

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

USACS PAC

ADDRESS (number and street) 4535 Dressler Rd NW

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

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

C C00544957

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

### 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

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

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

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

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

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

5. Covering Period M M / D D / Y Y Y Y Y Y 04 / 01 / 2022 through M M / D D / Y Y Y Y Y Y 06 / 30 / 2022

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

Guyton, Steven, , ,

Type or Print Name of Treasurer

Signature of Treasurer Guyton, Steven, , , [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 07 / 14 / 2022

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

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**USACS PAC**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2022"/>		293167.63
(b) Cash on Hand at Beginning of Reporting Period.....	296895.09	
(c) Total Receipts (from Line 19) .....	54845.80	110573.26
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	351740.89	403740.89
7. Total Disbursements (from Line 31).....	12500.00	64500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	339240.89	339240.89
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

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).....	52214.88	97979.76
(ii) Unitemized .....	2630.92	12593.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	54845.80	110573.26
(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) .....	54845.80	110573.26
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)).....▶	54845.80	110573.26
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	54845.80	110573.26

**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.....	7500.00	17500.00
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).....	5000.00	47000.00
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)) ..	12500.00	64500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12500.00	64500.00

**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) .....	54845.80	110573.26
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	54845.80	110573.26
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 61
<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

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

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Aboutalib, Angela, , ,</b>		Date of Receipt
Mailing Address 2 East Erie St Apt 3306		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2022"/>
City Chicago	State IL	Zip Code 60611-3169
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : <b>SA11AI.6901</b>
Name of Employer (for Individual) USACS Medical Group, Ltd.		Amount of Each Receipt this Period <input type="text" value="300.00"/>
Occupation (for Individual) National Director of Quality and Educa		<input type="checkbox"/> Memo Item \$100/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="600.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Albaugh, Chad, , ,</b>		Date of Receipt
Mailing Address 1602 River Bluff Rd		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2022"/>
City Morehead City	State NC	Zip Code 28557
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : <b>SA11AI.6950</b>
Name of Employer (for Individual) USACS Medical Group, Ltd.		Amount of Each Receipt this Period <input type="text" value="450.00"/>
Occupation (for Individual) Medical Director		<input type="checkbox"/> Memo Item \$150/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="900.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Aldeen, Amer, , ,</b>		Date of Receipt
Mailing Address 18631 Rue Beauvais		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2022"/>
City Lutz	State FL	Zip Code 33558-7112
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : <b>SA11AI.6936</b>
Name of Employer (for Individual) USACS Medical Group, Ltd.		Amount of Each Receipt this Period <input type="text" value="450.00"/>
Occupation (for Individual) Chief Medical Officer		<input type="checkbox"/> Memo Item \$150/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="900.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1200.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 61
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. 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) Travis County Emergency Physicians, PA Occupation (for Individual) Director of Telemedicine  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 06 / 30 / 2022  
**Transaction ID : SA11AI.6945**  
 Amount of Each Receipt this Period 450.00  
 Memo Item  
 \$150/Monthly

**B. Altmin, Stephen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2641 4th Street  
 City Boulder State CO Zip Code 80304-3201  
 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:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2022  
**Transaction ID : SA11AI.6884**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 \$50/Monthly

**C. Ammon, Stefen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2 Mountain High Ct.  
 City Littleton State CO Zip Code 80127  
 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:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2022  
**Transaction ID : SA11AI.6882**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 \$50/Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<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 61
	<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**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Argus, Michael, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2022
Mailing Address 198 Barbados Dr		<b>Transaction ID : SA11AI.6985</b>
City Jupiter	State FL	Zip Code 33458-2920
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) Regional Vice President	<input type="checkbox"/> Memo Item \$150/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Atez, Francisco, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2022
Mailing Address 17376 Emerald Chase Drive		<b>Transaction ID : SA11AI.6911</b>
City Tampa	State FL	Zip Code 33647
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) Emergency Physician	<input type="checkbox"/> Memo Item \$100/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Augustine, James, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2022
Mailing Address 7868 Classics Dr.		<b>Transaction ID : SA11AI.6967</b>
City Naples	State FL	Zip Code 34113-3063
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 450.00
Name of Employer (for Individual) USACS Management Group, Ltd.	Occupation (for Individual) Chairman, National Clinical Governance	<input type="checkbox"/> Memo Item \$150/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 900.00	

<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 9 OF 61
	<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	

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

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Bagnoli, Dominic, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 30 / 2022		
Mailing Address 50 East Drive			<b>Transaction ID : SA11AI.7005</b>		
City Hartville	State OH	Zip Code 44632	Amount of Each Receipt this Period 2149.89		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$416.63/Monthly		
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Executive Chairman			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2499.78			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Baker, Brian, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 30 / 2022		
Mailing Address 1209 E Cumberland Ave Unit #1404			<b>Transaction ID : SA11AI.6946</b>		
City Tampa	State FL	Zip Code 33602	Amount of Each Receipt this Period 450.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$150/Monthly		
Name of Employer (for Individual) USACS Management Group, Ltd.		Occupation (for Individual) Regional Vice President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 900.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Balewick, Donna, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 30 / 2022		
Mailing Address 626 Phillips Rd			<b>Transaction ID : SA11AI.6960</b>		
City Blairsville	State PA	Zip Code 15717-4233	Amount of Each Receipt this Period 450.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$150/Monthly		
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Medical Director of Integrated Acute C			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 900.00			

<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 10 OF 61
	<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
-----------------------------	-----------------------------	-----------------------------

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. Barquin, Jose, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1011 charles st  
 City clearwater State FL Zip Code 33755  
 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:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2022  
**Transaction ID : SA11AI.6865**  
 Amount of Each Receipt this Period 150.00  
 Memo Item \$50/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) Travis County Emergency Physicians, PA Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2022  
**Transaction ID : SA11AI.6917**  
 Amount of Each Receipt this Period 300.00  
 Memo Item \$100/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) USACS Medical Group, Ltd. Occupation (for Individual) Regional Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 06 / 30 / 2022  
**Transaction ID : SA11AI.6994**  
 Amount of Each Receipt this Period 450.00  
 Memo Item \$150/Monthly

<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 11 OF 61
<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

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. 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) Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 06 / 30 / 2022  
**Transaction ID : SA11AI.6844**  
 Amount of Each Receipt this Period 100.00  
 Memo Item \$100/Monthly

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

Date of Receipt 06 / 30 / 2022  
**Transaction ID : SA11AI.6896**  
 Amount of Each Receipt this Period 225.00  
 Memo Item \$75/Monthly

**C. Blankenship, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7058 Ravens Run  
 City Cincinnati State OH Zip Code 45244-3591  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Medical Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 06 / 30 / 2022  
**Transaction ID : SA11AI.6992**  
 Amount of Each Receipt this Period 450.00  
 Memo Item \$150/Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	775.00
<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 61
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Blaum, Justin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 312 Biddle Ave  
 FI 2  
 City Pittsburgh State PA Zip Code 15221-3436  
 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:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 06 / 30 / 2022  
**Transaction ID : SA11AI.6977**  
 Amount of Each Receipt this Period 450.00  
 Memo Item \$150/Monthly

**B. Bown, Nicholas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 532 College Blvd  
 City San Antonio State TX Zip Code 78209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Travis County Emergency Physicians, PA Occupation (for Individual) Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 06 / 30 / 2022  
**Transaction ID : SA11AI.6989**  
 Amount of Each Receipt this Period 450.00  
 Memo Item \$150/Monthly

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

Date of Receipt 06 / 30 / 2022  
**Transaction ID : SA11AI.6969**  
 Amount of Each Receipt this Period 450.00  
 Memo Item \$150/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 13 OF 61
	<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
-----------------------------	-----------------------------	-----------------------------

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. Brice, Matthew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17007 Arrowhead Ct  
 City College Station State TX Zip Code 77845  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Travis County Emergency Physicians, PA Occupation (for Individual) Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2022  
**Transaction ID : SA11AI.6922**  
 Amount of Each Receipt this Period 300.00  
 Memo Item \$100/Monthly

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

Date of Receipt 06 / 30 / 2022  
**Transaction ID : SA11AI.6850**  
 Amount of Each Receipt this Period 150.00  
 Memo Item \$50/Monthly

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

Date of Receipt 06 / 30 / 2022  
**Transaction ID : SA11AI.6953**  
 Amount of Each Receipt this Period 450.00  
 Memo Item \$150/Monthly

<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 14 OF 61
	<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
-----------------------------	-----------------------------	-----------------------------

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. Caceres, Camilo, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2419 Smallman Street  
 Unit 401  
 City Pittsburgh State PA Zip Code 15222-5643  
 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:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 06 / 30 / 2022  
**Transaction ID : SA11AI.6949**  
 Amount of Each Receipt this Period 450.00  
 Memo Item \$150/Monthly

**B. 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) Travis County Emergency Phys Occupation (for Individual) Assistant Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 06 / 30 / 2022  
**Transaction ID : SA11AI.6948**  
 Amount of Each Receipt this Period 450.00  
 Memo Item \$150/Monthly

**C. Carter, Stephen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 161 Glen Eagles Drive  
 City Cibolo State TX Zip Code 78108-3343  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2022  
**Transaction ID : SA11AI.6883**  
 Amount of Each Receipt this Period 150.00  
 Memo Item \$50/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 15 OF 61
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. 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:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 06 / 30 / 2022  
**Transaction ID : SA11AI.6975**  
 Amount of Each Receipt this Period 450.00  
 Memo Item \$150/Monthly

**B. 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 20854-1411  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Chief of Integrated Acute Care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt 06 / 30 / 2022  
**Transaction ID : SA11AI.7004**  
 Amount of Each Receipt this Period 1200.00  
 Memo Item \$400/Monthly

**C. Champeau, Matthew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16 Stony Hill Rd  
 City Burlington State CT Zip Code 06013-2601  
 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:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2022  
**Transaction ID : SA11AI.6870**  
 Amount of Each Receipt this Period 150.00  
 Memo Item \$50/Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1800.00
<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 16 OF 61
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Chatfield, Kenneth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5923 W Gable Ridge Ct  
 City Highland State UT Zip Code 84003-8978  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Management Group, Ltd. Occupation (for Individual) Chief Information Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2022  
**Transaction ID : SA11AI.6868**  
 Amount of Each Receipt this Period 150.00  
 Memo Item \$50/Monthly

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

Date of Receipt 06 / 30 / 2022  
**Transaction ID : SA11AI.6981**  
 Amount of Each Receipt this Period 450.00  
 Memo Item \$150/Monthly

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

Date of Receipt 06 / 30 / 2022  
**Transaction ID : SA11AI.6862**  
 Amount of Each Receipt this Period 150.00  
 Memo Item \$50/Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<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 61
	<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

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

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Colfer, Orion, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 30 / 2022
Mailing Address 2523 Hanover Ave		<b>Transaction ID : SA11AI.6991</b>
City Richmond	State VA	Zip Code 23220
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) National Director of Patient Experienc	<input type="checkbox"/> Memo Item \$150/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Conley, Amy, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 30 / 2022
Mailing Address 6419 Renwick Circle		<b>Transaction ID : SA11AI.6900</b>
City Tampa	State FL	Zip Code 33647
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) Emergency Physician	<input type="checkbox"/> Memo Item \$100/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Cook, Alexander, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 30 / 2022
Mailing Address 8780 Surrey Place		<b>Transaction ID : SA11AI.6898</b>
City Maineville	State OH	Zip Code 45039-9519
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/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 480.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	990.00
<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 61
	<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

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

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Coomes, Justin, , ,</b>			Date of Receipt MM / DD / YYYY 06 / 30 / 2022
Mailing Address 7762 Westwind Lane			<b>Transaction ID : SA11AI.6976</b>
City Montgomery	State OH	Zip Code 45242-5008	Amount of Each Receipt this Period 450.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$150/Monthly
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 900.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Correll, Bodie, , ,</b>			Date of Receipt MM / DD / YYYY 06 / 30 / 2022
Mailing Address 782 Archie Lane			<b>Transaction ID : SA11AI.6943</b>
City Belton	State TX	Zip Code 76513	Amount of Each Receipt this Period 450.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$150/Monthly
Name of Employer (for Individual) Travis County Emergency Physicians, PA		Occupation (for Individual) Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Corrigan, Kevin, , ,</b>			Date of Receipt MM / DD / YYYY 06 / 30 / 2022
Mailing Address 9338 Standerwick Ln			<b>Transaction ID : SA11AI.6978</b>
City Huntersville	State NC	Zip Code 28078	Amount of Each Receipt this Period 450.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$150/Monthly
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Assistant Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 900.00	

<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 61
<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

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. Darnell, Mark, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5125 Duffy Rd. SE  
 City Lancaster State OH Zip Code 43130-9451  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 06 / 30 / 2022  
**Transaction ID : SA11AI.6983**  
 Amount of Each Receipt this Period 450.00  
 Memo Item \$150/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) USACS Medical Group, Ltd. Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2022  
**Transaction ID : SA11AI.6932**  
 Amount of Each Receipt this Period 300.00  
 Memo Item \$100/Monthly

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

Date of Receipt 06 / 30 / 2022  
**Transaction ID : SA11AI.6871**  
 Amount of Each Receipt this Period 150.00  
 Memo Item \$50/Monthly

<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 20 OF 61
<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

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

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. DiRando, Jesse, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2022
Mailing Address 33531 Royal Saint George Drive		<b>Transaction ID : SA11AI.6970</b>
City Avon	State OH	Zip Code 44011
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) Chief Documentation Officer	<input type="checkbox"/> Memo Item \$150/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Domuczicz, Kenneth, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2022
Mailing Address 3217 Raspberry Rd		<b>Transaction ID : SA11AI.6867</b>
City Austin	State TX	Zip Code 78748
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) Emergency Physician	<input type="checkbox"/> Memo Item \$50/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Dorai, Suprina, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2022
Mailing Address 7911 El Dorado Drive		<b>Transaction ID : SA11AI.6885</b>
City Austin	State TX	Zip Code 78737-3010
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/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<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 21 OF 61
	<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**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Doss, Belinda, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2022
Mailing Address 1344 County Road 3552		<b>Transaction ID : SA11AI.6894</b>
City Queen City	State TX	Zip Code 75872
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 225.00	
Name of Employer (for Individual) Travis County Emergency Physicians, PA	Occupation (for Individual) APP Lead	<input type="checkbox"/> Memo Item \$75/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Eakin, Paul, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2022
Mailing Address 1455 Hunakai St. Apt. 1		<b>Transaction ID : SA11AI.6878</b>
City Honolulu	State HI	Zip Code 96816-5526
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 150.00	
Name of Employer (for Individual) Travis County Emergency Phys	Occupation (for Individual) Associate Medical Director	<input type="checkbox"/> Memo Item \$50/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Edginton, Simon, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2022
Mailing Address 28671 Corbara Place		<b>Transaction ID : SA11AI.6997</b>
City Wesley Chapel	State FL	Zip Code 33543
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) Regional Chief Medical Officer	<input type="checkbox"/> Memo Item \$150/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 900.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	825.00
<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 22 OF 61
<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

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. 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 Medical Group, Ltd.	Occupation (for Individual) Chief Administrative Officer
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2022

**Transaction ID : SA11AI.6998**

Amount of Each Receipt this Period  
450.00

Memo Item  
\$150/Monthly

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

Mailing Address 2606 Tridelphia Lake Road

City Brookeville	State MD	Zip Code 20833
---------------------	-------------	-------------------

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

Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) Board Member
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2022

**Transaction ID : SA11AI.6939**

Amount of Each Receipt this Period  
450.00

Memo Item  
\$150/Monthly

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

Mailing Address 3951 Fluvanna-Townline Road

City Jamestown	State NY	Zip Code 14701-9032
-------------------	-------------	------------------------

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

Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) Medical Director of Integrated Acute C
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2022

**Transaction ID : SA11AI.6873**

Amount of Each Receipt this Period  
150.00

Memo Item  
\$50/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 23 OF 61
	<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. Fearheiley, Corey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2604 Rain Song  
 City Leander State TX Zip Code 78641  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2022  
**Transaction ID : SA11AI.6858**  
 Amount of Each Receipt this Period 150.00  
 Memo Item \$50/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) USACS Medical Group, Ltd. Occupation (for Individual) Firefighter  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2022  
**Transaction ID : SA11AI.6907**  
 Amount of Each Receipt this Period 300.00  
 Memo Item \$100/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:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 06 / 30 / 2022  
**Transaction ID : SA11AI.6935**  
 Amount of Each Receipt this Period 450.00  
 Memo Item \$150/Monthly

<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 24 OF 61
	<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. Fleming, Sean, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2300 Shoreham Circle  
 City Lewisville State TX Zip Code 75056  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 06 / 30 / 2022  
**Transaction ID : SA11AI.6995**  
 Amount of Each Receipt this Period 450.00  
 Memo Item  
 \$150/Monthly

**B. Foss, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 915 Tschoepe Rd  
 City Seguin State TX Zip Code 78155  
 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:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 06 / 30 / 2022  
**Transaction ID : SA11AI.6956**  
 Amount of Each Receipt this Period 450.00  
 Memo Item  
 \$150/Monthly

**C. 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 Medical Group, Ltd. Occupation (for Individual) Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 06 / 30 / 2022  
**Transaction ID : SA11AI.6847**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 \$150/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 25 OF 61
	<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. 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) USACS Medical Group, Ltd. Occupation (for Individual) Pediatric Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 06 / 30 / 2022  
**Transaction ID : SA11AI.6993**  
 Amount of Each Receipt this Period 450.00  
 Memo Item \$150/Monthly

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

Date of Receipt 06 / 30 / 2022  
**Transaction ID : SA11AI.6852**  
 Amount of Each Receipt this Period 150.00  
 Memo Item \$50/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) Quality Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2022  
**Transaction ID : SA11AI.6931**  
 Amount of Each Receipt this Period 300.00  
 Memo Item \$100/Monthly

<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 26 OF 61
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Garcia-Gonzalez, Alexander, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19916 Bluff Oak Blvd  
 City Tampa State FL Zip Code 33647-2973  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2022  
**Transaction ID : SA11AI.6848**  
 Amount of Each Receipt this Period 150.00  
 Memo Item \$50/Monthly

**B. Gerhart, Caleb, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1111 Lancashire Drive  
 City Indian Land State SC Zip Code 29707  
 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:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2022  
**Transaction ID : SA11AI.6854**  
 Amount of Each Receipt this Period 150.00  
 Memo Item \$50/Monthly

**C. Gindlesperger, Krisi, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6203 Renninger Road  
 City New Franklin State OH Zip Code 44319-4741  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Vice President - National Director of  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2022  
**Transaction ID : SA11AI.6920**  
 Amount of Each Receipt this Period 300.00  
 Memo Item \$100/Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<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 27 OF 61
	<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. Goen, Paul, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4417 Leonard Road  
 City Bryan State TX Zip Code 77807  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Travis County Emergency Physicians, PA Occupation (for Individual) System Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2022  
**Transaction ID : SA11AI.6925**  
 Amount of Each Receipt this Period 300.00  
 Memo Item \$100/Monthly

**B. 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) USACS Medical Group, Ltd. Occupation (for Individual) Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 06 / 30 / 2022  
**Transaction ID : SA11AI.6968**  
 Amount of Each Receipt this Period 450.00  
 Memo Item \$150/Monthly

**C. Groomes, Roderick, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 417 Edgewood Drive  
 City Sarver State PA Zip Code 16055-9266  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Assistant Medical Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2022  
**Transaction ID : SA11AI.6880**  
 Amount of Each Receipt this Period 150.00  
 Memo Item \$50/Monthly

<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 28 OF 61
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Guyton, Steven, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2022
Mailing Address 111 Stillwater Lane		<b>Transaction ID : SA11AI.6999</b>
City Sewickley	State PA	Zip Code 15143-8899
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 450.00
Name of Employer (for Individual) USACS Management Group, Ltd.	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$150/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Hall, Timothy, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2022
Mailing Address 1380 Woodhurst Drive		<b>Transaction ID : SA11AI.7001</b>
City Rock Hill	State SC	Zip Code 29732-2082
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 450.00
Name of Employer (for Individual) Travis County Emergency Phys	Occupation (for Individual) Emergency Physician	<input type="checkbox"/> Memo Item \$150/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Hall, Wyatt, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2022
Mailing Address 2310B Old Trail Rd.		<b>Transaction ID : SA11AI.6889</b>
City Avon	State CO	Zip Code 81620
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/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 300.00	

<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 29 OF 61
	<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
-----------------------------	-----------------------------	-----------------------------

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. 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:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2022  
**Transaction ID : SA11AI.6908**  
 Amount of Each Receipt this Period 300.00  
 Memo Item \$100/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) USACS Medical Group, Ltd. Occupation (for Individual) Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 06 / 30 / 2022  
**Transaction ID : SA11AI.6973**  
 Amount of Each Receipt this Period 450.00  
 Memo Item \$150/Monthly

**C. Hart, Alicia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 24625 Wilderness Oak Apt 1324  
 City San Antonio State TX Zip Code 78260-7210  
 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:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2022  
**Transaction ID : SA11AI.6849**  
 Amount of Each Receipt this Period 150.00  
 Memo Item \$50/Monthly

<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 30 OF 61
	<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. Herndon, Yalonda, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2509 Mill Wright Rd  
 City Concord State NC Zip Code 28027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Travis County Emergency Phys Occupation (for Individual) Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2022  
**Transaction ID : SA11AI.6890**  
 Amount of Each Receipt this Period 150.00  
 Memo Item \$50/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) USACS Medical Group, Ltd. Occupation (for Individual) Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 06 / 30 / 2022  
**Transaction ID : SA11AI.6962**  
 Amount of Each Receipt this Period 450.00  
 Memo Item \$150/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:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2022  
**Transaction ID : SA11AI.6910**  
 Amount of Each Receipt this Period 300.00  
 Memo Item \$100/Monthly

<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 31 OF 61
<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

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

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Hummel, Laura, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2022
Mailing Address 807 S. Roxmere Road		<b>Transaction ID : SA11AI.6921</b>
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) USACS Medical Group, Ltd.	Occupation (for Individual) Emergency Physician	<input type="checkbox"/> Memo Item \$100/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Hydari, Irfan, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2022
Mailing Address 3203 Walnut Ave		<b>Transaction ID : SA11AI.6966</b>
City Austin	State TX	Zip Code 78722-1635
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 450.00
Name of Employer (for Individual) USACS Management Group, Ltd.	Occupation (for Individual) Regional Vice President	<input type="checkbox"/> Memo Item \$150/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Iyer, Sujit, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2022
Mailing Address 1204 Kinney Avenue		<b>Transaction ID : SA11AI.6930</b>
City Austin	State TX	Zip Code 78704
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) Pediatric Emergency Physician	<input type="checkbox"/> Memo Item \$100/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 600.00	

<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 32 OF 61
	<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. 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) Regional Vice President of Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2022  
**Transaction ID : SA11AI.6899**  
 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) USACS Medical Group, Ltd. Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 06 / 30 / 2022  
**Transaction ID : SA11AI.6961**  
 Amount of Each Receipt this Period 450.00  
 Memo Item \$150/Monthly

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

Date of Receipt 06 / 30 / 2022  
**Transaction ID : SA11AI.6937**  
 Amount of Each Receipt this Period 450.00  
 Memo Item \$150/Monthly

**SUBTOTAL** of Receipts This Page (optional).....▶ 1149.99  
**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 33 OF 61
	<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. Johnston, Christopher, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1459 Milwaukee St.  
 City Denver State CO Zip Code 80206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Travis County Emergency Phys Occupation (for Individual) Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2022  
**Transaction ID : SA11AI.6857**  
 Amount of Each Receipt this Period 150.00  
 Memo Item \$50/Monthly

**B. 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) Travis County Emergency Phys Occupation (for Individual) Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2022  
**Transaction ID : SA11AI.6845**  
 Amount of Each Receipt this Period 150.00  
 Memo Item \$150/Monthly

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

Date of Receipt 06 / 30 / 2022  
**Transaction ID : SA11AI.6888**  
 Amount of Each Receipt this Period 150.00  
 Memo Item \$50/Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<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 61
	<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
-----------------------------	-----------------------------	-----------------------------

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

Date of Receipt 06 / 30 / 2022  
**Transaction ID : SA11AI.6875**  
 Amount of Each Receipt this Period 150.00  
 Memo Item \$50/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) USACS Management Group, Ltd. Occupation (for Individual) Regional Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 06 / 30 / 2022  
**Transaction ID : SA11AI.6964**  
 Amount of Each Receipt this Period 450.00  
 Memo Item \$150/Monthly

**C. Kapur, Girish, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 535 Beaver Rd  
 City Edgeworth State PA Zip Code 15143-1005  
 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:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2022  
**Transaction ID : SA11AI.6912**  
 Amount of Each Receipt this Period 300.00  
 Memo Item \$100/Monthly

<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 35 OF 61
	<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
-----------------------------	-----------------------------	-----------------------------

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. 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) Travis County Emergency Phys Occupation (for Individual) Regional Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 06 / 30 / 2022  
**Transaction ID : SA11AI.6990**  
 Amount of Each Receipt this Period 450.00  
 Memo Item \$150/Monthly

**B. Kendall, Jayne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21710 Parsons Green Row  
 City Cornelius State NC Zip Code 28031  
 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:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2022  
**Transaction ID : SA11AI.6915**  
 Amount of Each Receipt this Period 300.00  
 Memo Item \$100/Monthly

**C. Kimmerling, Adam, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19252 Long Lake Ranch Blvd  
 City Lutz State FL Zip Code 33558-5510  
 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:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 06 / 30 / 2022  
**Transaction ID : SA11AI.6893**  
 Amount of Each Receipt this Period 225.00  
 Memo Item \$75/Monthly

<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 36 OF 61
	<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**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Kirtz, Jeremy, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2022
Mailing Address 906 S Fremont Ave		<b>Transaction ID : SA11AI.6864</b>
City Tampa	State FL	Zip Code 33606
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/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	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 MM / DD / YYYY 06 / 30 / 2022
Mailing Address 11736 Gainsborough Road		<b>Transaction ID : SA11AI.6906</b>
City Potomac	State MD	Zip Code 20854
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00	
Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) National Director of Quality	<input type="checkbox"/> Memo Item \$100/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Kleinman, Jacob, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2022
Mailing Address 120 Marvelwood Place		<b>Transaction ID : SA11AI.6863</b>
City Pittsburgh	State PA	Zip Code 15215-1569
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) Emergency Physician	<input type="checkbox"/> Memo Item \$50/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	600.00
<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 37 OF 61
	(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

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

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Kolodzik, Joan, , ,</b>			Date of Receipt
Mailing Address 1108 Paxon Court			<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2022"/>
City Bellbrook	State OH	Zip Code 45305-8959	<b>Transaction ID : SA11AI.6972</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="450.00"/>
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) National Director of Continuing Medica	<input type="checkbox"/> Memo Item \$150/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="900.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Kornas, Rebecca, , ,</b>			Date of Receipt
Mailing Address 4129 Utica St			<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2022"/>
City Denver	State CO	Zip Code 80212-2248	<b>Transaction ID : SA11AI.6879</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="150.00"/>
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$50/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Kramer, Olga, , ,</b>			Date of Receipt
Mailing Address 5836 Kinglet Lane			<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2022"/>
City Charlotte	State NC	Zip Code 28269-7115	<b>Transaction ID : SA11AI.6877</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="150.00"/>
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) APP Lead	<input type="checkbox"/> Memo Item \$50/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="750.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 61
	<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**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Land, Larry, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2022
Mailing Address 10014 Hazelnut Court		<b>Transaction ID : SA11AI.6980</b>
City Tampa	State FL	Zip Code 33647
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) Emergency Physician	<input type="checkbox"/> Memo Item \$150/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Lee, Sidney, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2022
Mailing Address 1200 Queen Emma Street Apt 2001		<b>Transaction ID : SA11AI.6881</b>
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/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Lewis, Brandon, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2022
Mailing Address 3648 Calusa Springs Dr		<b>Transaction ID : SA11AI.6944</b>
City College Station	State TX	Zip Code 77845-4545
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 450.00	
Name of Employer (for Individual) Travis County Emergency Physicians, PA	Occupation (for Individual) Regional Vice President	<input type="checkbox"/> Memo Item \$150/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 900.00	

<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 39 OF 61
	<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. Lim, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3919 Luz Del Faro  
 City San Antonio State TX Zip Code 78261-2765  
 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:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2022  
**Transaction ID : SA11AI.6861**  
 Amount of Each Receipt this Period 150.00  
 Memo Item \$50/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) USACS Management Group, Ltd. Occupation (for Individual) Co-Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 06 / 30 / 2022  
**Transaction ID : SA11AI.6971**  
 Amount of Each Receipt this Period 450.00  
 Memo Item \$150/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) Senior Director of Quality  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 06 / 30 / 2022  
**Transaction ID : SA11AI.6952**  
 Amount of Each Receipt this Period 450.00  
 Memo Item \$150/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 40 OF 61
	<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

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. 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) Travis County Emergency Phys	Occupation (for Individual) Emergency Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2022

**Transaction ID : SA11AI.6947**

Amount of Each Receipt this Period  
450.00

Memo Item  
\$150/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:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2022

**Transaction ID : SA11AI.6928**

Amount of Each Receipt this Period  
300.00

Memo Item  
\$100/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) USACS Medical Group, Ltd.	Occupation (for Individual) System Medical Director
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2022

**Transaction ID : SA11AI.6940**

Amount of Each Receipt this Period  
450.00

Memo Item  
\$150/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 41 OF 61
	<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
-----------------------------	-----------------------------	-----------------------------

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. 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) USACS Medical Group, Ltd. Occupation (for Individual) Firefighter  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 06 / 30 / 2022  
**Transaction ID : SA11AI.6979**  
 Amount of Each Receipt this Period 450.00  
 Memo Item \$150/Monthly

**B. 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) USACS Medical Group, Ltd. Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 06 / 30 / 2022  
**Transaction ID : SA11AI.6974**  
 Amount of Each Receipt this Period 450.00  
 Memo Item \$150/Monthly

**C. 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) USACS Medical Group, Ltd. Occupation (for Individual) Medical Director of Integrated Acute C  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2022  
**Transaction ID : SA11AI.6913**  
 Amount of Each Receipt this Period 300.00  
 Memo Item \$100/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 42 OF 61
	<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. 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) USACS Medical Group, Ltd. Occupation (for Individual) Director of APPs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2022  
**Transaction ID : SA11AI.6866**  
 Amount of Each Receipt this Period 150.00  
 Memo Item \$50/Monthly

**B. Miner, D., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2398 S. Garfield St.  
 City Denver State CO Zip Code 80210  
 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:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2022  
**Transaction ID : SA11AI.6859**  
 Amount of Each Receipt this Period 150.00  
 Memo Item \$50/Monthly

**C. Mirhadi, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1984 Caversham Way  
 City Folsom State CA Zip Code 95630  
 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:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2022  
**Transaction ID : SA11AI.6872**  
 Amount of Each Receipt this Period 150.00  
 Memo Item \$50/Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<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 43 OF 61
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Misra, Swarup, , ,</b>			Date of Receipt MM / DD / YYYY 06 / 30 / 2022		
Mailing Address 9667 Ashley Green Ct NW			<b>Transaction ID : SA11AI.7000</b>		
City Concord	State NC	Zip Code 28027	Amount of Each Receipt this Period 450.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$150/Monthly			
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Quality Director			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 900.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Natali, David, , ,</b>			Date of Receipt MM / DD / YYYY 06 / 30 / 2022		
Mailing Address 115 Pheasant Drive			<b>Transaction ID : SA11AI.6957</b>		
City Blawnox	State PA	Zip Code 15238-2207	Amount of Each Receipt this Period 450.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$150/Monthly			
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Emergency Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 900.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Nguyen, Vicky, , ,</b>			Date of Receipt MM / DD / YYYY 06 / 30 / 2022		
Mailing Address 336 E 1st Ave Apt 203			<b>Transaction ID : SA11AI.6887</b>		
City Denver	State CO	Zip Code 80203-4379	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$50/Monthly			
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Medical Director			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 300.00			

<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 44 OF 61
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. 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) Travis County Emergency Phys Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 06 / 30 / 2022  
**Transaction ID : SA11AI.6986**  
 Amount of Each Receipt this Period 450.00  
 Memo Item \$150/Monthly

**B. Palmaer, Patrice, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19533 Pine Drive  
 City Bend State OR Zip Code 97702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Management Group, Ltd. Occupation (for Individual) Vice President of Payer Contracting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 06 / 30 / 2022  
**Transaction ID : SA11AI.6933**  
 Amount of Each Receipt this Period 325.00  
 Memo Item \$50/Monthly

**C. 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) Travis County Emergency Phys Occupation (for Individual) Advanced Practice Provider  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 06 / 30 / 2022  
**Transaction ID : SA11AI.6897**  
 Amount of Each Receipt this Period 225.00  
 Memo Item \$75/Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<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 45 OF 61
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Patlovyany, 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) USACS Medical Group, Ltd. Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 06 / 30 / 2022  
**Transaction ID : SA11AI.6984**  
 Amount of Each Receipt this Period 450.00  
 Memo Item \$150/Monthly

**B. Percy, Carmella, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6875 Stonebridge Lane  
 City Clover State SC Zip Code 29710-9372  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2022  
**Transaction ID : SA11AI.6855**  
 Amount of Each Receipt this Period 150.00  
 Memo Item \$50/Monthly

**C. Perfetti, Joyce, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 29470 Picana Lane  
 City Wesley Chapel State FL Zip Code 33543-6615  
 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:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2022  
**Transaction ID : SA11AI.6919**  
 Amount of Each Receipt this Period 300.00  
 Memo Item \$100/Monthly

<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 46 OF 61
	<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
-----------------------------	-----------------------------	-----------------------------

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. 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) Travis County Emergency Physicians, PA Occupation (for Individual) Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 06 / 30 / 2022  
**Transaction ID : SA11AI.6959**  
 Amount of Each Receipt this Period 450.00  
 Memo Item \$150/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) USACS Management Group, Ltd. Occupation (for Individual) National Director of Clinical Innovati  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2022  
**Transaction ID : SA11AI.6916**  
 Amount of Each Receipt this Period 300.00  
 Memo Item \$100/Monthly

**C. Posin, Shawn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 47575 Hidden Springs Dr  
 City Saint Clairsville State OH Zip Code 43950-8626  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Board Member  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2022  
**Transaction ID : SA11AI.6929**  
 Amount of Each Receipt this Period 300.00  
 Memo Item \$100/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 47 OF 61
	<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
-----------------------------	-----------------------------	-----------------------------

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

Date of Receipt 06 / 30 / 2022  
**Transaction ID : SA11AI.6895**  
 Amount of Each Receipt this Period 225.00  
 Memo Item \$75/Monthly

**B. Radford, Shawn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8017 Jean Court  
 City Pasadena State MD Zip Code 21122-1063  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Management Group, Ltd. Occupation (for Individual) Director of Firefighters  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 06 / 30 / 2022  
**Transaction ID : SA11AI.6996**  
 Amount of Each Receipt this Period 450.00  
 Memo Item \$150/Monthly

**C. Reed, Rhett, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12509 Red Mesa Hollow  
 City Austin State TX Zip Code 78739-7535  
 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:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2022  
**Transaction ID : SA11AI.6926**  
 Amount of Each Receipt this Period 300.00  
 Memo Item \$100/Monthly

<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 48 OF 61
<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

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

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Reese, Melissa, , ,</b>			Date of Receipt MM / DD / YYYY 06 / 30 / 2022
Mailing Address 838 North Rd NE			<b>Transaction ID : SA11AI.6891</b>
City Warren	State OH	Zip Code 44483	Amount of Each Receipt this Period 175.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$50/Monthly	
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Senior Director, Site Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 325.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Ricciardi, Daniel, , ,</b>			Date of Receipt MM / DD / YYYY 06 / 30 / 2022
Mailing Address 736 Cole Street			<b>Transaction ID : SA11AI.6860</b>
City Charlottesville	State VA	Zip Code 22901-3210	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$50/Monthly	
Name of Employer (for Individual) Travis County Emergency Phys		Occupation (for Individual) Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Romano, Frederick, , ,</b>			Date of Receipt MM / DD / YYYY 06 / 30 / 2022
Mailing Address 4516 Tuscana Drive			<b>Transaction ID : SA11AI.6963</b>
City Sarasota	State FL	Zip Code 34241-4201	Amount of Each Receipt this Period 450.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$150/Monthly	
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Firefighter	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 900.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	775.00
<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 61
	<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. Rooks, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1663 Parkdale Circle S.  
 City Erie State CO Zip Code 80516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2022  
**Transaction ID : SA11AI.6914**  
 Amount of Each Receipt this Period 300.00  
 Memo Item \$100/Monthly

**B. Rosen, Nicholas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1089 S. Williams St.  
 City Denver State CO Zip Code 80209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2022  
**Transaction ID : SA11AI.6876**  
 Amount of Each Receipt this Period 150.00  
 Memo Item \$50/Monthly

**C. Roy, Neil, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2408 Henslowe Drive  
 City Potomac State MD Zip Code 20854  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) System Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2022  
**Transaction ID : SA11AI.6874**  
 Amount of Each Receipt this Period 150.00  
 Memo Item \$50/Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<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 50 OF 61
	(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

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. Russell Goman, Dacia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6611 Marshview Dr  
 City Hilliard State OH Zip Code 43026-2108  
 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:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2022  
**Transaction ID : SA11AI.6904**  
 Amount of Each Receipt this Period 300.00  
 Memo Item \$100/Monthly

**B. 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) USACS Medical Group, Ltd. Occupation (for Individual) Senior Director of Quality  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2022  
**Transaction ID : SA11AI.6905**  
 Amount of Each Receipt this Period 300.00  
 Memo Item \$100/Monthly

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

Date of Receipt 06 / 30 / 2022  
**Transaction ID : SA11AI.6924**  
 Amount of Each Receipt this Period 300.00  
 Memo Item \$100/Monthly

<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 51 OF 61
	<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**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Scott, David, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2022
Mailing Address 749 Bentwater Circle Unit 102		<b>Transaction ID : SA11AI.6958</b>
City Naples	State FL	Zip Code 34108-6762
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 450.00
Name of Employer (for Individual) USACS Management Group, Ltd.	Occupation (for Individual) Emergency Physician	<input type="checkbox"/> Memo Item \$150/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Seaberg, David, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2022
Mailing Address 1221 1st St S Unit 3A		<b>Transaction ID : SA11AI.6954</b>
City Jacksonville Beach	State FL	Zip Code 32250-6446
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) Executive Vice President	<input type="checkbox"/> Memo Item \$150/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Shelat, Chandresh, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2022
Mailing Address 2144 Grant Farm Court		<b>Transaction ID : SA11AI.6951</b>
City Marriottsville	State MD	Zip Code 21104
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) Associate Medical Director	<input type="checkbox"/> Memo Item \$150/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 900.00	

<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 52 OF 61
	<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

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. Shellenbarger, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 912 Camelot Dr.  
 City Hermitage State PA Zip Code 16148-9100  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Medical Director of Integrated Acute C  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2022  
**Transaction ID : SA11AI.6846**  
 Amount of Each Receipt this Period 150.00  
 Memo Item \$150/Monthly

**B. 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) Travis County Emergency Phys Occupation (for Individual) Regional Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 06 / 30 / 2022  
**Transaction ID : SA11AI.6982**  
 Amount of Each Receipt this Period 450.00  
 Memo Item \$150/Monthly

**C. Somers, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 503 Neuse Harbour Blvd  
 City New Bern State NC Zip Code 28560-8958  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Medical Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 06 / 30 / 2022  
**Transaction ID : SA11AI.6987**  
 Amount of Each Receipt this Period 450.00  
 Memo Item \$150/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 53 OF 61
	<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. Sullivan, Richard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 117 James Place  
 City Pittsburgh State PA Zip Code 15228-1021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2022  
**Transaction ID : SA11AI.6927**  
 Amount of Each Receipt this Period 300.00  
 Memo Item \$100/Monthly

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

Date of Receipt 06 / 30 / 2022  
**Transaction ID : SA11AI.6909**  
 Amount of Each Receipt this Period 300.00  
 Memo Item \$100/Monthly

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

Date of Receipt 06 / 30 / 2022  
**Transaction ID : SA11AI.7003**  
 Amount of Each Receipt this Period 450.00  
 Memo Item \$150/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 54 OF 61
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Townsend, Martha, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16220 W 84th Drive  
 City Arvada State CO Zip Code 80007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Advanced Practice Provider  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2022  
**Transaction ID : SA11AI.6869**  
 Amount of Each Receipt this Period 150.00  
 Memo Item \$50/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) USACS Medical Group, Ltd. Occupation (for Individual) System Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2022  
**Transaction ID : SA11AI.6918**  
 Amount of Each Receipt this Period 300.00  
 Memo Item \$100/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 Medical Group, Ltd. Occupation (for Individual) Chief Clinical Recruiting Officer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 06 / 30 / 2022  
**Transaction ID : SA11AI.7002**  
 Amount of Each Receipt this Period 450.00  
 Memo Item \$150/Monthly

<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 55 OF 61
<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

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

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Venkat, Arvind, , ,</b>			Date of Receipt MM / DD / YYYY 06 / 30 / 2022
Mailing Address 105 Breckenridge Dr.			<b>Transaction ID : SA11AI.6941</b>
City Wexford	State PA	Zip Code 15090-9400	Amount of Each Receipt this Period 450.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$150/Monthly
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) National Director of Research	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 900.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Vock, Tracie, , ,</b>			Date of Receipt MM / DD / YYYY 06 / 30 / 2022
Mailing Address 7911 Fingerboard Road			<b>Transaction ID : SA11AI.6886</b>
City Frederick	State MD	Zip Code 21704-7628	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$50/Monthly
Name of Employer (for Individual) USACS Management Group, Ltd.		Occupation (for Individual) Director of APPs, IAC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Warwick-Heckman, Kelley, , ,</b>			Date of Receipt MM / DD / YYYY 06 / 30 / 2022
Mailing Address 303 Four T Ranch Rd			<b>Transaction ID : SA11AI.6892</b>
City Georgetown	State TX	Zip Code 78633	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$100/Monthly
Name of Employer (for Individual) Travis County Emergency Physicians, PA		Occupation (for Individual) Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	800.00
<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 56 OF 61
	<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. 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) USACS Management Group, Ltd.	Occupation (for Individual) Medical Director
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2022

**Transaction ID : SA11AI.6938**

Amount of Each Receipt this Period  
450.00

Memo Item  
\$150/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 Medical Group, Ltd.	Occupation (for Individual) Chief Development Officer
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
850.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2022

**Transaction ID : SA11AI.6934**

Amount of Each Receipt this Period  
400.00

Memo Item  
\$150/Monthly

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

Mailing Address 2439 Clydesdale St NW

City North Canton	State OH	Zip Code 44720-9818
----------------------	-------------	------------------------

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:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2022

**Transaction ID : SA11AI.6851**

Amount of Each Receipt this Period  
150.00

Memo Item  
\$50/Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1000.00
<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 57 OF 61
	<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**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Welsh, Ian, , ,</b>			Date of Receipt MM / DD / YYYY 06 / 30 / 2022
Mailing Address 1027 Gardenia Street			<b>Transaction ID : SA11AI.6965</b>
City Fort Mill	State SC	Zip Code 29708	Amount of Each Receipt this Period 450.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$150/Monthly
Name of Employer (for Individual) Travis County Emergency Phys		Occupation (for Individual) Firefighter	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 900.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. West, Brian, , ,</b>			Date of Receipt MM / DD / YYYY 06 / 30 / 2022
Mailing Address 441 Carnoustie			<b>Transaction ID : SA11AI.6853</b>
City Highland	State MI	Zip Code 48357-4754	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$50/Monthly
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Quality Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Wirtz, David, , ,</b>			Date of Receipt MM / DD / YYYY 06 / 30 / 2022
Mailing Address 1 Highgate NE			<b>Transaction ID : SA11AI.6955</b>
City Ithaca	State NY	Zip Code 14850	Amount of Each Receipt this Period 450.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$150/Monthly
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 900.00	

<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 58 OF 61
	<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**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Wyatt, Cheryl, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2022
Mailing Address 48252 Leachburg Road		<b>Transaction ID : SA11AI.6856</b>
City Lexington Park	State MD	Zip Code 20653
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer (for Individual) Travis County Emergency Phys	Occupation (for Individual) Director of APPs	<input type="checkbox"/> Memo Item \$50/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Zayac, Carl, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2022
Mailing Address 5901 Velasco Ave		<b>Transaction ID : SA11AI.6902</b>
City Dallas	State TX	Zip Code 75206
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer (for Individual) Travis County Emergency Physicians, PA	Occupation (for Individual) Firefighter	<input type="checkbox"/> Memo Item \$100/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Ziebell, Christopher, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2022
Mailing Address 4014 Greystone Drive		<b>Transaction ID : SA11AI.6903</b>
City Austin	State TX	Zip Code 78731
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, Ltd.	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$100/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<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 59 OF 61
	<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
-----------------------------	-----------------------------	-----------------------------

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.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Zimmerman, Michael, , ,

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) USACS Medical Group, Ltd.	Occupation (for Individual) Emergency Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2022

**Transaction ID : SA11AI.6923**

Amount of Each Receipt this Period  
300.00

Memo Item  
\$100/Monthly

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> This Period (last page this line number only).....	52214.88

# 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

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. BUCSHON FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address 220 W. Windsor Ave

City Alexandria State VA Zip Code 22301

Purpose of Disbursement

Candidate Name  
**BUCSHON FOR CONGRESS**

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼

State: IN District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	2	2

FEC Identification Number

**C** C00468256

**Transaction ID : SB23.6167**

Amount of Each Disbursement this Period

2500.00

Memo Item

## B. KAINE FOR COMMON GROUND PAC

Full Name (Last, First, Middle Initial)

Mailing Address 1490-5A Quarterpath Rd #272

City Williamsburg State VA Zip Code 23185

Purpose of Disbursement

Candidate Name  
**KAINE FOR COMMON GROUND PAC**

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify)

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	2	2

FEC Identification Number

**C** C00695940

**Transaction ID : SB23.6164**

Amount of Each Disbursement this Period

5000.00

Memo Item

## C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

State: District:

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)..... ▶

7500.00

7500.00

# 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

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. Friends of Arvind Venkat**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 489

City Wexford State PA Zip Code 15090

Purpose of Disbursement  Category/Type

Candidate Name  
**Venkat, Arvind, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
06 / 09 / 2022

FEC Identification Number:  C

Transaction ID : **SB29.6166**

Amount of Each Disbursement this Period:  5000.00

Memo Item

**B.**

Full Name (Last, First, Middle Initial)  
Mailing Address

City State Zip Code

Purpose of Disbursement  Category/Type

Candidate Name

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

State: District:

Date of Disbursement: MM / DD / YYYY

FEC Identification Number:  C

Amount of Each Disbursement this Period:

Memo Item

**C.**

Full Name (Last, First, Middle Initial)  
Mailing Address

City State Zip Code

Purpose of Disbursement  Category/Type

Candidate Name

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

State: District:

Date of Disbursement: MM / DD / YYYY

FEC Identification Number:  C

Amount of Each Disbursement this Period:

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	<input type="text"/> 5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/> 5000.00