

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

USACS PAC

ADDRESS (number and street) 4535 Dressler RD NW

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

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

C C00544957

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

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

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

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

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

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

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

5. Covering Period M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2020 through M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2020

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 M / D D D / Y Y Y Y Y Y 01 / 15 / 2021

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="2020"/>	<input type="text"/>	<input type="text" value="131501.78"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="142907.75"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="21311.66"/>	<input type="text" value="260467.63"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="164219.41"/>	<input type="text" value="391969.41"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="21000.00"/>	<input type="text" value="248750.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="143219.41"/>	<input type="text" value="143219.41"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

USACS PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	21173.32	235259.66
(ii) Unitemized	138.34	20707.97
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	21311.66	255967.63
(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)	21311.66	255967.63
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	2500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	2000.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	21311.66	260467.63
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	21311.66	260467.63

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.....	15000.00	126000.00
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).....	6000.00	122750.00
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)) ..	21000.00	248750.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	21000.00	248750.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	21311.66	255967.63
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	21311.66	255967.63
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 83
	<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
Mailing Address 2 East Erie St Apt 3306			<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2020"/>
City Chicago	State IL	Zip Code 60611-3169	Transaction ID : SA11AI.12798
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="100.00"/>
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="1200.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Adler, Aaron, , ,			Date of Receipt
Mailing Address 7 Midsummer Court			<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2020"/>
City Gaithersburg	State MD	Zip Code 20878-5228	Transaction ID : SA11AI.12730
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="30.00"/>
Name of Employer (for Individual) MEP Health, LLC		Occupation (for Individual) APP Lead	<input type="checkbox"/> Memo Item \$20.00/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="240.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Albaugh, Chad, , ,			Date of Receipt
Mailing Address 1602 River Bluff Rd			<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2020"/>
City Morehead City	State NC	Zip Code 28557	Transaction ID : SA11AI.12839
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 \$150.00/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ <input type="text" value="1800.00"/>	

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="280.00"/>
TOTAL 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 83
	<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. Aldeen, Amer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18613 Rue Beauvais
 City Lutz State FL Zip Code 33558-7112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Chief Medical Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.12840
 Amount of Each Receipt this Period 150.00
 Memo Item
 \$150.00/Monthly

B. Aldred, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3508 Good Night Trail
 City Leander State TX Zip Code 78641-3628
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Svc Partners, LLC Occupation (for Individual) System Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.12841
 Amount of Each Receipt this Period 150.00
 Memo Item
 \$150.00/Monthly

C. 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) Colorado Emergency Service Physicians, Occupation (for Individual) Director Of Operations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.12747
 Amount of Each Receipt this Period 50.00
 Memo Item
 \$50.00/Monthly

SUBTOTAL of Receipts This Page (optional)..... ▶ 350.00
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 8 OF 83
<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. 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) Colorado Emergency Service Physicians, 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
 12 / 31 / 2020
Transaction ID : SA11AI.12748
 Amount of Each Receipt this Period 50.00
 Memo Item
 \$50.00/Monthly

B. Argus, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 198 Barbados Dr
 City Jupiter State FL Zip Code 33458-2920
 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 ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.12842
 Amount of Each Receipt this Period 150.00
 Memo Item
 \$150.00/Monthly

C. Atez, Francisco, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17376 Emerald Chase Drive
 City Tampa State FL Zip Code 33647
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC Occupation (for Individual) Regional Director of Risk Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.12799
 Amount of Each Receipt this Period 100.00
 Memo Item
 \$100.00/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 9 OF 83
	<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. Augustine, James, , ,		Date of Receipt MM / DD / YYYY 12 / 31 / 2020 Transaction ID : SA11AI.12843
Mailing Address 7868 Classics Dr.		Amount of Each Receipt this Period 150.00
City Naples	State FL	Zip Code 34113-3063
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) Chairman, National Clinical Governance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Bagnoli, Dominic, , ,		Date of Receipt MM / DD / YYYY 12 / 31 / 2020 Transaction ID : SA11AI.12918
Mailing Address 50 East Drive		Amount of Each Receipt this Period 416.63
City Hartville	State OH	Zip Code 44632
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$416.63/Monthly
Name of Employer (for Individual) USACS Management Group	Occupation (for Individual) Executive Chairman	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3333.04	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Baker, Brian, , ,		Date of Receipt MM / DD / YYYY 12 / 31 / 2020 Transaction ID : SA11AI.12913
Mailing Address 1209 E Cumberland Ave Unit #1404		Amount of Each Receipt this Period 225.00
City Tampa	State FL	Zip Code 33602
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$150.00/Monthly
Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC	Occupation (for Individual) Regional Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1800.00	

SUBTOTAL of Receipts This Page (optional).....	791.63
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 83
	(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 A. Balewick, Donna, , ,			Date of Receipt
Mailing Address 626 Phillips Rd			<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2020"/>
City Blairsville	State PA	Zip Code 15717-4233	Transaction ID : SA11AI.12844
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) AHN Medical Group, LLC		Occupation (for Individual) Medical Director of Integrated Acute C	<input type="checkbox"/> Memo Item \$150.00/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1800.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Barquin, Jose, , ,			Date of Receipt
Mailing Address 1011 charles st			<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2020"/>
City clearwater	State FL	Zip Code 33755	Transaction ID : SA11AI.12749
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="50.00"/>
Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC		Occupation (for Individual) Associate Medical Director	<input type="checkbox"/> Memo Item \$50.00/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 C. Bedolla, John, , ,			Date of Receipt
Mailing Address 1000 San Marcos Street Unit 324			<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2020"/>
City Austin	State TX	Zip Code 78702-2667	Transaction ID : SA11AI.12800
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="100.00"/>
Name of Employer (for Individual) Emergency Service Partners, LLC		Occupation (for Individual) Emergency Physician	<input type="checkbox"/> Memo Item \$100.00/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="1200.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="300.00"/>
TOTAL 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 11 OF 83
	<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 A. Bender, Sean, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2020
Mailing Address 520 Elm Street		Transaction ID : SA11AI.12845
City Denver	State CO	Zip Code 80220
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer (for Individual) Virtual Locations	Occupation (for Individual) Regional Vice President	<input type="checkbox"/> Memo Item \$150.00/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Biersbach, Raymond, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2020
Mailing Address 234 Lakeshore Dr		Transaction ID : SA11AI.12801
City Mooresville	State NC	Zip Code 28117-7535
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Quality Director	<input type="checkbox"/> Memo Item \$100.00/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Bishop, Sara, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2020
Mailing Address PO Box 2175		Transaction ID : SA11AI.12833
City Morehead City	State NC	Zip Code 28557
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 112.50
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) APP Lead	<input type="checkbox"/> Memo Item \$75.00/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 900.00	

SUBTOTAL of Receipts This Page (optional).....▶	362.50
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 83
	<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. 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 ▼ 1800.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.12846
 Amount of Each Receipt this Period 150.00
 Memo Item \$150.00/Monthly

B. 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) AHN Medical Group, LLC Occupation (for Individual) ED Operations Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 890.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.12847
 Amount of Each Receipt this Period 150.00
 Memo Item \$150.00/Monthly

C. Bolden, Jason, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3011 Rock Springs Road
 City Charlotte State NC Zip Code 28226-7357
 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 ▼ 200.04

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.12695
 Amount of Each Receipt this Period 16.67
 Memo Item \$16.67/Monthly

SUBTOTAL of Receipts This Page (optional).....	316.67
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 83
	<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. 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) Emergency Service Partners, LLC Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.12848
 Amount of Each Receipt this Period 150.00
 Memo Item
 \$150.00/Monthly

B. 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) Virtual Locations Occupation (for Individual) Regional Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.12849
 Amount of Each Receipt this Period 150.00
 Memo Item
 \$150.00/Monthly

C. 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) Emergency Svc Partners, LLC Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.12802
 Amount of Each Receipt this Period 100.00
 Memo Item
 \$100.00/Monthly

SUBTOTAL of Receipts This Page (optional)..... ▶ 400.00
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 83
	<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. 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 ▼ 600.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.12750
 Amount of Each Receipt this Period 50.00
 Memo Item \$50.00/Monthly

B. Brown, Lisa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2020 Wade Hampton Circle
 City Belmont State NC Zip Code 28012-8689
 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 ▼ 300.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.12734
 Amount of Each Receipt this Period 37.50
 Memo Item \$25.00/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 ▼ 1800.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.12850
 Amount of Each Receipt this Period 150.00
 Memo Item \$150.00/Monthly

SUBTOTAL of Receipts This Page (optional).....	237.50
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 83
	<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. Burke, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1010 Gapter Road
 City Boulder State CO Zip Code 80303
 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: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.12751
 Amount of Each Receipt this Period 50.00
 Memo Item \$50.00/Monthly

B. 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) AHN Medical Group, LLC Occupation (for Individual) Quality Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.12851
 Amount of Each Receipt this Period 150.00
 Memo Item \$150.00/Monthly

C. Carney, Bryan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2408 Marsh Tern Ln
 City Morehead City State NC Zip Code 28557-4772
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Assistant Medical Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.12852
 Amount of Each Receipt this Period 150.00
 Memo Item \$150.00/Monthly

SUBTOTAL of Receipts This Page (optional).....	350.00
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 16 OF 83
<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 A. Carter, Stephen, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2020 Transaction ID : SA11AI.12752
Mailing Address 161 Glen Eagles Drive		Amount of Each Receipt this Period 50.00
City Cibolo	State TX	Zip Code 78108-3343
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$50.00/Monthly
Name of Employer (for Individual) Emergency Service Partners, LLC	Occupation (for Individual) Emergency Physician	
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. Casey, John, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2020 Transaction ID : SA11AI.12853
Mailing Address 5156 Baker Ridge Dr.		Amount of Each Receipt this Period 150.00
City Columbus	State OH	Zip Code 43228
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$150.00/Monthly
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) National Director of Scholars	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Cetta, Michael, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2020 Transaction ID : SA11AI.12917
Mailing Address 16 Piney Glen Court		Amount of Each Receipt this Period 400.00
City Potomac	State MD	Zip Code 20854
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$400.00/Monthly
Name of Employer (for Individual) USACS Management Group	Occupation (for Individual) Chief of Integrated Acute Care	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 4800.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 17 OF 83
	(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. Champeau, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 234 Spielman Hwy
 City Burlington State CT Zip Code 06013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LLC Occupation (for Individual) Director of APPs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.12787
 Amount of Each Receipt this Period 75.00
 Memo Item \$50.00/Monthly

B. Chatfield, Kenneth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 142 Isle of Venice Dr
 City Ft Lauderdale State FL Zip Code 33301
 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 ▼ 600.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.12788
 Amount of Each Receipt this Period 75.00
 Memo Item \$50.00/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) Virtual Locations Occupation (for Individual) Director of Government Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.12854
 Amount of Each Receipt this Period 150.00
 Memo Item \$150.00/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 18 OF 83
	<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. 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) Emergency Service Partners, LLC Occupation (for Individual) System APP Lead
 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
 12 / 31 / 2020
Transaction ID : SA11AI.12789
 Amount of Each Receipt this Period 75.00
 Memo Item
 \$50.00/Monthly

B. Colfer, Orion, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2523 Hanover Ave
 City Richmond State VA Zip Code 23220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) National Director of Patient Experienc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.12855
 Amount of Each Receipt this Period 150.00
 Memo Item
 \$150.00/Monthly

C. Conley, Amy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6419 Renwick Circle
 City Tampa State FL Zip Code 33647
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC Occupation (for Individual) Regional Transfer Center Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.12803
 Amount of Each Receipt this Period 100.00
 Memo Item
 \$100.00/Monthly

SUBTOTAL of Receipts This Page (optional).....▶	325.00
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 83
<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. Cook, Alexander, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8780 Surrey Place
 City Maineville State OH Zip Code 45039-9519
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Director of APPs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 960.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.12838
 Amount of Each Receipt this Period 120.00
 Memo Item \$80.00/Monthly

B. Coomes, Justin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7762 Westwind Lane
 City Montgomery State OH Zip Code 45242-5008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.12856
 Amount of Each Receipt this Period 150.00
 Memo Item \$150.00/Monthly

C. Correll, Bodie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 782 Archie Lane
 City Belton State TX Zip Code 76513
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.12857
 Amount of Each Receipt this Period 150.00
 Memo Item \$150.00/Monthly

SUBTOTAL of Receipts This Page (optional).....	420.00
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 83
	<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 A. Corrigan, Kevin, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2020
Mailing Address 9338 Standerwick Ln			Transaction ID : SA11AI.12858
City Huntersville	State NC	Zip Code 28078	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$150.00/Monthly
Name of Employer (for Individual) USACS Medical Group, LTD		Occupation (for Individual) Interim Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Dabkowski, Tabitha, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2020
Mailing Address 12728 Westmoreland Rd			Transaction ID : SA11AI.12735
City Huntersville	State NC	Zip Code 28078-5962	Amount of Each Receipt this Period 37.50
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$25.00/Monthly
Name of Employer (for Individual) USACS Medical Group, LTD		Occupation (for Individual) Director of APPs	
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 C. Darnell, Mark, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2020
Mailing Address 5125 Duffy Rd. SE			Transaction ID : SA11AI.12859
City Lancaster	State OH	Zip Code 43130-9451	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$150.00/Monthly
Name of Employer (for Individual) USACS Medical Group, LTD		Occupation (for Individual) Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1800.00		

SUBTOTAL of Receipts This Page (optional).....▶	337.50
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 83
	<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. Davis, Jaclyn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10611 Moss Mill Lane
 City Charlotte State NC Zip Code 28277-1674
 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 ▼ 200.04

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.12697
 Amount of Each Receipt this Period 16.67
 Memo Item
 \$16.67/Monthly

B. De Angelis, Sydney, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 114 E Church St
 City Frederick State MD Zip Code 21701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.12804
 Amount of Each Receipt this Period 100.00
 Memo Item
 \$100.00/Monthly

C. Denmark, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13122 S Yorktown Ave
 City Bixby State OK Zip Code 74008-7665
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Chairman
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.12753
 Amount of Each Receipt this Period 50.00
 Memo Item
 \$50.00/Monthly

SUBTOTAL of Receipts This Page (optional).....	166.67
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 83
	<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. 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) Quality Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.12754
 Amount of Each Receipt this Period 50.00
 Memo Item
 \$50.00/Monthly

B. DiRando, Jesse, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 33531 Royal Saint George Drive
 City Avon State OH Zip Code 44011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Vice President, Clinical Resource Grou
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.12860
 Amount of Each Receipt this Period 150.00
 Memo Item
 \$150.00/Monthly

C. Domuczicz, Kenneth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3217 Raspberry Rd
 City Austin State TX Zip Code 78748
 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 12 / 31 / 2020
Transaction ID : SA11AI.12755
 Amount of Each Receipt this Period 50.00
 Memo Item
 \$50.00/Monthly

SUBTOTAL of Receipts This Page (optional).....	250.00
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 83
	<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 A. Dorai, Suprina, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2020
Mailing Address 7911 El Dorado Drive			Transaction ID : SA11AI.12756
City Austin	State TX	Zip Code 78737-3010	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$50.00/Monthly
Name of Employer (for Individual) Emergency Service Partners, LLC		Occupation (for Individual) Medical Director	
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. Doss, Belinda, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2020
Mailing Address 1344 County Road 3552			Transaction ID : SA11AI.12834
City Queen City	State TX	Zip Code 75572	Amount of Each Receipt this Period 112.50
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$75.00/Monthly
Name of Employer (for Individual) Emergency Service Partners, LLC		Occupation (for Individual) APP Lead	
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 C. Doucette, Marc, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2020
Mailing Address 16692 W. 55th Pl.			Transaction ID : SA11AI.12706
City Golden	State CO	Zip Code 80403-1269	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$20.00/Monthly
Name of Employer (for Individual) Colorado Emergency Service Physicians,		Occupation (for Individual) Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional).....	182.50
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 83
	<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. Dschaak, Tyler, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2020
Mailing Address 585 Paisley Dr		Transaction ID : SA11AI.12861
City Colorado Springs	State CO	Zip Code 80906
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) Assistant Medical Director	<input type="checkbox"/> Memo Item \$150.00/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Eakin, Paul, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2020
Mailing Address 1455 Hunakai St. Apt. 1		Transaction ID : SA11AI.12757
City Honolulu	State HI	Zip Code 96816-5526
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
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: <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 C. Edginton, Simon, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2020
Mailing Address 28671 Corbara Place		Transaction ID : SA11AI.12862
City Wesley Chapel	State FL	Zip Code 33543
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC	Occupation (for Individual) Regional Chief Medical Officer	<input type="checkbox"/> Memo Item \$150.00/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1800.00	

SUBTOTAL of Receipts This Page (optional).....▶	350.00
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 83
<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 Management Group Occupation (for Individual) General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.12914
 Amount of Each Receipt this Period 225.00
 Memo Item
 \$150.00/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 Management Group Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.12863
 Amount of Each Receipt this Period 150.00
 Memo Item
 \$150.00/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) AHN Medical Group, LLC Occupation (for Individual) Medical Director of Integrated Acute C
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.12758
 Amount of Each Receipt this Period 50.00
 Memo Item
 \$50.00/Monthly

SUBTOTAL of Receipts This Page (optional).....	425.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 26 OF 83
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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) Emergency Service Partners, LLC	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
12		31		2020

Transaction ID : SA11AI.12759

Amount of Each Receipt this Period
50.00

Memo Item
\$50.00/Monthly

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

Mailing Address 8 N Edsall Ave

City Nanuet	State NY	Zip Code 10954-2503
----------------	-------------	------------------------

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 ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2020

Transaction ID : SA11AI.12736

Amount of Each Receipt this Period
37.50

Memo Item
\$25.00/Monthly

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

Mailing Address 193 Bryna Lane

City Carnegie	State PA	Zip Code 15106-1473
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2020

Transaction ID : SA11AI.12805

Amount of Each Receipt this Period
100.00

Memo Item
\$100.00/Monthly

SUBTOTAL of Receipts This Page (optional).....	187.50
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 83
	<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. Fleming, Sean, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2020 Transaction ID : SA11AI.12864
Mailing Address 2300 Shoreham Circle		Amount of Each Receipt this Period 150.00
City Lewisville	State TX	Zip Code 75056
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$150.00/Monthly
Name of Employer (for Individual) Emergency Service Partners, LLC	Occupation (for Individual) Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Foss, David, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2020 Transaction ID : SA11AI.12865
Mailing Address 915 Tschoepe Rd		Amount of Each Receipt this Period 150.00
City Seguin	State TX	Zip Code 78155
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$150.00/Monthly
Name of Employer (for Individual) Emergency Service Partners, LLC	Occupation (for Individual) Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Frary, James, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2020 Transaction ID : SA11AI.12915
Mailing Address 4009 Grassmere Lane		Amount of Each Receipt this Period 225.00
City Dallas	State TX	Zip Code 75205
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$150.00/Monthly
Name of Employer (for Individual) USACS Management Group	Occupation (for Individual) Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1800.00	

SUBTOTAL of Receipts This Page (optional).....	525.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 83
	<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. 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) MEP Health, LLC Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.12760
 Amount of Each Receipt this Period 50.00
 Memo Item \$50.00/Monthly

B. Garber, Suzanne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7700 Overlook Hills Lane
 City Cincinnati State OH Zip Code 45244-3289
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Regional Quality Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.12806
 Amount of Each Receipt this Period 100.00
 Memo Item \$100.00/Monthly

C. 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) Tampa Bay Emergency Physicians, LLC Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.12761
 Amount of Each Receipt this Period 50.00
 Memo Item \$50.00/Monthly

SUBTOTAL of Receipts This Page (optional)..... ▶ 200.00
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 29 OF 83
	<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. Garfinkel, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2821 Grand Lake Dr
 City Lafayette State CO Zip Code 80026
 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 ▼ 1033.34

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.12807
 Amount of Each Receipt this Period 100.00
 Memo Item
 \$100.00/Monthly

B. Geers, Gregory, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 624 James Alexander Way
 City Davidson State NC Zip Code 28036-7070
 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 ▼ 240.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.12707
 Amount of Each Receipt this Period 20.00
 Memo Item
 \$20.00/Monthly

C. 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) Quality Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.12762
 Amount of Each Receipt this Period 50.00
 Memo Item
 \$50.00/Monthly

SUBTOTAL of Receipts This Page (optional).....▶ 170.00
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 30 OF 83
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. Gibson, George, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4100 Wallace Shire Dr.
 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 12 / 31 / 2020
Transaction ID : SA11AI.12763
 Amount of Each Receipt this Period 50.00
 Memo Item
 \$50.00/Monthly

B. 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 Management Group Occupation (for Individual) Vice President - National Director of
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.12866
 Amount of Each Receipt this Period 150.00
 Memo Item
 \$100.00/Monthly

C. Glotfelty, Danielle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 409 Shady Lane
 City Berlin State PA Zip Code 15530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) APP Lead
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.12737
 Amount of Each Receipt this Period 37.50
 Memo Item
 \$25.00/Monthly

SUBTOTAL of Receipts This Page (optional).....	237.50
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 31 OF 83
	<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. Goen, Paul, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2020
Mailing Address 4417 Leonard Road		Transaction ID : SA11AI.12808
City Bryan	State TX	Zip Code 77807
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) Emergency Service Partners, LLC	Occupation (for Individual) System Medical Director	<input type="checkbox"/> Memo Item \$100.00/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Gonzalez, Javier, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2020
Mailing Address 4527 Scarlet Loop		Transaction ID : SA11AI.12867
City Wesley Chapel	State FL	Zip Code 33544
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$150.00/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Groomes, Roderick, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2020
Mailing Address 417 Edgewood Drive		Transaction ID : SA11AI.12764
City Sarver	State PA	Zip Code 16055-9266
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) AHN Medical Group, LLC	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$50.00/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 600.00	

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:	PAGE 32 OF 83
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. Guyton, Steven, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2020
Mailing Address 111 Stillwater Lane			Transaction ID : SA11AI.12868
City Pittsburgh	State PA	Zip Code 15143-8899	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$150.00/Monthly
Name of Employer (for Individual) AHN Medical Group, LLC		Occupation (for Individual) Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1800.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Hall, Timothy, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2020
Mailing Address 1380 Woodhurst Drive			Transaction ID : SA11AI.12869
City Rock Hill	State SC	Zip Code 29732-2082	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$150.00/Monthly
Name of Employer (for Individual) USACS Medical Group, LTD		Occupation (for Individual) Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1800.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Hall, Wyatt, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2020
Mailing Address 2310B Old Trail Rd.			Transaction ID : SA11AI.12765
City Avon	State CO	Zip Code 81620	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$50.00/Monthly
Name of Employer (for Individual) Colorado Emergency Service Physicians,		Occupation (for Individual) Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional).....	350.00
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 33 OF 83
	<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

A. Hallock, Robert, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2124 Bay Front Terrace

City Annapolis	State MD	Zip Code 21409
-------------------	-------------	-------------------

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

Name of Employer (for Individual) MEP Health, LLC	Occupation (for Individual) Emergency Physician - Regional Travel
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2020

Transaction ID : SA11AI.12708

Amount of Each Receipt this Period
20.00

Memo Item
\$20.00/Monthly

B. 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 ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2020

Transaction ID : SA11AI.12809

Amount of Each Receipt this Period
100.00

Memo Item
\$100.00/Monthly

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

Mailing Address 2503 Whispering Oaks Circle

City Bryan	State TX	Zip Code 77802-2024
---------------	-------------	------------------------

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

Name of Employer (for Individual) Emergency Service Partners, LLC	Occupation (for Individual) APP Lead
--	---

Receipt For:
 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
12		31		2020

Transaction ID : SA11AI.12790

Amount of Each Receipt this Period
75.00

Memo Item
\$50.00/Monthly

SUBTOTAL of Receipts This Page (optional).....	195.00
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 34 OF 83
	<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. Harper, Benjamin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 680 Rim Rock Road
 City Kerrville State TX Zip Code 78028
 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: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.12726
 Amount of Each Receipt this Period 25.00
 Memo Item \$25.00/Monthly

B. Harris, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 785 Joe Tyl Road
 City Texarkana State TX Zip Code 75501-5105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Travis County Emergency Physicians, PA Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.12870
 Amount of Each Receipt this Period 150.00
 Memo Item \$150.00/Monthly

C. Hart, Alicia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24625 Wilderness Oak
 City San Antonio State TX Zip Code 78260-7210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Service Partners Occupation (for Individual) Assistant Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.12766
 Amount of Each Receipt this Period 50.00
 Memo Item \$50.00/Monthly

SUBTOTAL of Receipts This Page (optional).....	225.00
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 35 OF 83
	<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. Henry, Androni, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2020
Mailing Address 2116 Shiloh Point Dr		Transaction ID : SA11AI.12871
City Grand Rapids	State MI	Zip Code 49546-8288
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer (for Individual) AHN Medical Group, LLC	Occupation (for Individual) Medical Director of Integrated Acute C	<input type="checkbox"/> Memo Item \$150.00/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Herndon, Yalonda, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2020
Mailing Address 2509 Mill Wright Rd		Transaction ID : SA11AI.12767
City Concord	State NC	Zip Code 28027
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Quality Director	<input type="checkbox"/> Memo Item \$50.00/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 C. Hibbs, Nathaniel, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2020
Mailing Address 6634 S. Prescott Way		Transaction ID : SA11AI.12810
City Littleton	State CO	Zip Code 80120
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) Colorado Emergency Service Physicians,	Occupation (for Individual) Emergency Physician	<input type="checkbox"/> Memo Item \$100.00/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1200.00	

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 36 OF 83
<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. Higginbotham, Eric, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1701B South 2nd Street Unit B

City Austin	State TX	Zip Code 78704
----------------	-------------	-------------------

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

Name of Employer (for Individual) Emergency Service Partners, LLC	Occupation (for Individual) Medical Director
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2020

Transaction ID : SA11AI.12872

Amount of Each Receipt this Period
150.00

Memo Item
\$150.00/Monthly

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

Mailing Address 1878 Shaker Rd

City Franklin	State OH	Zip Code 45005-9611
------------------	-------------	------------------------

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 ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2020

Transaction ID : SA11AI.12709

Amount of Each Receipt this Period
20.00

Memo Item
\$20.00/Monthly

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

Mailing Address 207 Cabbage Inlet Lane

City Wilmington	State NC	Zip Code 28409-3004
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2020

Transaction ID : SA11AI.12811

Amount of Each Receipt this Period
100.00

Memo Item
\$100.00/Monthly

SUBTOTAL of Receipts This Page (optional).....▶	270.00
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 37 OF 83
	<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. Hummel, Laura, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 807 S. Roxmere Road
 City Tampa State FL Zip Code 33609-4235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC Occupation (for Individual) Regional Education Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.12812
 Amount of Each Receipt this Period 100.00
 Memo Item \$100.00/Monthly

B. Hydari, Irfan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3203 Walnut Ave
 City Austin State TX Zip Code 78722-1635
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Regional Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.12873
 Amount of Each Receipt this Period 150.00
 Memo Item \$150.00/Monthly

C. Iyer, Sujit, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1204 Kinney Avenue
 City Austin State TX Zip Code 78704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.12813
 Amount of Each Receipt this Period 100.00
 Memo Item \$100.00/Monthly

SUBTOTAL of Receipts This Page (optional)..... ▶ 350.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 83
	<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. Janikas, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 748 Carlton Road
 City Clifton Park State NY Zip Code 12065-1023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.12797
 Amount of Each Receipt this Period 83.33
 Memo Item \$83.33/Monthly

B. Jeffrey, Douglas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1109 Bluebonnet Lane
 City Austin State TX Zip Code 78704-2005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.12874
 Amount of Each Receipt this Period 150.00
 Memo Item \$150.00/Monthly

C. Jenis, Andrew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 115 Cayuga Heights Road
 City Ithaca State NY Zip Code 14850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Regional Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.12875
 Amount of Each Receipt this Period 150.00
 Memo Item \$150.00/Monthly

SUBTOTAL of Receipts This Page (optional).....	383.33
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 39 OF 83
	<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. Johnston, Christopher, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2020 Transaction ID : SA11AI.12768
Mailing Address 1459 Milwaukee St.		Amount of Each Receipt this Period 50.00
City Denver	State CO	Zip Code 80206
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$50.00/Monthly
Name of Employer (for Individual) Colorado Emergency Service Physicians,	Occupation (for Individual) Medical Director	
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. Jones, Bruce, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2020 Transaction ID : SA11AI.12876
Mailing Address 4187 Colister Drive		Amount of Each Receipt this Period 150.00
City Dublin	State OH	Zip Code 43016-6162
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$150.00/Monthly
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Jones, Wayne, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2020 Transaction ID : SA11AI.12769
Mailing Address 6063 Deerfield Drive		Amount of Each Receipt this Period 50.00
City Fairview	State PA	Zip Code 16415
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$50.00/Monthly
Name of Employer (for Individual) AHN Medical Group, LLC	Occupation (for Individual) Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional).....▶	250.00
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 40 OF 83
<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. 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 ▼ 600.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11Al.12770
 Amount of Each Receipt this Period 50.00
 Memo Item \$50.00/Monthly

B. Kalaria, Amit, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13813 Mustang Hill Lane
 City North Potomac State MD Zip Code 20878-3872
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11Al.12710
 Amount of Each Receipt this Period 20.00
 Memo Item \$20.00/Monthly

C. Kapadia, Homi, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31281 Island Dr
 City Evergreen State CO Zip Code 80439-8966
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Regional Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11Al.12877
 Amount of Each Receipt this Period 150.00
 Memo Item \$150.00/Monthly

SUBTOTAL of Receipts This Page (optional).....	220.00
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 41 OF 83
	<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. Keller, Noah, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2020 Transaction ID : SA11AI.12878
Mailing Address 10119 Easterday Court		Amount of Each Receipt this Period 150.00
City Hagerstown	State MD	Zip Code 21742
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Kendall, Jayne, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2020 Transaction ID : SA11AI.12945
Mailing Address 21710 Parsons Green Row		Amount of Each Receipt this Period 100.00
City Cornelius	State NC	Zip Code 28031
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Virtual Locations	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 ▼ 1200.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Kile, Tamara, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2020 Transaction ID : SA11AI.12711
Mailing Address 10021 Fire Tower Rd		Amount of Each Receipt this Period 20.00
City Ijamsville	State MD	Zip Code 21754-8756
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$20.00/Monthly
Name of Employer (for Individual) MEP Health, LLC	Occupation (for Individual) Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional).....▶	270.00
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 42 OF 83
<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. 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) Tampa Bay Emergency Physicians Occupation (for Individual) APP Lead
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.12835
 Amount of Each Receipt this Period 112.50
 Memo Item \$75.00/Monthly

B. Kirkpatrick, Kyle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16360 Hawkstone Place
 City Parker State CO Zip Code 80134
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Colorado Emergency Service Physicians, Occupation (for Individual) APP Lead
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.12731
 Amount of Each Receipt this Period 30.00
 Memo Item \$20.00/Monthly

C. Kirtz, Jeremy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 906 S Fremont Ave
 City Tampa State FL Zip Code 33606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.12771
 Amount of Each Receipt this Period 50.00
 Memo Item \$50.00/Monthly

SUBTOTAL of Receipts This Page (optional).....▶ 192.50
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 83
	<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. Klein, David, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11736 Gainsborough Road

City Potomac	State MD	Zip Code 20854
-----------------	-------------	-------------------

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

Name of Employer (for Individual) USACS Management Group	Occupation (for Individual) National Director of Quality
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2020

Transaction ID : SA11AI.12814

Amount of Each Receipt this Period
100.00

Memo Item
\$100.00/Monthly

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

Mailing Address 120 Marvelwood Place

City Pittsburgh	State PA	Zip Code 15215-1569
--------------------	-------------	------------------------

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:
 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
12		31		2020

Transaction ID : SA11AI.12772

Amount of Each Receipt this Period
50.00

Memo Item
\$50.00/Monthly

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

Mailing Address 1108 Paxon Court

City Bellbrook	State OH	Zip Code 45305-8959
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Virtual Locations	Occupation (for Individual) National Director of Continuing Medica
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2020

Transaction ID : SA11AI.12879

Amount of Each Receipt this Period
150.00

Memo Item
\$150.00/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 44 OF 83
	<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. Kornas, Rebecca, , ,		Date of Receipt
Mailing Address 4338 Wyandot St		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2020"/>
City Denver	State CO	Zip Code 80211-1761
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.12773
Name of Employer (for Individual) Colorado Emergency Service Physicians,		Amount of Each Receipt this Period <input type="text" value="50.00"/>
Occupation (for Individual) Emergency Physician		<input type="checkbox"/> Memo Item \$50.00/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Kramer, Eric, , ,		Date of Receipt
Mailing Address 1889 West Trout Spring Rd		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2020"/>
City McGaheysville	State VA	Zip Code 22840-2162
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.12727
Name of Employer (for Individual) USACS Medical Group, Ltd.		Amount of Each Receipt this Period <input type="text" value="25.00"/>
Occupation (for Individual) Emergency Physician		<input type="checkbox"/> Memo Item \$25.00/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 C. Kramer, Olga, , ,		Date of Receipt
Mailing Address 5836 Kinglet Lane		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2020"/>
City Charlotte	State NC	Zip Code 28269-7115
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.12791
Name of Employer (for Individual) USACS Medical Group, LTD		Amount of Each Receipt this Period <input type="text" value="75.00"/>
Occupation (for Individual) APP Lead		<input type="checkbox"/> Memo Item \$50.00/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"/>	

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="150.00"/>
TOTAL 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 45 OF 83
	<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. Kuchinski, Joseph, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2020 Transaction ID : SA11AI.12880
Mailing Address 5869 Heaven View Drive		Amount of Each Receipt this Period 150.00
City Las Vegas	State NV	Zip Code 89135-1296
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$150.00/Monthly
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2200.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Lancaster, David, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2020 Transaction ID : SA11AI.12698
Mailing Address 6633 Silver Fox Road		Amount of Each Receipt this Period 16.67
City Charlotte	State NC	Zip Code 28270-0683
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$16.67/Monthly
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Regional Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.04	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Land, Larry, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2020 Transaction ID : SA11AI.12881
Mailing Address 10014 Hazelnut Court		Amount of Each Receipt this Period 150.00
City Tampa	State FL	Zip Code 33647
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) Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1800.00	

SUBTOTAL of Receipts This Page (optional).....	316.67
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 46 OF 83
(check only one)

<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"/>	<input type="checkbox"/>	<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. Latouf, Kathleen, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 Old Farm Rd

City Carnegie	State PA	Zip Code 15106
------------------	-------------	-------------------

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2020

Transaction ID : SA11AI.12712

Amount of Each Receipt this Period
20.00

Memo Item
\$20.00/Monthly

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

Mailing Address 11651 Renaissance View Ct.

City Tampa	State FL	Zip Code 33626
---------------	-------------	-------------------

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

Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC	Occupation (for Individual) Director of APPs
--	---

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
12		31		2020

Transaction ID : SA11AI.12738

Amount of Each Receipt this Period
37.50

Memo Item
\$25.00/Monthly

C. 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:
 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
12		31		2020

Transaction ID : SA11AI.12774

Amount of Each Receipt this Period
50.00

Memo Item
\$50.00/Monthly

SUBTOTAL of Receipts This Page (optional).....	107.50
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 47 OF 83
	<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. Lee, Sidney, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2020
Mailing Address 1200 Queen Emma Street Apt 2001		Transaction ID : SA11AI.12775
City Honolulu	State HI	Zip Code 96813-6311
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$50.00/Monthly
Receipt For: <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. Leineweber, Felicia, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2020
Mailing Address 2110 Huntington Terrace		Transaction ID : SA11AI.12739
City Mount Airy	State MD	Zip Code 21771-5876
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 37.50
Name of Employer (for Individual) MEP Health, LLC	Occupation (for Individual) APP Lead	<input type="checkbox"/> Memo Item \$25.00/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 C. Lewis, Brandon, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2020
Mailing Address 3648 Calusa Springs Dr		Transaction ID : SA11AI.12882
City College Station	State TX	Zip Code 77845-4545
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer (for Individual) Virtual Locations	Occupation (for Individual) Regional Vice President	<input type="checkbox"/> Memo Item \$150.00/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1800.00	

SUBTOTAL of Receipts This Page (optional).....▶	237.50
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 83
	<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. Lim, Andrew, , ,			Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2020
Mailing Address 81 Fieldstone Run			Transaction ID : SA11AI.12713
City Farmington	State CT	Zip Code 06032-2741	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$20.00/Monthly
Name of Employer (for Individual) MEP Health, LLC		Occupation (for Individual) Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Lim, David, , ,			Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2020
Mailing Address 3919 Luz del faro			Transaction ID : SA11AI.12776
City San Antonio	State TX	Zip Code 78261-2765	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$50.00/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 ▼ 600.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Lloyd, Christopher, , ,			Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2020
Mailing Address 2286 Picket Post Ln.			Transaction ID : SA11AI.12699
City Columbus	State OH	Zip Code 43220-2918	Amount of Each Receipt this Period 16.67
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$16.67/Monthly
Name of Employer (for Individual) USACS Medical Group, LTD		Occupation (for Individual) Director of Clinical Education	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 200.04	

SUBTOTAL of Receipts This Page (optional).....▶	86.67
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 49 OF 83
	<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. Loar, Jesse, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2554 E. Maplewood Ave.
 City Centennial State CO Zip Code 80121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Colorado Emergency Service Physicians, Occupation (for Individual) Co-Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.12883
 Amount of Each Receipt this Period 150.00
 Memo Item \$150.00/Monthly

B. Lojewski, Stephen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23453 Country Club Lane
 City Grosse Ile State MI Zip Code 48138-2246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Firefighter
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.12714
 Amount of Each Receipt this Period 20.00
 Memo Item \$20.00/Monthly

C. Long, Alexis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5761 Reservoir Rd
 City Georgetown State CA Zip Code 95634
 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 ▼ 240.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.12715
 Amount of Each Receipt this Period 20.00
 Memo Item \$20.00/Monthly

SUBTOTAL of Receipts This Page (optional).....	190.00
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 50 OF 83
	<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. MacLean, Craig, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 64 Newfields Road
 City Exeter State NH Zip Code 03833-4542
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Director of Quality
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.12884
 Amount of Each Receipt this Period 150.00
 Memo Item
 \$150.00/Monthly

B. MacLeod, Bruce, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1515 Mohican Dr
 City Pittsburgh State PA Zip Code 15228-1615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Regional Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.12885
 Amount of Each Receipt this Period 150.00
 Memo Item
 \$150.00/Monthly

C. Madar, Merci, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7805 Valderrama Way
 City Bradenton State FL Zip Code 34202-5651
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 200.04

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.12700
 Amount of Each Receipt this Period 16.67
 Memo Item
 \$16.67/Monthly

SUBTOTAL of Receipts This Page (optional).....	316.67
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 51 OF 83
	<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. 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 ▼ 1200.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.12815
 Amount of Each Receipt this Period 100.00
 Memo Item
 \$100.00/Monthly

B. Markowski, Kevin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 572 White Tail Ridge Drive
 City Fairlawn State OH Zip Code 44333
 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 ▼ 200.04

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.12701
 Amount of Each Receipt this Period 16.67
 Memo Item
 \$16.67/Monthly

C. Martinez, Anthony, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7897 Broadway St. Unit 1001
 City San Antonio State TX Zip Code 78209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) System Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.12886
 Amount of Each Receipt this Period 150.00
 Memo Item
 \$150.00/Monthly

SUBTOTAL of Receipts This Page (optional).....	266.67
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 52 OF 83
	<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Maruska, Michael, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2020
Mailing Address 580 Park Ave		Transaction ID : SA11AI.12716
City Laguna Beach	State CA	Zip Code 92651-2339
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer (for Individual) Colorado Emergency Service Physicians,	Occupation (for Individual) Emergency Physician	<input type="checkbox"/> Memo Item \$20.00/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Mayz, Kurtis, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2020
Mailing Address 1 E Main St Ste 404		Transaction ID : SA11AI.12887
City Champaign	State IL	Zip Code 61820-1313
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer (for Individual) Virtual Locations	Occupation (for Individual) Firefighter	<input type="checkbox"/> Memo Item \$150.00/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Meers, Holley, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2020
Mailing Address 24 Quincy Street		Transaction ID : SA11AI.12816
City Chevy Chase	State MD	Zip Code 20815-4227
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) MEP Health, LLC	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$100.00/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1200.00	

SUBTOTAL of Receipts This Page (optional).....	270.00
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 53 OF 83
	<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. Mendenhall, Matthew, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3257 S Steele St

City Denver	State CO	Zip Code 80210-6957
----------------	-------------	------------------------

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

Name of Employer (for Individual) Colorado Emergency Service Physicians,	Occupation (for Individual) Director Of Operations
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2020

Transaction ID : SA11AI.12717

Amount of Each Receipt this Period
20.00

Memo Item
\$20.00/Monthly

B. 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:
 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
12		31		2020

Transaction ID : SA11AI.12792

Amount of Each Receipt this Period
75.00

Memo Item
\$50.00/Monthly

C. 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) Colorado Emergency Service Physicians,	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
12		31		2020

Transaction ID : SA11AI.12777

Amount of Each Receipt this Period
50.00

Memo Item
\$50.00/Monthly

SUBTOTAL of Receipts This Page (optional).....	145.00
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 83
	<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. Mirhadi, Michael, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2020
Mailing Address 1984 Caversham Way		Transaction ID : SA11AI.12778
City Folsom	State CA	Zip Code 95630
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$50.00/Monthly
Receipt For: <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. Misra, Swarup, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2020
Mailing Address 9667 Ashley Green Ct NW		Transaction ID : SA11AI.12888
City Concord	State NC	Zip Code 28027
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) Quality Director	<input type="checkbox"/> Memo Item \$150.00/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Natali, David, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2020
Mailing Address 115 Pheasant Drive		Transaction ID : SA11AI.12889
City Blawnox	State PA	Zip Code 15238-2207
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer (for Individual) AHN Medical Group, LLC	Occupation (for Individual) Emergency Physician	<input type="checkbox"/> Memo Item \$150.00/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1800.00	

SUBTOTAL of Receipts This Page (optional).....▶	350.00
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 55 OF 83
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Nelson, Jeremy, , ,

Mailing Address 2001 Cross Draw Trail

City Leander State TX Zip Code 78641

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

Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) APP Lead

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **12 / 31 / 2020**

Transaction ID : SA11AI.12740

Amount of Each Receipt this Period **37.50**

Memo Item \$25.00/Monthly

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

Mailing Address 336 E 1st Ave Apt 203

City Denver State CO Zip Code 80203-4379

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

Name of Employer (for Individual) Colorado Emergency Service Physicians, Occupation (for Individual) Medical Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **12 / 31 / 2020**

Transaction ID : SA11AI.12779

Amount of Each Receipt this Period **50.00**

Memo Item \$50.00/Monthly

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

Mailing Address 1201 E Market St Suite 619

City Akron State OH Zip Code 44305-4062

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

Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Core Faculty for Summa Health System

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ **200.04**

Date of Receipt **12 / 31 / 2020**

Transaction ID : SA11AI.12702

Amount of Each Receipt this Period **16.67**

Memo Item \$16.67/Monthly

SUBTOTAL of Receipts This Page (optional)..... **104.17**

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 56 OF 83
	<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. Ogden, Herbert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 797 Niwot Ridge Lane
 City Lafayette State CO Zip Code 80026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Colorado Emergency Service Physicians, Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.12718
 Amount of Each Receipt this Period 20.00
 Memo Item \$20.00/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 Management Group Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.12890
 Amount of Each Receipt this Period 150.00
 Memo Item \$150.00/Monthly

C. Otwell, Justin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1736 Oakview Rd
 City Decatur State GA Zip Code 30030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Management Group Occupation (for Individual) Vice President of Claims and Risk Mana
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.12793
 Amount of Each Receipt this Period 75.00
 Memo Item \$50.00/Monthly

SUBTOTAL of Receipts This Page (optional)..... ▶ 245.00
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 57 OF 83
(check only one)	
<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. Parks, Thomas, , ,

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

Mailing Address 11533 Sand Stone Rock Dr

City Riverview	State FL	Zip Code 33569-8709
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC	Occupation (for Individual) Advanced Practice Provider
--	---

Receipt For:
 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
12 / 31 / 2020

Transaction ID : SA11AI.12836

Amount of Each Receipt this Period
112.50

Memo Item
\$75.00/Monthly

B. Patlovany, Matthew, , ,

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

Mailing Address 19938 Terra Canyon

City San Antonio	State TX	Zip Code 78255-2344
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2020

Transaction ID : SA11AI.12891

Amount of Each Receipt this Period
150.00

Memo Item
\$150.00/Monthly

C. 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 ▼
600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2020

Transaction ID : SA11AI.12780

Amount of Each Receipt this Period
50.00

Memo Item
\$50.00/Monthly

SUBTOTAL of Receipts This Page (optional).....	312.50
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 58 OF 83
	(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. 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LLC Occupation (for Individual) Associate Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **12 / 31 / 2020**
Transaction ID : SA11AI.12817
 Amount of Each Receipt this Period 100.00
 Memo Item
 \$100.00/Monthly

B. Phillips, Donald, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1315 Woodglen Ct
 City Aledo State TX Zip Code 76008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Firefighter
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt **12 / 31 / 2020**
Transaction ID : SA11AI.12892
 Amount of Each Receipt this Period 150.00
 Memo Item
 \$150.00/Monthly

C. Pines, Jesse, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2424 N Potomac St
 City Arlington State VA Zip Code 22207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) National Director of Clinical Innovati
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt **12 / 31 / 2020**
Transaction ID : SA11AI.12818
 Amount of Each Receipt this Period 100.00
 Memo Item
 \$100.00/Monthly

SUBTOTAL of Receipts This Page (optional).....	350.00
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 59 OF 83
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Mailing Address 229 Washington Ave.

City Wheeling	State WV	Zip Code 26003
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2020

Transaction ID : SA11AI.12819

Amount of Each Receipt this Period
100.00

Memo Item
\$100.00/Monthly

B. 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) Emergency Service Partners, LLC	Occupation (for Individual) Regional APP Lead
--	--

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
12		31		2020

Transaction ID : SA11AI.12837

Amount of Each Receipt this Period
112.50

Memo Item
\$75.00/Monthly

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

Mailing Address 107 Jeremy Drive

City Kings Mountain	State NC	Zip Code 28086-9102
------------------------	-------------	------------------------

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 ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2020

Transaction ID : SA11AI.12741

Amount of Each Receipt this Period
37.50

Memo Item
\$25.00/Monthly

SUBTOTAL of Receipts This Page (optional).....▶	250.00
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 60 OF 83
	(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 A. Radford, Shawn, , ,			Date of Receipt
Mailing Address 8017 Jean Court			<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2020"/>
City Pasadena	State MD	Zip Code 21122-1063	Transaction ID : SA11AI.12893
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) Virtual Locations		Occupation (for Individual) Director of Firefighters	<input type="checkbox"/> Memo Item \$150.00/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="2800.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Reed, Rhett, , ,			Date of Receipt
Mailing Address 12509 Red Mesa Hollow			<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2020"/>
City Austin	State TX	Zip Code 78739	Transaction ID : SA11AI.12820
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="100.00"/>
Name of Employer (for Individual) Emergency Service Partners, LLC		Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$100.00/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="1200.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Repine, Kamie, , ,			Date of Receipt
Mailing Address 456 Chapman Dam Road			<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2020"/>
City Clarendon	State PA	Zip Code 16313-3804	Transaction ID : SA11AI.12742
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="37.50"/>
Name of Employer (for Individual) AHN Medical Group, LLC		Occupation (for Individual) APP Lead	<input type="checkbox"/> Memo Item \$25.00/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"/>	

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="287.50"/>
TOTAL 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 61 OF 83
<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 A. Ricciardi, Daniel, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2020 Transaction ID : SA11AI.12781
Mailing Address 736 Cole Street			Amount of Each Receipt this Period 50.00
City Charlottesville	State VA	Zip Code 22901-3210	<input type="checkbox"/> Memo Item \$50.00/Monthly
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Medical Director	
Receipt For: <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. Rihter, Sasha, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2020 Transaction ID : SA11AI.12782
Mailing Address 56 Seiver Street			Amount of Each Receipt this Period 50.00
City Ashtville	State NC	Zip Code 28804	<input type="checkbox"/> Memo Item \$50.00/Monthly
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Accelerated Firefighter	
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 C. Roberts, Matthew, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2020 Transaction ID : SA11AI.12719
Mailing Address 7826 Eglinton Ct			Amount of Each Receipt this Period 20.00
City Cincinnati	State OH	Zip Code 45255-2413	<input type="checkbox"/> Memo Item \$20.00/Monthly
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) USACS Medical Group, LTD		Occupation (for Individual) Education Director-Mercy Cincinnati Ea	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional).....	120.00
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 62 OF 83
	<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. Romano, Frederick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4516 Tuscana Drive
 City Sarasota State FL Zip Code 34241-4201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Firefighter
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.12894
 Amount of Each Receipt this Period 150.00
 Memo Item
 \$150.00/Monthly

B. 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) Colorado Emergency Service Physicians, Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.12821
 Amount of Each Receipt this Period 100.00
 Memo Item
 \$100.00/Monthly

C. 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) Colorado Emergency Service Physicians, Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.12783
 Amount of Each Receipt this Period 50.00
 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 63 OF 83
<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 A. Ross, Sanford, , ,		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2020 Transaction ID : SA11AI.12720
Mailing Address 5318 Wyndam Ln.		Amount of Each Receipt this Period 20.00
City Brighton	State MI	Zip Code 48116
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$20.00/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 ▼ 240.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Roy, Neil, , ,		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2020 Transaction ID : SA11AI.12784
Mailing Address 2408 Henslowe Drive		Amount of Each Receipt this Period 50.00
City Potomac	State MD	Zip Code 20854
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: <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 C. Russell Goman, Dacia, , ,		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2020 Transaction ID : SA11AI.12822
Mailing Address 6611 Marshview Dr		Amount of Each Receipt this Period 100.00
City Hilliard	State OH	Zip Code 43026-2108
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$100.00/Monthly
Name of Employer (for Individual) USACS Medical Group, LLC	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	

SUBTOTAL of Receipts This Page (optional).....▶	170.00
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 64 OF 83
	<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. Rutherford, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3502 Quitman St.
 City Denver State CO Zip Code 80212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Senior Director of Quality
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.12823
 Amount of Each Receipt this Period 100.00
 Memo Item
 \$100.00/Monthly

B. Sampson, Arianna, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 605 Bee St
 City Placerville State CA Zip Code 95667-4308
 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 ▼ 300.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.12743
 Amount of Each Receipt this Period 37.50
 Memo Item
 \$25.00/Monthly

C. Satkowiak, Lawrence, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5175 Raintree Dr
 City Parker State CO Zip Code 80134-5233
 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 ▼ 220.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.12721
 Amount of Each Receipt this Period 20.00
 Memo Item
 \$20.00/Monthly

SUBTOTAL of Receipts This Page (optional).....▶	157.50
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 65 OF 83
	<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. Scherer, Nathan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6286 E Long Circle N
 City Centennial State CO Zip Code 80112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Colorado Emergency Service Physicians, Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.12824
 Amount of Each Receipt this Period 100.00
 Memo Item
 \$100.00/Monthly

B. Scott, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 749 Bentwater Circle Unit 102
 City Naples State FL Zip Code 34108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Management Group Occupation (for Individual) Chief Clinical Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.12895
 Amount of Each Receipt this Period 150.00
 Memo Item
 \$150.00/Monthly

C. Scott, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1384 Leslie NE Ln.
 City Lancaster State OH Zip Code 43130
 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 ▼ 200.04

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.12704
 Amount of Each Receipt this Period 16.67
 Memo Item
 \$16.67/Monthly

SUBTOTAL of Receipts This Page (optional).....	266.67
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 66 OF 83
	<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. Seaberg, David, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1221 1st St S
Unit 3A

City Jacksonville Beach State FL Zip Code 32250-6446

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1800.00

Date of Receipt
12 / 31 / 2020
Transaction ID : SA11AI.12896

Amount of Each Receipt this Period
150.00

Memo Item
\$150.00/Monthly

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

Mailing Address 2144 Grant Farm Court

City Marriottsville State MD Zip Code 21104

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 ▼
1800.00

Date of Receipt
12 / 31 / 2020
Transaction ID : SA11AI.12897

Amount of Each Receipt this Period
150.00

Memo Item
\$150.00/Monthly

C. 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 ▼
1800.00

Date of Receipt
12 / 31 / 2020
Transaction ID : SA11AI.12898

Amount of Each Receipt this Period
150.00

Memo Item
\$150.00/Monthly

SUBTOTAL of Receipts This Page (optional)..... ▶ 450.00

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 67 OF 83
	<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. Siegel, John, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2020 Transaction ID : SA11AI.12744
Mailing Address 1437 Ivey Dr		Amount of Each Receipt this Period 37.50
City Charlotte	State NC	Zip Code 28205-5316
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$25.00/Monthly
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) APP Lead	
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. Sinnott, Annie, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2020 Transaction ID : SA11AI.12899
Mailing Address 1335 N. Bosworth Ave. #3		Amount of Each Receipt this Period 150.00
City Chicago	State IL	Zip Code 60642-2341
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$150.00/Monthly
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Slabinski, Mark, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2020 Transaction ID : SA11AI.12900
Mailing Address 3004 Edison St. NW		Amount of Each Receipt this Period 150.00
City Uniontown	State OH	Zip Code 44685-7212
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$150.00/Monthly
Name of Employer (for Individual) USACS Management Group	Occupation (for Individual) Regional Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1800.00	

SUBTOTAL of Receipts This Page (optional).....▶	337.50
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 68 OF 83
	<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. Snyder, Aaron, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2020
Mailing Address 9925 Silver Brook Drive		Transaction ID : SA11AI.12901
City Rockville	State MD	Zip Code 20850
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 150.00	
Name of Employer (for Individual) Virtual Locations	Occupation (for Individual) Regional Vice President	<input type="checkbox"/> Memo Item \$150.00/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Snyder, Eric, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2020
Mailing Address 311 East Carroll Street PO Box 384		Transaction ID : SA11AI.12733
City Carrolltown	State PA	Zip Code 15722-0384
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 30.00	
Name of Employer (for Individual) AHN Medical Group, LLC	Occupation (for Individual) APP Lead	<input type="checkbox"/> Memo Item \$20.00/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Somers, Michael, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2020
Mailing Address 503 Neuse Harbour Blvd		Transaction ID : SA11AI.12902
City New Bern	State NC	Zip Code 28560-8958
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 \$150.00/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1650.00	

SUBTOTAL of Receipts This Page (optional).....	330.00
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 69 OF 83
	<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. Srivastava, Geetanjali, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2020 Transaction ID : SA11AI.12728
Mailing Address 5447 N Sequoia Ave		Amount of Each Receipt this Period 25.00
City Fresno	State CA	Zip Code 93711-2849
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$25.00/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	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Sullivan, Richard, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2020 Transaction ID : SA11AI.12825
Mailing Address 117 James Place		Amount of Each Receipt this Period 100.00
City Pittsburgh	State PA	Zip Code 15228-1021
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$100.00/Monthly
Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Thompson, Donovan, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2020 Transaction ID : SA11AI.12826
Mailing Address 4408 Lake Shore Road North		Amount of Each Receipt this Period 100.00
City Denver	State NC	Zip Code 28037-9198
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$100.00/Monthly
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1200.00	

SUBTOTAL of Receipts This Page (optional).....▶	225.00
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 70 OF 83
	<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. Tirheimer, Wenzel, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2020
Mailing Address 13404 Golf Crest Way		Transaction ID : SA11AI.12903
City Tampa	State FL	Zip Code 33618
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 150.00	
Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC	Occupation (for Individual) Emergency Physician	<input type="checkbox"/> Memo Item \$150.00/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Toole, Timothy, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2020
Mailing Address 2547 E 26th PI		Transaction ID : SA11AI.12723
City Tulsa	State OK	Zip Code 74114-4303
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.00	
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Emergency Physician	<input type="checkbox"/> Memo Item \$20.00/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Townsend, Martha, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2020
Mailing Address 16220 W 84th Drive		Transaction ID : SA11AI.12794
City Arvada	State CO	Zip Code 80007
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 75.00	
Name of Employer (for Individual) Colorado Emergency Service Physicians,	Occupation (for Individual) APP Lead	<input type="checkbox"/> Memo Item \$50.00/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional).....▶	245.00
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 71 OF 83
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. Trotter, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5401 South Ingleside Avenue
 City Chicago State IL Zip Code 60615-5013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.12904
 Amount of Each Receipt this Period 150.00
 Memo Item
 \$150.00/Monthly

B. Tucker, Jeremy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23959 Meredith Court
 City Hollywood State MD Zip Code 20636
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) National Director of Patient Safety
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.12905
 Amount of Each Receipt this Period 150.00
 Memo Item
 \$150.00/Monthly

C. Tucker, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 136 Hickory Flats Dr
 City Harrison State OH Zip Code 45030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.12827
 Amount of Each Receipt this Period 100.00
 Memo Item
 \$100.00/Monthly

SUBTOTAL of Receipts This Page (optional)..... ▶ 400.00
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 72 OF 83
	<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. Tully, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8345 Rolling Acres Trail
 City Fair Oaks Ranch State TX Zip Code 78015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.12828
 Amount of Each Receipt this Period 100.00
 Memo Item
 \$100.00/Monthly

B. Ulmer, Travis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1240 Broadview Ave
 City Columbus State OH Zip Code 43212-3344
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Management Group Occupation (for Individual) Vice President of Marketing and Recrui
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.12906
 Amount of Each Receipt this Period 150.00
 Memo Item
 \$150.00/Monthly

C. Venkat, Arvind, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 105 Breckenridge Dr.
 City Wexford State PA Zip Code 15090-9400
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AHN Medical Group, LLC Occupation (for Individual) National Director of Research
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.12907
 Amount of Each Receipt this Period 150.00
 Memo Item
 \$150.00/Monthly

SUBTOTAL of Receipts This Page (optional).....	400.00
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 73 OF 83
(check only one)

<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. Vock, Tracie, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7911 Fingerboard Road

City Frederick	State MD	Zip Code 21704-7628
-------------------	-------------	------------------------

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

Name of Employer (for Individual) MEP Health, LLC	Occupation (for Individual) Director of APPs, Observation and Hosj
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
12 / 31 / 2020
Transaction ID : SA11AI.12795

Amount of Each Receipt this Period
75.00

Memo Item
\$50.00/Monthly

B. Warwick-Heckman, Kelley, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 303 Four T Ranch Rd

City Georgetown	State TX	Zip Code 78633
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Emergency Service Partners, LLC	Occupation (for Individual) Emergency Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
12 / 31 / 2020
Transaction ID : SA11AI.12829

Amount of Each Receipt this Period
100.00

Memo Item
\$100.00/Monthly

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

Mailing Address 3128 Persimmon Tree Ct

City Woodstock	State MD	Zip Code 21163-1150
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1800.00

Date of Receipt
12 / 31 / 2020
Transaction ID : SA11AI.12908

Amount of Each Receipt this Period
150.00

Memo Item
\$150.00/Monthly

SUBTOTAL of Receipts This Page (optional).....	325.00
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 74 OF 83
	<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. Watling, Bradley, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 109 Viewpoint Lane
 City Mooresville State NC Zip Code 28117-7558
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Regional Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.12909
 Amount of Each Receipt this Period 150.00
 Memo Item
 \$150.00/Monthly

B. Watson, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2158 W 5th Street Up Unit
 City Cleveland State OH Zip Code 44113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Management Group Occupation (for Individual) Chief Development Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.12916
 Amount of Each Receipt this Period 225.00
 Memo Item
 \$150.00/Monthly

C. Watt, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3909 Fox Glen Drive
 City Irving State TX Zip Code 75062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Management Group Occupation (for Individual) Chief Accounting Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.12910
 Amount of Each Receipt this Period 150.00
 Memo Item
 \$100.00/Monthly

SUBTOTAL of Receipts This Page (optional).....	525.00
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 75 OF 83
	(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. 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 ▼ 600.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.12785
 Amount of Each Receipt this Period 50.00
 Memo Item
 \$50.00/Monthly

B. Wellock, Kathleen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10886 Stonington Ave
 City Ft Myers State FL Zip Code 33913
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Management Group Occupation (for Individual) Vice President, Account Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.12947
 Amount of Each Receipt this Period 75.00
 Memo Item

C. Welsh, Ian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1027 Gardenia Street
 City Fort Mill State SC Zip Code 29708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Assistant Medical Director of Firefigh
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.12911
 Amount of Each Receipt this Period 150.00
 Memo Item
 \$150.00/Monthly

SUBTOTAL of Receipts This Page (optional)..... ▶ 275.00
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 76 OF 83
	<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. West, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 441 Carnoustie
 City Highland State MI Zip Code 48357-4754
 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 12 / 31 / 2020
Transaction ID : SA11AI.12786
 Amount of Each Receipt this Period 50.00
 Memo Item
 \$50.00/Monthly

B. White, Jeremy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4844 Jewell Terrace
 City Palm Harbor State FL Zip Code 34685
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.12724
 Amount of Each Receipt this Period 20.00
 Memo Item
 \$20.00/Monthly

C. Wilkes, Charmeen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2817 Griffith Street Apt 8205
 City Charlotte State NC Zip Code 28203-2401
 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 ▼ 212.50

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.12745
 Amount of Each Receipt this Period 37.50
 Memo Item
 \$25.00/Monthly

SUBTOTAL of Receipts This Page (optional).....▶	107.50
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 77 OF 83
<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. Willis, Audriana, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 405 Hardy Rd
 City Newport State NC Zip Code 28570-8401
 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 ▼ 300.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.12746
 Amount of Each Receipt this Period 37.50
 Memo Item \$25.00/Monthly

B. Wirtz, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Highgate NE
 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) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.12912
 Amount of Each Receipt this Period 150.00
 Memo Item \$150.00/Monthly

C. 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: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.12830
 Amount of Each Receipt this Period 100.00
 Memo Item \$100.00/Monthly

SUBTOTAL of Receipts This Page (optional).....	287.50
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 78 OF 83
	<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. Wyatt, Cheryl, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2020
Mailing Address 48252 Leachburg Road			Transaction ID : SA11AI.12796
City Lexington Park	State MD	Zip Code 20653	Amount of Each Receipt this Period 75.00
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) Director of APPs	
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. Yonteck, Frederick, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2020
Mailing Address 27518 Pine Point Drive			Transaction ID : SA11AI.12725
City Wesley Chapel	State FL	Zip Code 33544-8756	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$20.00/Monthly
Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC		Occupation (for Individual) Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Ziebell, Christopher, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2020
Mailing Address 4014 Greystone Drive			Transaction ID : SA11AI.12831
City Austin	State TX	Zip Code 78731	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$100.00/Monthly
Name of Employer (for Individual) Emergency Service Partners, LLC		Occupation (for Individual) Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 1200.00	

SUBTOTAL of Receipts This Page (optional).....	195.00
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 79 OF 83
(check only one)
 11a 11b 11c 12
 13 14 15 16 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) Emergency Service Partners, LLC Occupation (for Individual) Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020

Transaction ID : SA11AI.12832

Amount of Each Receipt this Period
100.00

Memo Item
\$100.00/Monthly

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

Mailing Address

City State Zip Code

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	100.00
TOTAL This Period (last page this line number only).....▶	21173.32

**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. America Works

Full Name (Last, First, Middle Initial)

Mailing Address 918 Pennsylvania Ave Se

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name
BROWN, SCOTT P, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: NH District: 00

Date of Disbursement

MM / DD / YYYY
12 / 10 / 2020

FEC Identification Number

C SOMA00109
Transaction ID : SB23.12931
Amount of Each Disbursement this Period
5000.00

Memo Item

B. ANTHONY GONZALEZ FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address 9856 ARCHER LN

City DUBLIN State OH Zip Code 43017

Purpose of Disbursement

Candidate Name
Gonzalez, Anthony, , ,

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

Date of Disbursement

MM / DD / YYYY
12 / 10 / 2020

FEC Identification Number

C C00654079
Transaction ID : SB23.12933
Amount of Each Disbursement this Period
2500.00

Memo Item

C. PEOPLE FOR PATTY MURRAY

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 3662

City SEATTLE State WA Zip Code 98124

Purpose of Disbursement

Candidate Name
Murray, Patty, , ,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼
State: WA District: 08

Date of Disbursement

MM / DD / YYYY
12 / 10 / 2020

FEC Identification Number

C C00257642
Transaction ID : SB23.12934
Amount of Each Disbursement this Period
2500.00

Memo Item

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

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

10000.00

**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

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. PORTMAN FOR SENATE COMMITTEE

Full Name (Last, First, Middle Initial)
Date of Disbursement: / /

Mailing Address 9856 ARCHER LANE
City DUBLIN State OH Zip Code 43017

Purpose of Disbursement: Category/Type:

Candidate Name: **PORTMAN, ROB, , ,**
FEC Identification Number: **C** S00H00133
Transaction ID : **SB23.12935**
Amount of Each Disbursement this Period: 5000.00

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼
State: OH District: 00 Memo Item

B.

Full Name (Last, First, Middle Initial)
Date of Disbursement: / /

Mailing Address
City State Zip Code

Purpose of Disbursement: Category/Type:

Candidate Name
FEC Identification Number: **C**
Amount of Each Disbursement this Period:

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

C.

Full Name (Last, First, Middle Initial)
Date of Disbursement: / /

Mailing Address
City State Zip Code

Purpose of Disbursement: Category/Type:

Candidate Name
FEC Identification Number: **C**
Amount of Each Disbursement this Period:

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

SUBTOTAL of Disbursements This Page (optional).....▶	<input type="text"/> 5000.00
TOTAL This Period (last page this line number only).....▶	<input type="text"/> 15000.00

**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. Citizens for Brian Feldman

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 34408

City Bethesda State MD Zip Code 20827

Purpose of Disbursement

Candidate Name
Feldman, Brian, , ,

Office Sought: House
 Senate
 President
State: MD District: 15

Disbursement For: 2022
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 10 / 2020

FEC Identification Number

C
Transaction ID : SB29.12936
Amount of Each Disbursement this Period
2000.00

Memo Item

B. Friends of Clarence Lam

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 891

City Columbia State MD Zip Code 21044

Purpose of Disbursement

Candidate Name
Lam, Clarence, , ,

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2022
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 10 / 2020

FEC Identification Number

C
Transaction ID : SB29.12937
Amount of Each Disbursement this Period
1000.00

Memo Item

C. 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

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

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

Disbursement For: 2022
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 10 / 2020

FEC Identification Number

C H6MD04217
Transaction ID : SB29.12939
Amount of Each Disbursement this Period
2000.00

Memo Item

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

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 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 Kirill Reznik

Full Name (Last, First, Middle Initial)

Mailing Address 18469 Stone Hollow Drive

City Germantown State MD Zip Code 20874

Purpose of Disbursement Category/Type

Candidate Name **reznik, kirill, , ,**

Office Sought: House Senate President

Disbursement For: 2022 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 10 / 2020

FEC Identification Number: **C**

Transaction ID : **SB29.12940**

Amount of Each Disbursement this Period: 1000.00

Memo Item

B. Friends of Nic Kipki

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 862

City Pasadena State MD Zip Code 21123

Purpose of Disbursement Category/Type

Candidate Name **Kipke, Nic, , ,**

Office Sought: House Senate President

Disbursement For: 2022 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 10 / 2020

FEC Identification Number: **C**

Transaction ID : **SB29.12943**

Amount of Each Disbursement this Period: 1000.00

Memo Item

C. People for Pendergrass

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6711

City Columbia State MD Zip Code 21045

Purpose of Disbursement Category/Type

Candidate Name **Pendergrass, Shane, , ,**

Office Sought: House Senate President

Disbursement For: 2022 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 10 / 2020

FEC Identification Number: **C**

Transaction ID : **SB29.12944**

Amount of Each Disbursement this Period: 1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	3000.00
TOTAL This Period (last page this line number only).....▶	8000.00