000.00



**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**

Mailing Address 3780 FOLLETT RUN RD

City WARREN State PA Zip Code 16365

Purpose of Disbursement

Candidate Name  
**Rapp, Kathy, , ,**

Office Sought:  House  
 Senate  
 President  
State: PA District: 65

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
03 / 10 / 2020

FEC Identification Number

C   
**Transaction ID : SB29.10240**  
Amount of Each Disbursement this Period  
 1000.00

Memo Item

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

Mailing Address PO Box 412

City Harrisburg State PA Zip Code 17101

Purpose of Disbursement

Candidate Name  
**Kaufer, Aaron, , ,**

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2020  
 Primary  General  
 Other (specify)

Category/  
Type

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
03 / 10 / 2020

FEC Identification Number

C   
**Transaction ID : SB29.10239**  
Amount of Each Disbursement this Period  
 1000.00

Memo Item

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y

FEC Identification Number

C   
Amount of Each Disbursement this Period

Memo Item

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

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

2000.00  
 13000.00