

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)

Page 2

Write or Type Committee Name

USACS PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>	<input type="text" value="87294.41"/>	<input type="text" value="87294.41"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="90636.59"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="23605.51"/>	<input type="text" value="46447.69"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="114242.10"/>	<input type="text" value="133742.10"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="37250.00"/>	<input type="text" value="56750.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="76992.10"/>	<input type="text" value="76992.10"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

USACS PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	18688.86	32577.72
(ii) Unitemized	4916.65	13869.97
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	23605.51	46447.69
(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)	23605.51	46447.69
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	23605.51	46447.69
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	23605.51	46447.69

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.....	37250.00	56750.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	37250.00	56750.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	37250.00	56750.00

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	23605.51	46447.69
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	23605.51	46447.69
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 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
USACS PAC

A. Aboutalib, Angela, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 East Erie 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) Director of Clinical Operations
 Receipt For: 2018
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **600.00**

Date of Receipt
 06 / 30 / 2018
Transaction ID : SA11AI.7834
 Amount of Each Receipt this Period
 300.00
 Memo Item
 \$100.00/monthly

B. Atez, Francisco, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17376 Emerald Chase Drive
 City Tampa State FL Zip Code 33647
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC Occupation (for Individual) Regional Director of Risk Management
 Receipt For: 2018
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **600.00**

Date of Receipt
 06 / 30 / 2018
Transaction ID : SA11AI.7895
 Amount of Each Receipt this Period
 300.00
 Memo Item
 \$100.00/monthly

C. Augustine, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7868 Classics Dr.
 City Naples State FL Zip Code 34113-3063
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Management Group Occupation (for Individual) Chairman, National Clinical Governance
 Receipt For: 2018
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **900.00**

Date of Receipt
 06 / 30 / 2018
Transaction ID : SA11AI.7916
 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 7 OF 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Bagnoli, Dominic, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 East Drive
 City Hartville State OH Zip Code 44632
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Management Group Occupation (for Individual) Executive Chairman
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 2499.78

Date of Receipt 06 / 30 / 2018
Transaction ID : SA11AI.7886
 Amount of Each Receipt this Period 1249.89
 Memo Item \$416.63/monthly

B. Bescherer, Rudolph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 32 Fieldcrest Dr
 City Westampton State NJ Zip Code 08060-5656
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Firefighter
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2018
Transaction ID : SA11AI.8003
 Amount of Each Receipt this Period 300.00
 Memo Item \$100.00/monthly

C. Biersbach, Raymond, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 234 Lakeshore Dr
 City Mooresville State NC Zip Code 28117-7535
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Emergency Physician
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2018
Transaction ID : SA11AI.7994
 Amount of Each Receipt this Period 300.00
 Memo Item \$100.00/monthly

SUBTOTAL of Receipts This Page (optional).....▶ 1849.89
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Bradstreet, Jennifer, , ,			Date of Receipt MM / DD / YYYY 06 / 30 / 2018
Mailing Address 249 S. Franklin St.			Transaction ID : SA11AI.7922
City Chagrin Falls	State OH	Zip Code 44022	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$50.00/monthly
Name of Employer (for Individual) USACS Medical Group, LTD		Occupation (for Individual) System Medical Director	
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 300.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Brunecz, Sharon, , ,			Date of Receipt MM / DD / YYYY 06 / 30 / 2018
Mailing Address 3530 West Galloway Drive			Transaction ID : SA11AI.8006
City Richfield	State OH	Zip Code 44286	Amount of Each Receipt this Period 125.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$50.00/monthly
Name of Employer (for Individual) USACS Management Group		Occupation (for Individual) Chief Human Resource Officer	
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 275.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Cetta, Michael, , ,			Date of Receipt MM / DD / YYYY 06 / 30 / 2018
Mailing Address 16 Piney Glen Court			Transaction ID : SA11AI.7973
City Potomac	State MD	Zip Code 20854	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$100.00/monthly
Name of Employer (for Individual) USACS Management Group		Occupation (for Individual) Chief Strategy Officer	
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 600.00		

SUBTOTAL of Receipts This Page (optional).....	575.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Cirillo, Louis, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2018 Transaction ID : SA11AI.7956
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) USACS Medical Group, LTD	Occupation (for Individual) Medical Director	
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 900.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Colfer, Orion, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2018 Transaction ID : SA11AI.7986
Mailing Address 2523 Hanover Ave		Amount of Each Receipt this Period 150.00
City Richmond	State VA	Zip Code 23220
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$50.00/monthly
Name of Employer (for Individual) USACS Management Group	Occupation (for Individual) National Director of Patient Experienc	
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Conley, Amy, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2018 Transaction ID : SA11AI.7824
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: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 500.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Corvino, Timothy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24 E Scott Street
 Unit 2
 City Chicago State IL Zip Code 60610-2384
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) President
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 498.00

Date of Receipt
 06 / 30 / 2018
Transaction ID : SA11AI.8029
 Amount of Each Receipt this Period
 249.00
 Memo Item
 \$83.00/monthly

B. De Angelis, Sydney, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 114 E Church St
 City Frederick State MD Zip Code 21701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) Medical Director
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 06 / 30 / 2018
Transaction ID : SA11AI.8021
 Amount of Each Receipt this Period
 300.00
 Memo Item
 \$100.00/monthly

C. Denmark, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13122 S Yorktown Ave
 City Bixby State OK Zip Code 74008-7665
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Chairman
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 06 / 30 / 2018
Transaction ID : SA11AI.8028
 Amount of Each Receipt this Period
 150.00
 Memo Item
 \$50.00/monthly

SUBTOTAL of Receipts This Page (optional).....	699.00
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 37
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Eakin, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1455 Hunakai St.
 Apt. 1
 City Honolulu State HI Zip Code 96816-5526
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Associate Medical Director
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2018
Transaction ID : SA11AI.7990
 Amount of Each Receipt this Period
 150.00
 Memo Item
 \$50.00/monthly

B. Eisenberg, Steven, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35590 Michael Drive
 City Solon State OH Zip Code 44139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Management Group Occupation (for Individual) General Counsel
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2018
Transaction ID : SA11AI.8013
 Amount of Each Receipt this Period
 300.00
 Memo Item
 \$100.00/monthly

C. Falcone, Angelo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2606 Tridelphia Lake Road
 City Brookeville State MD Zip Code 20833
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) President
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2018
Transaction ID : SA11AI.7835
 Amount of Each Receipt this Period
 450.00
 Memo Item
 \$150.00/monthly

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

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

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

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Ferrand, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 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: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2018
Transaction ID : SA11AI.7880
 Amount of Each Receipt this Period 300.00
 Memo Item
 \$100.00/monthly

B. Forcada-Lowrie, Raymundo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2400 6th Ave Unit 501
 City San Diego State CA Zip Code 92101-1602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Firefighter
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2018
Transaction ID : SA11AI.7996
 Amount of Each Receipt this Period 300.00
 Memo Item
 \$100.00/monthly

C. Gamma, Brett, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14930 Finegan Farm Dr
 City Darnestown State MD Zip Code 20874
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Medical Director
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2018
Transaction ID : SA11AI.7849
 Amount of Each Receipt this Period 150.00
 Memo Item
 \$50.00/monthly

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

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

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

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Geary, Daniel, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2018
Mailing Address 21910 Helen Lane		Transaction ID : SA11AI.7868
City Leonardtown	State MD	Zip Code 20650-2220
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 249.99
Name of Employer (for Individual) MEP Health, LLC	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$83.33/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 499.98	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Gindlesperger, Krisi, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2018
Mailing Address 6203 Renninger Road		Transaction ID : SA11AI.7946
City New Franklin	State OH	Zip Code 44319-4741
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer (for Individual) USACS Management Group	Occupation (for Individual) Vice President - National Director of	<input type="checkbox"/> Memo Item \$100.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Groomes, Roderick, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2018
Mailing Address 417 Edgewood Drive		Transaction ID : SA11AI.8000
City Sarver	State PA	Zip Code 16055-9266
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer (for Individual) AHN Medical Group, LLC	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$50.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 300.00	

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

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

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

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Hibbs, Nathaniel, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2018
Mailing Address 6634 S. Prescott Way		Transaction ID : SA11AI.7979
City Littleton	State CO	Zip Code 80120
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00	
Name of Employer (for Individual) Colorado Emergency Service Physicians,	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$100.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 600.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Hill, James, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2018
Mailing Address 9801 Sardis Oaks Road		Transaction ID : SA11AI.7914
City Charlotte	State NC	Zip Code 28270-1003
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 240.00	
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Director of APPs	<input type="checkbox"/> Memo Item \$80.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 480.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Hummel, Laura, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2018
Mailing Address 807 S. Roxmere Road		Transaction ID : SA11AI.7951
City Tampa	State FL	Zip Code 33609-4235
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00	
Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC	Occupation (for Individual) Regional Education Director	<input type="checkbox"/> Memo Item \$100.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional).....	840.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 37
	<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: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **499.98**

Date of Receipt **06 / 30 / 2018**
Transaction ID : SA11AI.7934
 Amount of Each Receipt this Period **249.99**
 Memo Item
 \$83.33/monthly

B. Javery, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 726 Broadstone
 City painesville State OH Zip Code 44077-8207
 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: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **600.00**

Date of Receipt **06 / 30 / 2018**
Transaction ID : SA11AI.8026
 Amount of Each Receipt this Period **300.00**
 Memo Item
 \$100.00/monthly

C. Jeffrey, Douglas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1907 W 30th Street Unit A
 City Austin State TX Zip Code 78703
 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: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **800.00**

Date of Receipt **06 / 30 / 2018**
Transaction ID : SA11AI.8048
 Amount of Each Receipt this Period **800.00**
 Memo Item
 \$100.00/monthly

SUBTOTAL of Receipts This Page (optional).....	1349.99
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 37
	<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. 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: 2018
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **300.00**

Date of Receipt
 06 / 30 / 2018
Transaction ID : SA11AI.7826
 Amount of Each Receipt this Period
 150.00
 Memo Item
 \$50.00/monthly

B. Johnson, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27939 Berringer Run
 City Westlake State OH Zip Code 44145
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Management Group Occupation (for Individual) Chief Operating Officer
 Receipt For: 2018
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **675.00**

Date of Receipt
 06 / 30 / 2018
Transaction ID : SA11AI.7870
 Amount of Each Receipt this Period
 225.00
 Memo Item
 \$150.00/monthly

C. Jones, Bruce, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4187 Colister Drive
 City Dublin State OH Zip Code 43016-6162
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director
 Receipt For: 2018
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **600.00**

Date of Receipt
 06 / 30 / 2018
Transaction ID : SA11AI.7852
 Amount of Each Receipt this Period
 300.00
 Memo Item
 \$100.00/monthly

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

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

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

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Kella, Vipul, , ,			Date of Receipt MM / DD / YYYY 06 / 30 / 2018
Mailing Address 11808 Woodthrus Lane			Transaction ID : SA11AI.8036
City Potomac	State MD	Zip Code 20854	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$50.00/monthly
Name of Employer (for Individual) MEP Health, LLC		Occupation (for Individual) Medical Director	
Receipt For: 2018 <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. Keller, Noah, , ,			Date of Receipt MM / DD / YYYY 06 / 30 / 2018
Mailing Address 10119 Easterday Court			Transaction ID : SA11AI.7984
City Hagerstown	State MD	Zip Code 21742	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$50.00/monthly
Name of Employer (for Individual) Virtual Locations		Occupation (for Individual) Regional Vice President	
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 350.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Kendall, Jayne, , ,			Date of Receipt MM / DD / YYYY 06 / 30 / 2018
Mailing Address 21710 Parsons Green Row			Transaction ID : SA11AI.7921
City Cornelius	State NC	Zip Code 28031	Amount of Each Receipt this Period 300.00
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: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 600.00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 37
	<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. Klein, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11736 Gainsborough Road
 City Potomac State MD Zip Code 20854
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Management Group Occupation (for Individual) National Director of Quality
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **300.00**

Date of Receipt **06 / 30 / 2018**
Transaction ID : SA11AI.7875
 Amount of Each Receipt this Period **150.00**
 Memo Item
 \$50.00/monthly

B. 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: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **800.00**

Date of Receipt **06 / 30 / 2018**
Transaction ID : SA11AI.7935
 Amount of Each Receipt this Period **500.00**
 Memo Item
 \$200.00/monthly

C. 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: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **400.00**

Date of Receipt **06 / 30 / 2018**
Transaction ID : SA11AI.7950
 Amount of Each Receipt this Period **100.00**
 Memo Item
 \$100.00/monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Lawrence, Linda, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2018
Mailing Address 4670 Armandale Avenue		Transaction ID : SA11AI.7953
City Canton	State OH	Zip Code 44718
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00	
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) President	<input type="checkbox"/> Memo Item \$100.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 600.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. LeBlanc, Louis, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2018
Mailing Address 1428 Lacy Lane		Transaction ID : SA11AI.7958
City Rock Hill	State SC	Zip Code 29732-7723
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 150.00	
Name of Employer (for Individual) Virtual Locations	Occupation (for Individual) Firefighter	<input type="checkbox"/> Memo Item \$50.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Lee, Sidney, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2018
Mailing Address 1200 Queen Emma Street Apt 2001		Transaction ID : SA11AI.8010
City Honolulu	State HI	Zip Code 96813-6311
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 150.00	
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$50.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 300.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Little, Andrew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5514 Ayrshire Dr
 City Dublin State OH Zip Code 43017-9428
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Emergency Physician
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2018
Transaction ID : SA11AI.7827
 Amount of Each Receipt this Period 300.00
 Memo Item
 \$100.00/monthly

B. Mann, Rubeal, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3334 Club Way Court
 City Powell State OH Zip Code 43065-5146
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2018
Transaction ID : SA11AI.8001
 Amount of Each Receipt this Period 300.00
 Memo Item
 \$100.00/monthly

C. Mayz, Kurtis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 E Main St Ste 404
 City Champaign State IL Zip Code 61820-1313
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Firefighter
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2018
Transaction ID : SA11AI.7948
 Amount of Each Receipt this Period 150.00
 Memo Item
 \$50.00/monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 37
	<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. Meyer, Kendra, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 85 Beatty Lane
 City Scenery Hill State PA Zip Code 15360-1537
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AHN Medical Group, LLC Occupation (for Individual) Director of APPs
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **300.00**

Date of Receipt
 06 / 30 / 2018
Transaction ID : SA11AI.7940
 Amount of Each Receipt this Period
 150.00
 Memo Item
 \$50.00/monthly

B. Mittleman, Craig, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Equestrian Ridge
 City Newtown State CT Zip Code 06470
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) Medical Director
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **300.00**

Date of Receipt
 06 / 30 / 2018
Transaction ID : SA11AI.7865
 Amount of Each Receipt this Period
 150.00
 Memo Item
 \$50.00/monthly

C. Osmundson, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 62 East Dr.
 City Hartville State OH Zip Code 44632-8890
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) President
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **600.00**

Date of Receipt
 06 / 30 / 2018
Transaction ID : SA11AI.7971
 Amount of Each Receipt this Period
 300.00
 Memo Item
 \$100.00/monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Packo, David, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2018
Mailing Address 4535 Dressler Rd NW		Transaction ID : SA11AI.7872
City Naples	State FL	Zip Code 34102
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer (for Individual) Virtual Locations	Occupation (for Individual) Co-Founder	<input type="checkbox"/> Memo Item \$100.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Panitch, Orlee, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2018
Mailing Address 11753 Gainsborough Road		Transaction ID : SA11AI.7988
City Potomac	State MD	Zip Code 20854
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 450.00
Name of Employer (for Individual) MEP Health, LLC	Occupation (for Individual) Regional Chief Administrative Officer	<input type="checkbox"/> Memo Item \$150.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 900.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Percy, Carmella, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2018
Mailing Address 6875 Stonebridge Lane		Transaction ID : SA11AI.7856
City Clover	State SC	Zip Code 29710-9372
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$50.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 300.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 23 OF 37
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Phillips, Miranda, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2018
Mailing Address 7122 S. Sheridan Rd. Ste. 2-335		Transaction ID : SA11AI.7978
City Tulsa	State OK	Zip Code 74133-2748
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 150.00	
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) System Medical Director	<input type="checkbox"/> Memo Item \$50.00/monthly
Receipt For: 2018 <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. Radford, Shawn, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2018
Mailing Address 210 N Wells St Apt 4101		Transaction ID : SA11AI.8008
City Chicago	State IL	Zip Code 60606-1352
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) Director of Firefighters	<input type="checkbox"/> Memo Item \$100.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 600.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Romano, Frederick, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2018
Mailing Address 4516 Tuscana Drive		Transaction ID : SA11AI.7898
City Sarasota	State FL	Zip Code 34241-4201
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00	
Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC	Occupation (for Individual) Associate Medical Director	<input type="checkbox"/> Memo Item \$100.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 600.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

A. 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 Medical Group, LTD Occupation (for Individual) Regional Vice President
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 499.98

Date of Receipt
 06 / 30 / 2018
Transaction ID : SA11AI.7962
 Amount of Each Receipt this Period
 249.99
 Memo Item
 \$83.33/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: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 06 / 30 / 2018
Transaction ID : SA11AI.7818
 Amount of Each Receipt this Period
 450.00
 Memo Item
 \$150.00/monthly

C. Srivastava, Geetanjali, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5447 N Sequoia Ave
 City Fresno State CA Zip Code 93711-2849
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 06 / 30 / 2018
Transaction ID : SA11AI.7901
 Amount of Each Receipt this Period
 150.00
 Memo Item
 \$50.00/monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 25 OF 37
<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. 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: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **900.00**

Date of Receipt **06 / 30 / 2018**
Transaction ID : SA11AI.8039
 Amount of Each Receipt this Period **450.00**
 Memo Item
 \$150.00/monthly

B. 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: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **600.00**

Date of Receipt **06 / 30 / 2018**
Transaction ID : SA11AI.7923
 Amount of Each Receipt this Period **300.00**
 Memo Item
 \$100.00/monthly

C. Vaill, Samuel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 315 Bridge Street
 City South Hamilton State MA Zip Code 01982
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Management Group Occupation (for Individual) Chief Development Officer
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **300.00**

Date of Receipt **06 / 30 / 2018**
Transaction ID : SA11AI.8004
 Amount of Each Receipt this Period **150.00**
 Memo Item
 \$50.00/monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 26 OF 37
<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. Vock, Tracie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1826 Free Terrace
 City Frederick State MD Zip Code 21702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 MEP Health, LLC Director of APPs, Observation Medicine
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2018
Transaction ID : SA11AI.8033
 Amount of Each Receipt this Period
 150.00
 Memo Item
 \$50.00/monthly

B. Watling, Bradley, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 E. W.T. Harris Blvd Suite 3109
 City Mooresville State NC Zip Code 28117-7558
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Virtual Locations Regional Vice President
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2018
Transaction ID : SA11AI.7847
 Amount of Each Receipt this Period
 450.00
 Memo Item
 \$150.00/monthly

C. Welsh, Ian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1027 Gardenia Street
 City Fort Mill State SC Zip Code 29708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Virtual Locations Assistant Medical Director of Firefigh
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2018
Transaction ID : SA11AI.7907
 Amount of Each Receipt this Period
 150.00
 Memo Item
 \$50.00/monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Wisniewski, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2813 Elmira St.
 City Denver State CO Zip Code 80238
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Colorado Emergency Service Physicians, Occupation (for Individual) Emergency Physician
 Receipt For: 2018
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **500.00**

Date of Receipt **06 / 30 / 2018**
Transaction ID : SA11AI.8046
 Amount of Each Receipt this Period **300.00**
 Memo Item
 \$100.00/monthly

B. Wyatt, Cheryl, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 141
 City Lexington Park State MD Zip Code 20653-0141
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) Director of APPs
 Receipt For: 2018
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **300.00**

Date of Receipt **06 / 30 / 2018**
Transaction ID : SA11AI.7857
 Amount of Each Receipt this Period **150.00**
 Memo Item
 \$50.00/monthly

C. Zayac, Carl, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5901 Velasco Ave
 City Dallas State TX Zip Code 75206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) Emergency Physician (Texas Health Pre
 Receipt For: 2018
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **600.00**

Date of Receipt **06 / 30 / 2018**
Transaction ID : SA11AI.7854
 Amount of Each Receipt this Period **300.00**
 Memo Item
 \$100.00/monthly

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 37
	<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Zimmerman, David, , ,

Mailing Address 319 Vine St
Apt 205

City Philadelphia State PA Zip Code 19106

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

Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Firefighter

Receipt For: 2018
 Primary General
 Other (specify) Other

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2018

Transaction ID : SA11AI.8041

Amount of Each Receipt this Period
300.00

Memo Item
\$100.00/monthly

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

Mailing Address

City State Zip Code

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

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
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	18688.86

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name (Last, First, Middle Initial) A. ANDY BARR FOR CONGRESS, INC.		Date of Disbursement MM / DD / YYYY 04 / 03 / 2018
Mailing Address PO BOX 2059		FEC Identification Number C00467571 Transaction ID : SB23.7803
City LEXINGTON	State KY	Zip Code 40588
Purpose of Disbursement Contribution	Category/ Type 011	Amount of Each Disbursement this Period 1000.00
Candidate Name BARR, GARLAND ANDY, , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
Disbursement For: 2018	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: KY	District: 06	

Full Name (Last, First, Middle Initial) B. BEN CARDIN FOR SENATE, INC.		Date of Disbursement MM / DD / YYYY 04 / 03 / 2018
Mailing Address P.O. BOX 21093		FEC Identification Number C00411587 Transaction ID : SB23.7802
City CATONSVILLE	State MD	Zip Code 21228
Purpose of Disbursement Contribution	Category/ Type 011	Amount of Each Disbursement this Period 5000.00
Candidate Name CARDIN, BENJAMIN L, , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
Disbursement For: 2018	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MD	District: 03	

Full Name (Last, First, Middle Initial) C. BERA FOR CONGRESS		Date of Disbursement MM / DD / YYYY 06 / 27 / 2018
Mailing Address POST OFFICE BOX 582496		FEC Identification Number C00461061 Transaction ID : SB23.8059
City ELK GROVE	State CA	Zip Code 95758
Purpose of Disbursement Contribution	Category/ Type 011	Amount of Each Disbursement this Period 2500.00
Candidate Name BERA, AMERISH, , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
Disbursement For: 2018	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 07	

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

8500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
USACS PAC

A. CARLOS CURBELO CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 8724 SUNSET DR
#355

M M M	/	D D D	/	Y Y Y Y Y
05		14		2018

City MIAMI State FL Zip Code 33173

FEC Identification Number

Purpose of Disbursement
Contribution

011
Category/ Type

C C00546846

Transaction ID : SB23.7804

Amount of Each Disbursement this Period

Candidate Name
CURBELO, CARLOS MR., , ,

500.00

Office Sought: House Senate President
Disbursement For: 2018 Primary General
 Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

B. CASTOR FOR CONGRESS

Date of Disbursement

Mailing Address 301 W PLATT STREET, #385

M M M	/	D D D	/	Y Y Y Y Y
05		14		2018

City TAMPA State FL Zip Code 33606

FEC Identification Number

Purpose of Disbursement
Contribution

011
Category/ Type

C C00410761

Transaction ID : SB23.7809

Amount of Each Disbursement this Period

Candidate Name
CASTOR, KATHY, , ,

2000.00

Office Sought: House Senate President
Disbursement For: 2018 Primary General
 Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

C. CHRIS SPROWLS FOR STATE HOUSE

Date of Disbursement

Mailing Address 2364 BOY SCOUT ROAD

M M M	/	D D D	/	Y Y Y Y Y
06		27		2018

City CLEARWATER State FL Zip Code 33763

FEC Identification Number

Purpose of Disbursement
Contribution

011
Category/ Type

C

Transaction ID : SB23.8084

Amount of Each Disbursement this Period

Candidate Name
Sprowls, Chris, , ,

500.00

Office Sought: House Senate President
Disbursement For: 2018 Primary General
 Other (specify) ▼

Memo Item

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

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
USACS PAC

A. CUPP FOR STATE REPRESENTATIVE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 3003 W. HUME RD.

M M M	/	D D D	/	Y Y Y Y Y
06		27		2018

City LIMA State OH Zip Code 45806

FEC Identification Number

Purpose of Disbursement Contribution

011

C

Transaction ID : SB23.8094

Candidate Name
Cupp, Robert, , ,

Amount of Each Disbursement this Period

Office Sought: House Senate President
State: OH District: 04

Disbursement For: 2018
 Primary General
 Other (specify) ▼

250.00

Memo Item

B. DANA YOUNG CAMPAIGN

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address P.O. BOX 10464

M M M	/	D D D	/	Y Y Y Y Y
06		27		2018

City TAMPA State FL Zip Code 33679

FEC Identification Number

Purpose of Disbursement Contribution

011

C

Transaction ID : SB23.8081

Candidate Name
Young, Dana, , ,

Amount of Each Disbursement this Period

Office Sought: House Senate President
State: FL District: 18

Disbursement For: 2018
 Primary General
 Other (specify) ▼

500.00

Memo Item

C. DOLLAR FOR HOUSE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address P.O. BOX 1369

M M M	/	D D D	/	Y Y Y Y Y
06		27		2018

City CARY State NC Zip Code 27512

FEC Identification Number

Purpose of Disbursement Contribution

011

C

Transaction ID : SB23.8091

Candidate Name
Dollar, Nelson, , ,

Amount of Each Disbursement this Period

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

Disbursement For: 2018
 Primary General
 Other (specify) ▼

500.00

Memo Item

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

1250.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
USACS PAC

A. DUTCH RUPPERSBERGER FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 231

M M M	/	D D D	/	Y Y Y Y Y
04		03		2018

City LUTHERVILLE State MD Zip Code 21094

FEC Identification Number

Purpose of Disbursement Contribution

011
Category/ Type

C	C00376673
---	-----------

Transaction ID : SB23.7801

Amount of Each Disbursement this Period

Candidate Name
RUPPERSBERGER, C.A. DUTCH, , ,

1000.00

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: MD District: 02

Memo Item

B. FRIENDS FOR DONNA OBERLANDER

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 44 W. MAIN STREET

M M M	/	D D D	/	Y Y Y Y Y
06		27		2018

City CLARION State PA Zip Code 16214

FEC Identification Number

Purpose of Disbursement Contribution

011
Category/ Type

C	
---	--

Transaction ID : SB23.8066

Amount of Each Disbursement this Period

Candidate Name
Oberlander, Donna, , ,

500.00

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: PA District: 63

Memo Item

C. FRIENDS OF DR GREG MURPHY

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address P.O. BOX 562

M M M	/	D D D	/	Y Y Y Y Y
05		14		2018

City GREENVILLE State NC Zip Code 27835

FEC Identification Number

Purpose of Disbursement Contribution

011
Category/ Type

C	
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Transaction ID : SB23.7808

Amount of Each Disbursement this Period

Candidate Name
MURPHY, GREG, , ,

2000.00

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: NC District: 09

Memo Item

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

3500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
USACS PAC

A. FRIENDS OF FRANK DERMODY

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address P.O. BOX 274

M M M	/	D D D	/	Y Y Y Y Y
06		27		2018

City TARENTUM State PA Zip Code 15084

FEC Identification Number

Purpose of Disbursement Contribution

011
Category/Type

C

Transaction ID : SB23.8069

Amount of Each Disbursement this Period

Candidate Name
Dermody, Frank, , ,

500.00

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

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Memo Item

B. FRIENDS OF MIKE TURZAI

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 11676 PERRY HIGHWAY SUITE 2106

M M M	/	D D D	/	Y Y Y Y Y
06		27		2018

City WEXFORD State PA Zip Code 15090

FEC Identification Number

Purpose of Disbursement Contribution

011
Category/Type

C

Transaction ID : SB23.8063

Amount of Each Disbursement this Period

Candidate Name
TURZAI, MICHAEL C, , ,

1000.00

Office Sought: House Senate President
State: PA District: 04

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Memo Item

C. FRIENDS OF RAJA FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 681202

M M M	/	D D D	/	Y Y Y Y Y
06		22		2018

City SCHAUMBURG State IL Zip Code 60168

FEC Identification Number

Purpose of Disbursement Contribution

011
Category/Type

C

Transaction ID : SB23.7813

Amount of Each Disbursement this Period

Candidate Name
KRISHNAMOORTHY, S. RAJA, , ,

2000.00

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

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Memo Item

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

3500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name (Last, First, Middle Initial)
A. FRIENDS OF TIM MOORE

Mailing Address 305 EAST KING STREET

City KINGS MOUNTAIN State NC Zip Code 28086

Purpose of Disbursement Contribution

011
Category/
Type

Candidate Name
Moore, Tim, , ,

Office Sought: House
 Senate
 President
State: NC District: 11

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
06 / 27 / 2018

FEC Identification Number
C
Transaction ID : SB23.8073
Amount of Each Disbursement this Period
1500.00

Memo Item

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

Mailing Address 700 13TH STREET NW
SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement Contribution

011
Category/
Type

Candidate Name
HOYER, STENY, , ,

Office Sought: House
 Senate
 President
State: MD District: 05

Disbursement For: 2018
 Primary General
 Other (specify)

Date of Disbursement
MM / DD / YYYY
04 / 03 / 2018

FEC Identification Number
C C00140715
Transaction ID : SB23.7800
Amount of Each Disbursement this Period
5000.00

Memo Item

Full Name (Last, First, Middle Initial)
C. JAMES GRANT FOR STATE REPRESENTATIVE

Mailing Address P.O. BOX 271923

City TAMPA State FL Zip Code 33688

Purpose of Disbursement Contribution

011
Category/
Type

Candidate Name
GRANT, JAMES WILLIAM, , ,

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

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
06 / 25 / 2018

FEC Identification Number
C S2FL00078
Transaction ID : SB23.8058
Amount of Each Disbursement this Period
500.00

Memo Item

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

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

7000.00

**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) A. KATHY RAPP FOR REP		Date of Disbursement MM / DD / YYYY 06 / 27 / 2018
Mailing Address 3780 FOLLETT RUN RD		FEC Identification Number C [REDACTED] Transaction ID : SB23.8076
City WARREN	State PA	Zip Code 16365
Purpose of Disbursement Contribution	Category/Type 011	
Candidate Name Rapp, Kathy, , ,	Amount of Each Disbursement this Period 500.00	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA District: 65	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. MIKE KELLY FOR CONGRESS		Date of Disbursement MM / DD / YYYY 05 / 14 / 2018
Mailing Address PO BOX 476		FEC Identification Number C C00474189 Transaction ID : SB23.7810
City LYNDORA	State PA	Zip Code 16045
Purpose of Disbursement Contribution	Category/Type 010	
Candidate Name KELLY, MIKE, , ,	Amount of Each Disbursement this Period 2000.00	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA District: 03	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. RABON FOR SENATE		Date of Disbursement MM / DD / YYYY 06 / 27 / 2018
Mailing Address 4956- 14 LONG BEACH RD. PMB 113		FEC Identification Number C [REDACTED] Transaction ID : SB23.8088
City SOUTHPORT	State NC	Zip Code 28461
Purpose of Disbursement Contribution	Category/Type 011	
Candidate Name Rabon, Bill, , ,	Amount of Each Disbursement this Period 500.00	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NC District: 08	<input type="checkbox"/> Memo Item	

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

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

3000.00
[REDACTED]

**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. SINEMA FOR ARIZONA

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 7586

City PHOENIX State AZ Zip Code 85011

Purpose of Disbursement Contribution
Candidate Name **SINEMA, KYRSTEN, , ,**

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: AZ District: 09

Date of Disbursement: 06 / 27 / 2018

FEC Identification Number: **C00508804**
Transaction ID : **SB23.8060**
Amount of Each Disbursement this Period: 5000.00

Category/Type: 011

Memo Item

B. STABENOW FOR US SENATE

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

City EAST LANSING State MI Zip Code 48826

Purpose of Disbursement Contribution
Candidate Name **STABENOW, DEBBIE, , ,**

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: MI District: 00

Date of Disbursement: 05 / 14 / 2018

FEC Identification Number: **C00344473**
Transaction ID : **SB23.7811**
Amount of Each Disbursement this Period: 1000.00

Category/Type: 011

Memo Item

C. STEVE HUFFMAN FOR OHIO

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 739

City TROY State OH Zip Code 45372

Purpose of Disbursement Contribution
Candidate Name **Huffman, Steve, , ,**

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: OH District: 05

Date of Disbursement: 06 / 27 / 2018

FEC Identification Number: **C**
Transaction ID : **SB23.8100**
Amount of Each Disbursement this Period: 1000.00

Category/Type: 011

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 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. TEAM BURKE		Date of Disbursement MM / DD / YYYY 06 / 27 / 2018
Mailing Address 275 W. 4TH ST.		FEC Identification Number C [] Transaction ID : SB23.8097
City MARYSVILLE	State OH	Zip Code 43040
Purpose of Disbursement Contribution		Category/Type 011
Candidate Name Burke, Dave, , ,		Amount of Each Disbursement this Period 500.00
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OH	District: 26	
<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C []
City	State	Zip Code
Purpose of Disbursement		Category/Type
Candidate Name		Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	
<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C []
City	State	Zip Code
Purpose of Disbursement		Category/Type
Candidate Name		Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	
<input type="checkbox"/> Memo Item		

SUBTOTAL of Disbursements This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	37250.00