

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 OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report
(b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31
(c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special
(d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 07 01 2018 through 09 30 2018

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

Signature of Treasurer Panitch, Orlee, , , [Electronically Filed] Date 04 05 2019

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

USACS PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>		87294.41
(b) Cash on Hand at Beginning of Reporting Period.....	76992.10	
(c) Total Receipts (from Line 19)	26881.50	73329.19
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	103873.60	160623.60
7. Total Disbursements (from Line 31).....	17400.00	74150.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	86473.60	86473.60
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

Write or Type Committee Name

USACS PAC

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2018 To: M M / D D / Y Y Y Y 09 / 30 / 2018

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).....	17219.86	49797.58
(ii) Unitemized	4661.64	18531.61
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	21881.50	68329.19
(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)	21881.50	68329.19
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.....	5000.00	5000.00
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)).....▶	26881.50	73329.19
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	26881.50	73329.19

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.....	12500.00	69250.00
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).....	4900.00	4900.00
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)) ..	17400.00	74150.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	17400.00	74150.00

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	21881.50	68329.19
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	21881.50	68329.19
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 33
	<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 A. Aboutalib, Angela, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2018
Mailing Address 2 East Erie St Apt 3306		Transaction ID : SA11AI.8435
City Chicago	State IL	Zip Code 60611-3169
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer (for Individual) Virtual Locations	Occupation (for Individual) Senior Director of Quality and Educati	<input type="checkbox"/> Memo Item \$100.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 900.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Atez, Francisco, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2018
Mailing Address 17376 Emerald Chase Drive		Transaction ID : SA11AI.8473
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) Tampa Bay Emergency Physicians, LLC	Occupation (for Individual) Regional Director of Risk Management	<input type="checkbox"/> Memo Item \$100.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 900.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Augustine, James, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2018
Mailing Address 7868 Classics Dr.		Transaction ID : SA11AI.8486
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	Occupation (for Individual) Chairman, National Clinical Governance	<input type="checkbox"/> Memo Item \$150.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 1350.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Bagnoli, Dominic, , ,			Date of Receipt
Mailing Address 50 East Drive			<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2018"/>
City Hartville	State OH	Zip Code 44632	Transaction ID : SA11AI.8466
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="1249.89"/>
Name of Employer (for Individual) USACS Management Group		Occupation (for Individual) Executive Chairman	<input type="checkbox"/> Memo Item \$416.63/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="text" value="Other"/>		Aggregate Year-to-Date ▼ <input type="text" value="3749.67"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Bescherer, Rudolph, , ,			Date of Receipt
Mailing Address 32 Fieldcrest Dr			<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2018"/>
City Westampton	State NJ	Zip Code 08060-5656	Transaction ID : SA11AI.8543
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="300.00"/>
Name of Employer (for Individual) Virtual Locations		Occupation (for Individual) Firefighter	<input type="checkbox"/> Memo Item \$100.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="text" value="Other"/>		Aggregate Year-to-Date ▼ <input type="text" value="900.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Biersbach, Raymond, , ,			Date of Receipt
Mailing Address 234 Lakeshore Dr			<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2018"/>
City Mooresville	State NC	Zip Code 28117-7535	Transaction ID : SA11AI.8537
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="300.00"/>
Name of Employer (for Individual) USACS Medical Group, LTD		Occupation (for Individual) Emergency Physician	<input type="checkbox"/> Memo Item \$100.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="text" value="Other"/>		Aggregate Year-to-Date ▼ <input type="text" value="900.00"/>	

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="1849.89"/>
TOTAL This Period (last page this line number only).....	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 33
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Bradstreet, Jennifer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 249 S. Franklin St.
 City Chagrin Falls State OH Zip Code 44022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) System Medical Director
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 30 / 2018
Transaction ID : SA11AI.8490
 Amount of Each Receipt this Period 150.00
 Memo Item \$50.00/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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Management Group Occupation (for Individual) Chief of Integrated Acute Care
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 30 / 2018
Transaction ID : SA11AI.8523
 Amount of Each Receipt this Period 300.00
 Memo Item \$100.00/monthly

C. 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) Medical Director
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt 09 / 30 / 2018
Transaction ID : SA11AI.8514
 Amount of Each Receipt this Period 450.00
 Memo Item \$150.00/monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Colfer, Orion, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2523 Hanover Ave
 City Richmond State VA Zip Code 23220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Management Group Occupation (for Individual) National Director of Patient Experienc
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 09 / 30 / 2018
Transaction ID : SA11AI.8532
 Amount of Each Receipt this Period
 150.00
 Memo Item
 \$50.00/monthly

B. Conley, Amy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6419 Renwick Circle
 City Tampa State FL Zip Code 33647
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC Occupation (for Individual) Regional Transfer Center Director
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 800.00

Date of Receipt
 09 / 30 / 2018
Transaction ID : SA11AI.8428
 Amount of Each Receipt this Period
 300.00
 Memo Item
 \$100.00/monthly

C. De Angelis, Sydney, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 114 E Church St
 City Frederick State MD Zip Code 21701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) Medical Director
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 09 / 30 / 2018
Transaction ID : SA11AI.8555
 Amount of Each Receipt this Period
 300.00
 Memo Item
 \$100.00/monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 OF 33
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Denmark, Thomas, , ,			Date of Receipt
Mailing Address 13122 S Yorktown Ave			<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2018"/>
City Bixby	State OK	Zip Code 74008-7665	Transaction ID : SA11AI.8560
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) Chairman	<input type="checkbox"/> Memo Item \$50.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="text" value="Other"/>		Aggregate Year-to-Date ▼ <input type="text" value="450.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Eakin, Paul, , ,			Date of Receipt
Mailing Address 1455 Hunakai St. Apt. 1			<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2018"/>
City Honolulu	State HI	Zip Code 96816-5526	Transaction ID : SA11AI.8534
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) Associate Medical Director	<input type="checkbox"/> Memo Item \$50.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="text" value="Other"/>		Aggregate Year-to-Date ▼ <input type="text" value="450.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Eisenberg, Steven, , ,			Date of Receipt
Mailing Address 35590 Michael Drive			<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2018"/>
City Solon	State OH	Zip Code 44139	Transaction ID : SA11AI.8549
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="300.00"/>
Name of Employer (for Individual) USACS Management Group		Occupation (for Individual) General Counsel	<input type="checkbox"/> Memo Item \$100.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="text" value="Other"/>		Aggregate Year-to-Date ▼ <input type="text" value="900.00"/>	

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="600.00"/>
TOTAL This Period (last page this line number only).....	<input type="text" value=""/>

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

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

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NAME OF COMMITTEE (In Full)
USACS PAC

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

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

Receipt For: 2018
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date ▼
1350.00

Date of Receipt
09 / 30 / 2018

Transaction ID : SA11AI.8436

Amount of Each Receipt this Period
450.00

Memo Item
\$150.00/monthly

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

Mailing Address 193 Bryna Lane

City Carnegie	State PA	Zip Code 15106-1473
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FEC ID number of contributing federal political committee. **C**

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

Receipt For: 2018
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date ▼
900.00

Date of Receipt
09 / 30 / 2018

Transaction ID : SA11AI.8463

Amount of Each Receipt this Period
300.00

Memo Item
\$100.00/monthly

C. Forcada-Lowrie, Raymundo, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 232339

City Encinitas	State CA	Zip Code 92023-2339
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FEC ID number of contributing federal political committee. **C**

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

Receipt For: 2018
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date ▼
900.00

Date of Receipt
09 / 30 / 2018

Transaction ID : SA11AI.8538

Amount of Each Receipt this Period
300.00

Memo Item
\$100.00/monthly

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

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

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

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Gamma, Brett, , ,			Date of Receipt MM / DD / YYYY 09 / 30 / 2018		
Mailing Address 14930 Finegan Farm Drive			Transaction ID : SA11AI.8444		
City Darnestown	State MD	Zip Code 20874	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$50.00/monthly		
Name of Employer (for Individual) MEP Health, LLC		Occupation (for Individual) Medical Director			
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other		Aggregate Year-to-Date ▼ 450.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Geary, Daniel, , ,			Date of Receipt MM / DD / YYYY 09 / 30 / 2018		
Mailing Address 21910 Helen Lane			Transaction ID : SA11AI.8457		
City Leonardtown	State MD	Zip Code 20650-2220	Amount of Each Receipt this Period 249.99		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$83.33/monthly		
Name of Employer (for Individual) MEP Health, LLC		Occupation (for Individual) Medical Director			
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other		Aggregate Year-to-Date ▼ 749.97			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Gindlesperger, Krisi, , ,			Date of Receipt MM / DD / YYYY 09 / 30 / 2018		
Mailing Address 6203 Renninger Road			Transaction ID : SA11AI.8507		
City New Franklin	State OH	Zip Code 44319-4741	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$100.00/monthly		
Name of Employer (for Individual) USACS Management Group		Occupation (for Individual) Vice President - National Director of			
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other		Aggregate Year-to-Date ▼ 600.00			

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

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

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

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

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Gooch, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 52675 Timber Dr.
 City Bridgeport State OH Zip Code 43912-7724
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Emergency Physician
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **225.00**

Date of Receipt
 09 / 30 / 2018
Transaction ID : SA11AI.8451
 Amount of Each Receipt this Period **75.00**
 Memo Item
 \$25.00/monthly

B. Grant, Randall, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1536 Forest Ave
 City River Forest State IL Zip Code 60305-1004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **225.00**

Date of Receipt
 09 / 30 / 2018
Transaction ID : SA11AI.8536
 Amount of Each Receipt this Period **75.00**
 Memo Item
 \$25.00/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) AHN Medical Group, LLC Occupation (for Individual) Medical Director
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **450.00**

Date of Receipt
 09 / 30 / 2018
Transaction ID : SA11AI.8541
 Amount of Each Receipt this Period **150.00**
 Memo Item
 \$50.00/monthly

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

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

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

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Guyton, Steven, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 Stillwater Lane
 City Pittsburgh State PA Zip Code 15143-8899
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AHN Medical Group, LLC Occupation (for Individual) Medical Director
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **225.00**

Date of Receipt
 09 / 30 / 2018
Transaction ID : SA11AI.8550
 Amount of Each Receipt this Period
 75.00
 Memo Item
 \$25.00/monthly

B. Hibbs, Nathaniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6634 S. Prescott Way
 City Littleton State CO Zip Code 80120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Colorado Emergency Service Physicians, Occupation (for Individual) Emergency Physician
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **900.00**

Date of Receipt
 09 / 30 / 2018
Transaction ID : SA11AI.8527
 Amount of Each Receipt this Period
 300.00
 Memo Item
 \$100.00/monthly

C. Hill, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9801 Sardis Oaks Road
 City Charlotte State NC Zip Code 28270-1003
 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: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **600.00**

Date of Receipt
 09 / 30 / 2018
Transaction ID : SA11AI.8485
 Amount of Each Receipt this Period
 120.00
 Memo Item
 \$80.00/monthly

SUBTOTAL of Receipts This Page (optional)..... **495.00**
TOTAL This Period (last page this line number only).....

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

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

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Hummel, Laura, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2018
Mailing Address 807 S. Roxmere Road		Transaction ID : SA11AI.8510
City Tampa	State FL	Zip Code 33609-4235
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00	
Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC	Occupation (for Individual) Regional Education Director	<input type="checkbox"/> Memo Item \$100.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 900.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Janikas, John, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2018
Mailing Address 748 Carlton Road		Transaction ID : SA11AI.8498
City Clifton Park	State NY	Zip Code 12065-1023
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 249.99	
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$83.33/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 749.97	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Javery, Thomas, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2018
Mailing Address 726 Broadstone		Transaction ID : SA11AI.8558
City painesville	State OH	Zip Code 44077-8207
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00	
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Emergency Physician	<input type="checkbox"/> Memo Item \$100.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 900.00	

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

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

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

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Jeffrey, Douglas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1109 Bluebonnet Lane
 City Austin State TX Zip Code 78704-2005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) Emergency Physician
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 09 / 30 / 2018
Transaction ID : SA11AI.8572
 Amount of Each Receipt this Period 300.00
 Memo Item \$100.00/monthly

B. Jenis, Andrew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 115 Cayuga Heights Road
 City Ithaca State NY Zip Code 14850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Regional Vice President
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 30 / 2018
Transaction ID : SA11AI.8430
 Amount of Each Receipt this Period 150.00
 Memo Item \$50.00/monthly

C. Jones, Bruce, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4187 Colister Drive
 City Dublin State OH Zip Code 43016-6162
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 30 / 2018
Transaction ID : SA11AI.8446
 Amount of Each Receipt this Period 300.00
 Memo Item \$100.00/monthly

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

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

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

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Kella, Vipul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11808 Woodthrus Lane
 City Potomac State MD Zip Code 20854
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) Emergency Physician
 Receipt For: 2018
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **450.00**

Date of Receipt
 09 / 30 / 2018
Transaction ID : SA11AI.8565
 Amount of Each Receipt this Period
 150.00
 Memo Item
 \$50.00/monthly

B. Keller, Noah, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10119 Easterday Court
 City Hagerstown State MD Zip Code 21742
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Regional Vice President
 Receipt For: 2018
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **500.00**

Date of Receipt
 09 / 30 / 2018
Transaction ID : SA11AI.8531
 Amount of Each Receipt this Period
 150.00
 Memo Item
 \$50.00/monthly

C. 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) Virtual Locations Occupation (for Individual) Regional Vice President
 Receipt For: 2018
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **900.00**

Date of Receipt
 09 / 30 / 2018
Transaction ID : SA11AI.8489
 Amount of Each Receipt this Period
 300.00
 Memo Item
 \$100.00/monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Klein, David, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2018
Mailing Address 11736 Gainsborough Road		Transaction ID : SA11AI.8460
City Potomac	State MD	Zip Code 20854
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer (for Individual) USACS Management Group	Occupation (for Individual) National Director of Quality	<input type="checkbox"/> Memo Item \$50.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 450.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Kuchinski, Joseph, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2018
Mailing Address 5869 Heaven View Drive		Transaction ID : SA11AI.8499
City Las Vegas	State NV	Zip Code 89135-1296
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$200.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 1400.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Lawrence, Linda, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2018
Mailing Address 4670 Armandale Avenue		Transaction ID : SA11AI.8512
City Canton	State OH	Zip Code 44718
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) President	<input type="checkbox"/> Memo Item \$100.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 900.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

A. LeBlanc, Louis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1428 Lacy Lane
 City Rock Hill State SC Zip Code 29732-7723
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Firefighter
 Receipt For: 2018
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **450.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2018
Transaction ID : SA11AI.8515
 Amount of Each Receipt this Period
 150.00
 Memo Item
 \$50.00/monthly

B. Lee, Sidney, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1200 Queen Emma Street Apt 2001
 City Honolulu State HI Zip Code 96813-6311
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director
 Receipt For: 2018
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **450.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2018
Transaction ID : SA11AI.8547
 Amount of Each Receipt this Period
 150.00
 Memo Item
 \$50.00/monthly

C. Little, Andrew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5514 Ayrshire Dr
 City Dublin State OH Zip Code 43017-9428
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Emergency Physician
 Receipt For: 2018
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2018
Transaction ID : SA11AI.8431
 Amount of Each Receipt this Period
 300.00
 Memo Item
 \$100.00/monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

A. 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: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **900.00**

Date of Receipt
 09 / 30 / 2018
Transaction ID : SA11AI.8542
 Amount of Each Receipt this Period
 300.00
 Memo Item
 \$100.00/monthly

B. Mayz, Kurtis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 E Main St Ste 404
 City Champaign State IL Zip Code 61820-1313
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Firefighter
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **450.00**

Date of Receipt
 09 / 30 / 2018
Transaction ID : SA11AI.8508
 Amount of Each Receipt this Period
 150.00
 Memo Item
 \$50.00/monthly

C. Meyer, Kendra, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 85 Beatty Lane
 City Scenery Hill State PA Zip Code 15360-1537
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AHN Medical Group, LLC Occupation (for Individual) Director of APPs
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **450.00**

Date of Receipt
 09 / 30 / 2018
Transaction ID : SA11AI.8503
 Amount of Each Receipt this Period
 150.00
 Memo Item
 \$50.00/monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Mittleman, Craig, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Equestrian Ridge
 City Newtown State CT Zip Code 06470
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) Medical Director
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 30 / 2018
Transaction ID : SA11AI.8454
 Amount of Each Receipt this Period 150.00
 Memo Item \$50.00/monthly

B. Osmundson, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 62 East Dr.
 City Hartville State OH Zip Code 44632-8890
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) President
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 30 / 2018
Transaction ID : SA11AI.8522
 Amount of Each Receipt this Period 300.00
 Memo Item \$100.00/monthly

C. Panitch, Orlee, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11753 Gainsborough Road
 City Potomac State MD Zip Code 20854
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) Regional Chief Administrative Officer
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt 09 / 30 / 2018
Transaction ID : SA11AI.8533
 Amount of Each Receipt this Period 450.00
 Memo Item \$150.00/monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. 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: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 30 / 2018
Transaction ID : SA11AI.8448
 Amount of Each Receipt this Period 150.00
 Memo Item
 \$50.00/monthly

B. Phillips, Miranda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7122 S. Sheridan Rd. Ste. 2-335
 City Tulsa State OK Zip Code 74133-2748
 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: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 30 / 2018
Transaction ID : SA11AI.8526
 Amount of Each Receipt this Period 150.00
 Memo Item
 \$50.00/monthly

C. Radford, Shawn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 210 N Wells St Apt 4101
 City Chicago State IL Zip Code 60606-1352
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Director of Firefighters
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 30 / 2018
Transaction ID : SA11AI.8546
 Amount of Each Receipt this Period 300.00
 Memo Item
 \$100.00/monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Romano, Frederick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4516 Tuscana Drive
 City Sarasota State FL Zip Code 34241-4201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Virtual Locations Firefighter
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2018
Transaction ID : SA11AI.8475
 Amount of Each Receipt this Period
 300.00
 Memo Item
 \$100.00/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) Occupation (for Individual)
 USACS Medical Group, LTD Regional Vice President
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 749.97

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2018
Transaction ID : SA11AI.8517
 Amount of Each Receipt this Period
 249.99
 Memo Item
 \$83.33/monthly

C. Snyder, Aaron, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9925 Silver Brook Drive
 City Rockville State MD Zip Code 20850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Virtual Locations Regional Vice President
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 1350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2018
Transaction ID : SA11AI.8425
 Amount of Each Receipt this Period
 450.00
 Memo Item
 \$150.00/monthly

SUBTOTAL of Receipts This Page (optional).....	999.99
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 24 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Srivastava, Geetanjali, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2018 Transaction ID : SA11AI.8477
Mailing Address 5447 N Sequoia Ave		Amount of Each Receipt this Period 75.00
City Fresno	State CA	Zip Code 93711-2849
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$50.00/monthly
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Medical Director	
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 375.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Tirheimer, Wenzel, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2018 Transaction ID : SA11AI.8567
Mailing Address 13404 Golf Crest Way		Amount of Each Receipt this Period 450.00
City Tampa	State FL	Zip Code 33618
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$150.00/monthly
Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC	Occupation (for Individual) Emergency Physician	
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 1350.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Tucker, Jeremy, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2018 Transaction ID : SA11AI.8491
Mailing Address 23959 Meredith Court		Amount of Each Receipt this Period 300.00
City Hollywood	State MD	Zip Code 20636
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$100.00/monthly
Name of Employer (for Individual) Virtual Locations	Occupation (for Individual) National Director of Patient Safety	
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 900.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Vaill, Samuel, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2018 Transaction ID : SA11AI.8544
Mailing Address 315 Bridge Street		Amount of Each Receipt this Period 150.00
City South Hamilton	State MA	Zip Code 01982
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$50.00/monthly
Name of Employer (for Individual) USACS Management Group	Occupation (for Individual) Chief Development Officer	
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 450.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Vock, Tracie, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2018 Transaction ID : SA11AI.8563
Mailing Address 1826 Free Terrace		Amount of Each Receipt this Period 150.00
City Frederick	State MD	Zip Code 21702
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$50.00/monthly
Name of Employer (for Individual) MEP Health, LLC	Occupation (for Individual) Director of APPs, Observation Medicine	
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 450.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Watling, Bradley, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2018 Transaction ID : SA11AI.8443
Mailing Address 101 E. W.T. Harris Blvd Suite 3109		Amount of Each Receipt this Period 450.00
City Mooresville	State NC	Zip Code 28117-7558
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$150.00/monthly
Name of Employer (for Individual) Virtual Locations	Occupation (for Individual) Regional Vice President	
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 1350.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Welsh, Ian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1027 Gardenia Street
 City Fort Mill State SC Zip Code 29708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Assistant Medical Director of Firefigh
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2018
Transaction ID : SA11AI.8481
 Amount of Each Receipt this Period
 150.00
 Memo Item
 \$50.00/monthly

B. Wisniewski, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2813 Elmira St.
 City Denver State CO Zip Code 80238
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Colorado Emergency Service Physicians, Occupation (for Individual) Emergency Physician
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2018
Transaction ID : SA11AI.8571
 Amount of Each Receipt this Period
 300.00
 Memo Item
 \$100.00/monthly

C. Wyatt, Cheryl, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 141
 City Lexington Park State MD Zip Code 20653-0141
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) Director of APPs
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2018
Transaction ID : SA11AI.8449
 Amount of Each Receipt this Period
 150.00
 Memo Item
 \$50.00/monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Zayac, Carl, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5901 Velasco Ave
 City Dallas State TX Zip Code 75206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Firefighter
 Receipt For: 2018
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **700.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2018
Transaction ID : SA11AI.8447
 Amount of Each Receipt this Period
 100.00
 Memo Item
 \$100.00/monthly

B. Zimmerman, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 319 Vine St Apt 205
 City Philadelphia State PA Zip Code 19106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Firefighter
 Receipt For: 2018
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **800.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2018
Transaction ID : SA11AI.8568
 Amount of Each Receipt this Period
 300.00
 Memo Item
 \$100.00/monthly

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

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

SUBTOTAL of Receipts This Page (optional).....	400.00
TOTAL This Period (last page this line number only).....	17219.86

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 33
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

A. SINEMA FOR ARIZONA
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO BOX 7586

City PHOENIX	State AZ	Zip Code 85011
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00508804

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

Receipt For: 2018
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2018

Transaction ID : SA16.8608

Amount of Each Receipt this Period
2500.00

Memo Item
Refund of Contribution

B. SINEMA FOR ARIZONA
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO BOX 7586

City PHOENIX	State AZ	Zip Code 85011
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00508804

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

Receipt For: 2018
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2018

Transaction ID : SA16.8609

Amount of Each Receipt this Period
2500.00

Memo Item
Refund of Contribution

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

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	5000.00
TOTAL This Period (last page this line number only).....	5000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name (Last, First, Middle Initial) A. AFTAB FOR OHIO			Date of Disbursement MM / DD / YYYY 08 / 30 / 2018	
Mailing Address PO BOX 713			FEC Identification Number C00667519 Transaction ID : SB23.8598	
City CINCINNATI	State OH	Zip Code 45201	Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Contribution		Category/ Type 011	Memo Item <input type="checkbox"/>	
Candidate Name PUREVAL, AFTAB, , ,		Disbursement For: 2018		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: OH	District: 01			

Full Name (Last, First, Middle Initial) B. ANDY BARR FOR CONGRESS, INC.			Date of Disbursement MM / DD / YYYY 08 / 30 / 2018	
Mailing Address PO BOX 2059			FEC Identification Number C00467571 Transaction ID : SB23.8599	
City LEXINGTON	State KY	Zip Code 40588	Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Contribution		Category/ Type 011	Memo Item <input type="checkbox"/>	
Candidate Name BARR, GARLAND ANDY, , ,		Disbursement For: 2018		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: KY	District: 06			

Full Name (Last, First, Middle Initial) C. GETTING STUFF DONE PAC (GSD-PAC)			Date of Disbursement MM / DD / YYYY 09 / 13 / 2018	
Mailing Address PO BOX 7586			FEC Identification Number C00571182 Transaction ID : SB23.8605	
City PHOENIX	State AZ	Zip Code 85011	Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement Contribution		Category/ Type 011	Memo Item <input type="checkbox"/>	
Candidate Name		Disbursement For:		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State:	District:			

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

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

4000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
USACS PAC

A. LANGEVIN FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address 181A KNIGHT STREET

City WARWICK State RI Zip Code 02886

Purpose of Disbursement Contribution
Category/Type: 011

Candidate Name
LANGEVIN, JAMES R. HONORABLE, , ,

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

State: RI District: 02

Date of Disbursement: 09 / 13 / 2018

FEC Identification Number: C00344697
Transaction ID : SB23.8604
Amount of Each Disbursement this Period: 2000.00

Memo Item

B. MCCREADY FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 78855

City CHARLOTTE State NC Zip Code 28277

Purpose of Disbursement Contribution
Category/Type: 011

Candidate Name
MCCREADY, DANIEL, , ,

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

State: NC District: 09

Date of Disbursement: 08 / 30 / 2018

FEC Identification Number: C00641381
Transaction ID : SB23.8601
Amount of Each Disbursement this Period: 2000.00

Memo Item

C. SINEMA FOR ARIZONA

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

City PHOENIX State AZ Zip Code 85011

Purpose of Disbursement Contribution
Category/Type: 011

Candidate Name
SINEMA, KYRSTEN, , ,

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

State: AZ District: 09

Date of Disbursement: 09 / 13 / 2018

FEC Identification Number: C00508804
Transaction ID : SB23.8606
Amount of Each Disbursement this Period: 2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 6500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
USACS PAC

A. STEVE FERRARA FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 97130

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2018

City PHOENIX State AZ Zip Code 85060

FEC Identification Number

Purpose of Disbursement
Contribution

011
Category/ Type

C	C00640268
---	-----------

Transaction ID : SB23.8600

Amount of Each Disbursement this Period

Candidate Name
FERRARA, STEVE MD, , ,

2000.00

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

Memo Item

State: AZ District: 09

B.

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

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

City State Zip Code

FEC Identification Number

Purpose of Disbursement

Category/ Type

C	
---	--

Amount of Each Disbursement this Period

Candidate Name

--

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

Memo Item

State: District:

C.

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

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

City State Zip Code

FEC Identification Number

Purpose of Disbursement

Category/ Type

C	
---	--

Amount of Each Disbursement this Period

Candidate Name

--

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

Memo Item

State: District:

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

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

2000.00

12500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name (Last, First, Middle Initial) A. Citizens for Brian Feldman		Date of Disbursement MM / DD / YYYY 09 / 13 / 2018
Mailing Address PO Box 34408		FEC Identification Number C [REDACTED] Transaction ID : SB29.9079
City Bethesda	State MD	Zip Code 20827
Purpose of Disbursement Nonfederal contribution		Category/Type 011
Candidate Name Feldman, Brian, , ,		Amount of Each Disbursement this Period 1200.00
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MD District: 15	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. FRIENDS OF FRANK DERMODY		Date of Disbursement MM / DD / YYYY 07 / 17 / 2018
Mailing Address P.O. BOX 274		FEC Identification Number C [REDACTED] Transaction ID : SB29.9073
City TARENTUM	State PA	Zip Code 15084
Purpose of Disbursement Nonfederal contribution		Category/Type 011
Candidate Name Dermody, Frank, , ,		Amount of Each Disbursement this Period 1000.00
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA District: 33	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. FRIENDS OF FRANK DERMODY		Date of Disbursement MM / DD / YYYY 07 / 17 / 2018
Mailing Address P.O. BOX 274		FEC Identification Number C [REDACTED] Transaction ID : SB29.9075
City TARENTUM	State PA	Zip Code 15084
Purpose of Disbursement Void contribution from June		Category/Type 010
Candidate Name Dermody, Frank, , ,		Amount of Each Disbursement this Period - 500.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA District: 33	<input type="checkbox"/> Memo Item	

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

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

1700.00
[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Friends of John Zerwas

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 852

City Fulshear State TX Zip Code 77441

Purpose of Disbursement Nonfederal contribution

Candidate Name Zerwas, John, , ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: TX District: 28

Date of Disbursement: 09 / 13 / 2018

FEC Identification Number: C [REDACTED]
Transaction ID : SB29.9081

Amount of Each Disbursement this Period: 1000.00

Memo Item

B. Friends of Joseline Pena-Melnyk

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 1251

City College Park State MD Zip Code 20741-1251

Purpose of Disbursement Nonfederal contribution

Candidate Name PENA-MELNYK, JOSELINE A., , ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: MD District: 04

Date of Disbursement: 09 / 13 / 2018

FEC Identification Number: C H6MD04217
Transaction ID : SB29.9083

Amount of Each Disbursement this Period: 1200.00

Memo Item

C. JULIO GONZALEZ FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address 133 SOUTH HARBOR DRIVE

City VENICE State FL Zip Code 34285

Purpose of Disbursement Nonfederal contribution

Candidate Name GONZALEZ, JULIO, , ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: FL District: 17

Date of Disbursement: 07 / 31 / 2018

FEC Identification Number: C C00671537
Transaction ID : SB29.9077

Amount of Each Disbursement this Period: 1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	3200.00
TOTAL This Period (last page this line number only).....▶	4900.00