

**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="2018"/>		87294.41
(b) Cash on Hand at Beginning of Reporting Period.....	93349.65	
(c) Total Receipts (from Line 19)	9162.72	89367.96
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	102512.37	176662.37
7. Total Disbursements (from Line 31).....	- 1250.00	72900.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	103762.37	103762.37
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

USACS PAC

Report Covering the Period: From: 10 / 18 / 2018 To: 11 / 26 / 2018

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	6546.62	61860.82
(ii) Unitemized	616.10	20507.14
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	7162.72	82367.96
(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)	7162.72	82367.96
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.....	2000.00	7000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	9162.72	89367.96
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	9162.72	89367.96

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.....	0.00	69250.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	- 1250.00	3650.00
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)) ..	- 1250.00	72900.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	- 1250.00	72900.00

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)	7162.72	82367.96
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7162.72	82367.96
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 44
	<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. Aboutalib, Angela, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 East Erie St
 Apt 3306
 City Chicago State IL Zip Code 60611-3169
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Senior Director of Quality and Educati
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 1100.00

Date of Receipt
 11 / 26 / 2018
Transaction ID : SA11AI.8772
 Amount of Each Receipt this Period
 100.00
 Memo Item
 \$100.00/monthly

B. Adler, Aaron, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 Midsummer Court
 City Gaithersburg State MD Zip Code 20878-5228
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) APP Lead
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 11 / 26 / 2018
Transaction ID : SA11AI.8761
 Amount of Each Receipt this Period
 20.00
 Memo Item
 \$20.00/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: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 1100.00

Date of Receipt
 11 / 26 / 2018
Transaction ID : SA11AI.8808
 Amount of Each Receipt this Period
 100.00
 Memo Item
 \$100.00/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 7 OF 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Augustine, James, , ,		Date of Receipt MM / DD / YYYY 11 / 26 / 2018
Mailing Address 7868 Classics Dr.		Transaction ID : SA11AI.8819
City Naples	State FL	Zip Code 34113-3063
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer (for Individual) USACS Management Group	Occupation (for Individual) Chairman, National Clinical Governance	<input type="checkbox"/> Memo Item \$150.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 1650.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Aulick, Neal, , ,		Date of Receipt MM / DD / YYYY 11 / 26 / 2018
Mailing Address 11 Aaronwoods Court		Transaction ID : SA11AI.8861
City Wheeling	State WV	Zip Code 26003
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) Medical Director	<input type="checkbox"/> Memo Item \$20.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 220.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Bagnoli, Dominic, , ,		Date of Receipt MM / DD / YYYY 11 / 26 / 2018
Mailing Address 50 East Drive		Transaction ID : SA11AI.8801
City Hartville	State OH	Zip Code 44632
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 416.63
Name of Employer (for Individual) USACS Management Group	Occupation (for Individual) Executive Chairman	<input type="checkbox"/> Memo Item \$416.63/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 4582.93	

SUBTOTAL of Receipts This Page (optional).....	586.63
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: (check only one)	PAGE 8 OF 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Bescherer, Rudolph, , ,		Date of Receipt MM / DD / YYYY 11 / 26 / 2018 Transaction ID : SA11AI.8876
Mailing Address 32 Fieldcrest Dr		Amount of Each Receipt this Period 100.00
City Westampton	State NJ	Zip Code 08060-5656
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$100.00/monthly
Name of Employer (for Individual) Virtual Locations	Occupation (for Individual) Firefighter	
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 1100.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Biersbach, Raymond, , ,		Date of Receipt MM / DD / YYYY 11 / 26 / 2018 Transaction ID : SA11AI.8870
Mailing Address 234 Lakeshore Dr		Amount of Each Receipt this Period 100.00
City Mooresville	State NC	Zip Code 28117-7535
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) Emergency Physician	
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 1100.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Blaum, Justin, , ,		Date of Receipt MM / DD / YYYY 11 / 26 / 2018 Transaction ID : SA11AI.8834
Mailing Address 85 Morningside Drive		Amount of Each Receipt this Period 20.00
City Indiana	State PA	Zip Code 15701-3613
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$20.00/monthly
Name of Employer (for Individual) AHN Medical Group, LLC	Occupation (for Individual) ED Operations Director	
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 220.00	

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 9 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Bradstreet, Jennifer, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 26 / 2018
Mailing Address 249 S. Franklin St.		Transaction ID : SA11AI.8823
City Chagrin Falls	State OH	Zip Code 44022
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) System Medical Director	<input type="checkbox"/> Memo Item \$50.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 550.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Brandon, Christopher, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 26 / 2018
Mailing Address 18834 Preston Road		Transaction ID : SA11AI.8786
City Hagerstown	State MD	Zip Code 21742
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer (for Individual) MEP Health, LLC	Occupation (for Individual) APP Lead	<input type="checkbox"/> Memo Item \$20.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 210.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Caraballo, Damian, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 26 / 2018
Mailing Address 11911 Marblehead Drive		Transaction ID : SA11AI.8792
City Tampa	State FL	Zip Code 33626-2555
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC	Occupation (for Individual) Regional Chief Quality Officer	<input type="checkbox"/> Memo Item \$20.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 220.00	

SUBTOTAL of Receipts This Page (optional).....	90.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 OF 44
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Casey, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5156 Baker Ridge Dr.
 City Columbus State OH Zip Code 43228
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) EMS Director
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 26 / 2018
Transaction ID : SA11AI.8830
 Amount of Each Receipt this Period 20.00
 Memo Item
 \$20.00/monthly

B. Cetta, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16 Piney Glen Court
 City Potomac State MD Zip Code 20854
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Management Group Occupation (for Individual) Chief of Integrated Acute Care
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 26 / 2018
Transaction ID : SA11AI.8856
 Amount of Each Receipt this Period 100.00
 Memo Item
 \$100.00/monthly

C. Cirillo, Louis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 91 Woodridge Drive
 City Saunderstown State RI Zip Code 02874-1943
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 1650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 26 / 2018
Transaction ID : SA11AI.8847
 Amount of Each Receipt this Period 150.00
 Memo Item
 \$150.00/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 11 OF 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Colfer, Orion, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 26 / 2018		
Mailing Address 2523 Hanover Ave			Transaction ID : SA11AI.8865		
City Richmond	State VA	Zip Code 23220	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) USACS Management Group		Occupation (for Individual) National Director of Patient Experienc			
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other		Aggregate Year-to-Date ▼ 550.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Conley, Amy, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 26 / 2018		
Mailing Address 6419 Renwick Circle			Transaction ID : SA11AI.8766		
City Tampa	State FL	Zip Code 33647	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) Tampa Bay Emergency Physicians, LLC		Occupation (for Individual) Regional Transfer Center Director			
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other		Aggregate Year-to-Date ▼ 1000.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Cook, Alexander, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 26 / 2018		
Mailing Address 8780 Surrey Place			Transaction ID : SA11AI.8763		
City Maineville	State OH	Zip Code 45039-9519	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) USACS Medical Group, LTD		Occupation (for Individual) Director of APPs			
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other		Aggregate Year-to-Date ▼ 210.00			

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 12 OF 44
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Corey, Mary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 122 Hammersmith Farms Lane
 City Mooresville State NC Zip Code 28117-6724
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Advanced Practice Provider
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **210.00**

Date of Receipt **11 / 26 / 2018**
Transaction ID : SA11AI.8851
 Amount of Each Receipt this Period **20.00**
 Memo Item
 \$20.00/monthly

B. De Angelis, Sydney, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 114 E Church St
 City Frederick State MD Zip Code 21701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) Medical Director
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **1100.00**

Date of Receipt **11 / 26 / 2018**
Transaction ID : SA11AI.8887
 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: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **550.00**

Date of Receipt **11 / 26 / 2018**
Transaction ID : SA11AI.8891
 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: (check only one)	PAGE 13 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

A. 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) USACS Management Group Occupation (for Individual) Vice President, Clinical Resource Grou
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **220.00**

Date of Receipt
11 / 26 / 2018
Transaction ID : SA11AI.8827
 Amount of Each Receipt this Period
20.00
 Memo Item
 \$20.00/monthly

B. Doucette, Marc, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16692 W. 55th Pl.
 City Golden State CO Zip Code 80403-1269
 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: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **220.00**

Date of Receipt
11 / 26 / 2018
Transaction ID : SA11AI.8849
 Amount of Each Receipt this Period
20.00
 Memo Item
 \$20.00/monthly

C. Eakin, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1455 Hunakai St. Apt. 1
 City Honolulu State HI Zip Code 96816-5526
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Associate Medical Director
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **550.00**

Date of Receipt
11 / 26 / 2018
Transaction ID : SA11AI.8867
 Amount of Each Receipt this Period
50.00
 Memo Item
 \$50.00/monthly

SUBTOTAL of Receipts This Page (optional)..... **90.00**
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 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Eisenberg, Steven, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 26 / 2018
Mailing Address 35590 Michael Drive		Transaction ID : SA11AI.8882
City Solon	State OH	Zip Code 44139
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) USACS Management Group	Occupation (for Individual) General Counsel	<input type="checkbox"/> Memo Item \$100.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 1050.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Falcone, Angelo, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 26 / 2018
Mailing Address 2606 Tridelphia Lake Road		Transaction ID : SA11AI.8773
City Brookeville	State MD	Zip Code 20833
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer (for Individual) MEP Health, LLC	Occupation (for Individual) President	<input type="checkbox"/> Memo Item \$150.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 1650.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Ferrand, David, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 26 / 2018
Mailing Address 193 Bryna Lane		Transaction ID : SA11AI.8798
City Carnegie	State PA	Zip Code 15106-1473
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) Virtual Locations	Occupation (for Individual) Firefighter	<input type="checkbox"/> Memo Item \$100.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 1100.00	

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

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

A. Geary, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21910 Helen Lane
 City Leonardtown State MD Zip Code 20650-2220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) Medical Director
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **916.63**

Date of Receipt **11 / 26 / 2018**
Transaction ID : SA11AI.8793
 Amount of Each Receipt this Period **83.33**
 Memo Item
 \$83.33/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: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **220.00**

Date of Receipt **11 / 26 / 2018**
Transaction ID : SA11AI.8813
 Amount of Each Receipt this Period **20.00**
 Memo Item
 \$20.00/monthly

C. Gindlesperger, Krisi, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6203 Renninger Road
 City New Franklin State OH Zip Code 44319-4741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Management Group Occupation (for Individual) Vice President - National Director of
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **750.00**

Date of Receipt **11 / 26 / 2018**
Transaction ID : SA11AI.8840
 Amount of Each Receipt this Period **100.00**
 Memo Item
 \$100.00/monthly

SUBTOTAL of Receipts This Page (optional).....	203.33
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 17 OF 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Gooch, Christopher, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 26 / 2018
Mailing Address 52675 Timber Dr.			Transaction ID : SA11AI.8787
City Bridgeport	State OH	Zip Code 43912-7724	Amount of Each Receipt this Period 25.00
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) Emergency Physician	
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other		Aggregate Year-to-Date 275.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Grant, Randall, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 26 / 2018
Mailing Address 1536 Forest Ave			Transaction ID : SA11AI.8869
City River Forest	State IL	Zip Code 60305-1004	Amount of Each Receipt this Period 25.00
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: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other		Aggregate Year-to-Date 275.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Groomes, Roderick, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 26 / 2018
Mailing Address 417 Edgewood Drive			Transaction ID : SA11AI.8874
City Sarver	State PA	Zip Code 16055-9266	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) AHN Medical Group, LLC		Occupation (for Individual) Medical Director	
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other		Aggregate Year-to-Date 550.00	

SUBTOTAL of Receipts This Page (optional).....	100.00
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 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Guyton, Steven, , ,			Date of Receipt MM / DD / YYYY 11 / 26 / 2018
Mailing Address 111 Stillwater Lane			Transaction ID : SA11AI.8883
City Pittsburgh	State PA	Zip Code 15143-8899	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$25.00/monthly
Name of Employer (for Individual) AHN Medical Group, LLC		Occupation (for Individual) Medical Director	
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 275.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Hallock, Robert, , ,			Date of Receipt MM / DD / YYYY 11 / 26 / 2018
Mailing Address 2124 Bay Front Terrace			Transaction ID : SA11AI.8873
City Annapolis	State MD	Zip Code 21409	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) Emergency Physician	
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 220.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Hibbs, Nathaniel, , ,			Date of Receipt MM / DD / YYYY 11 / 26 / 2018
Mailing Address 6634 S. Prescott Way			Transaction ID : SA11AI.8860
City Littleton	State CO	Zip Code 80120	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) Colorado Emergency Service Physicians,		Occupation (for Individual) Emergency Physician	
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 1100.00		

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 19 OF 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Hodson, Benjamin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 Algonquin Beach Rd.
 City Averill Park State NY Zip Code 12018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Emergency Physician
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 26 / 2018
Transaction ID : SA11AI.8779
 Amount of Each Receipt this Period
 20.00
 Memo Item
 \$20.00/monthly

B. 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: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 26 / 2018
Transaction ID : SA11AI.8843
 Amount of Each Receipt this Period
 100.00
 Memo Item
 \$100.00/monthly

C. Hunter, Ebony, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16910 Filly Ln
 City Odessa State FL Zip Code 33556-1821
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC Occupation (for Individual) Emergency Physician
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 26 / 2018
Transaction ID : SA11AI.8804
 Amount of Each Receipt this Period
 20.00
 Memo Item
 \$20.00/monthly

SUBTOTAL of Receipts This Page (optional).....	140.00
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 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Janikas, John, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 26 / 2018
Mailing Address 748 Carlton Road		Transaction ID : SA11AI.8831
City Clifton Park	State NY	Zip Code 12065-1023
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.33
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$83.33/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 916.63	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Javery, Thomas, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 26 / 2018
Mailing Address 726 Broadstone		Transaction ID : SA11AI.8889
City painesville	State OH	Zip Code 44077-8207
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) Emergency Physician	<input type="checkbox"/> Memo Item \$100.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 1100.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Jeffrey, Douglas, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 26 / 2018
Mailing Address 1109 Bluebonnet Lane		Transaction ID : SA11AI.8903
City Austin	State TX	Zip Code 78704-2005
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) Emergency Physician	<input type="checkbox"/> Memo Item \$100.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 1300.00	

SUBTOTAL of Receipts This Page (optional).....	283.33
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 21 OF 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Jenis, Andrew, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 26 / 2018
Mailing Address 115 Cayuga Heights Road		Transaction ID : SA11AI.8767
City Ithaca	State NY	Zip Code 14850
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00	
Name of Employer (for Individual) Virtual Locations	Occupation (for Individual) Regional Vice President	<input type="checkbox"/> Memo Item \$50.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 550.00	

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 11 / 26 / 2018
Mailing Address 4187 Colister Drive		Transaction ID : SA11AI.8783
City Dublin	State OH	Zip Code 43016-6162
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) Medical Director	<input type="checkbox"/> Memo Item \$100.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 1100.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Kalaria, Amit, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 26 / 2018
Mailing Address 17804 Cricket Hill Drive		Transaction ID : SA11AI.8765
City Germantown	State MD	Zip Code 20874
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.00	
Name of Employer (for Individual) MEP Health, LLC	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$20.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 220.00	

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 22 OF 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Kapadia, Homi, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 26 / 2018
Mailing Address 31281 Island Dr		Transaction ID : SA11AI.8815
City Evergreen	State CO	Zip Code 80439-8966
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) Regional Vice President	<input type="checkbox"/> Memo Item \$20.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 220.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Kella, Vipul, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 26 / 2018
Mailing Address 11808 Woodthrus Lane		Transaction ID : SA11AI.8896
City Potomac	State MD	Zip Code 20854
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) MEP Health, LLC	Occupation (for Individual) Emergency Physician	<input type="checkbox"/> Memo Item \$50.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 550.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Keller, Noah, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 26 / 2018
Mailing Address 10119 Easterday Court		Transaction ID : SA11AI.8864
City Hagerstown	State MD	Zip Code 21742
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) Virtual Locations	Occupation (for Individual) Regional Vice President	<input type="checkbox"/> Memo Item \$50.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 600.00	

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 23 OF 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Kendall, Jayne, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 26 / 2018
Mailing Address 21710 Parsons Green Row		Transaction ID : SA11AI.8822
City Cornelius	State NC	Zip Code 28031
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) Virtual Locations	Occupation (for Individual) Regional Vice President	<input type="checkbox"/> Memo Item \$100.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 1100.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Kile, Tamara, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 26 / 2018
Mailing Address 8513 Guertin Court		Transaction ID : SA11AI.8888
City Frederick	State MD	Zip Code 21704-8035
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer (for Individual) MEP Health, LLC	Occupation (for Individual) Regional Medical Director	<input type="checkbox"/> Memo Item \$20.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 220.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Kirkpatrick, Kyle, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 26 / 2018
Mailing Address 16360 Hawkstone Place		Transaction ID : SA11AI.8842
City Parker	State CO	Zip Code 80134
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) APP Lead	<input type="checkbox"/> Memo Item \$20.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 210.00	

SUBTOTAL of Receipts This Page (optional).....	140.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Klein, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11736 Gainsborough Road
 City Potomac State MD Zip Code 20854
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Management Group Occupation (for Individual) National Director of Quality
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 26 / 2018
Transaction ID : SA11AI.8795
 Amount of Each Receipt this Period 50.00
 Memo Item
 \$50.00/monthly

B. Kleinman, Jacob, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6014 Bryant Street
 City Pittsburgh State PA Zip Code 15206-1740
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AHN Medical Group, LLC Occupation (for Individual) Medical Director
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 26 / 2018
Transaction ID : SA11AI.8818
 Amount of Each Receipt this Period 20.00
 Memo Item
 \$20.00/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) USACS Management Group Occupation (for Individual) National Director of Continuing Medica
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 26 / 2018
Transaction ID : SA11AI.8828
 Amount of Each Receipt this Period 20.00
 Memo Item
 \$20.00/monthly

SUBTOTAL of Receipts This Page (optional).....	90.00
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 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Kuchinski, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5869 Heaven View Drive
 City Las Vegas State NV Zip Code 89135-1296
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 11 / 26 / 2018
Transaction ID : SA11AI.8832
 Amount of Each Receipt this Period 200.00
 Memo Item
 \$200.00/monthly

B. Laberge, Anne-Marie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 114 Nazarene Ct
 City Fombell State PA Zip Code 16123-2420
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AHN Medical Group, LLC Occupation (for Individual) Medical Director
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 26 / 2018
Transaction ID : SA11AI.8774
 Amount of Each Receipt this Period 20.00
 Memo Item
 \$20.00/monthly

C. 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: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 26 / 2018
Transaction ID : SA11AI.8835
 Amount of Each Receipt this Period 20.00
 Memo Item
 \$20.00/monthly

SUBTOTAL of Receipts This Page (optional).....▶ 240.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Lawrence, Linda, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 26 / 2018
Mailing Address 4670 Armandale Avenue		Transaction ID : SA11AI.8845
City Canton	State OH	Zip Code 44718
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) President	<input type="checkbox"/> Memo Item \$100.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 1050.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. LeBlanc, Louis, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 26 / 2018
Mailing Address 1428 Lacy Lane		Transaction ID : SA11AI.8848
City Rock Hill	State SC	Zip Code 29732-7723
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00	
Name of Employer (for Individual) Virtual Locations	Occupation (for Individual) Firefighter	<input type="checkbox"/> Memo Item \$50.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 550.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Lee, Sidney, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 26 / 2018
Mailing Address 1200 Queen Emma Street Apt 2001		Transaction ID : SA11AI.8880
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: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 550.00	

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 27 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Lim, Andrew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 81 Fieldstone Run
 City Farmington State CT Zip Code 06032-2741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) Emergency Physician
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **220.00**

Date of Receipt **11 / 26 / 2018**
Transaction ID : SA11AI.8769
 Amount of Each Receipt this Period **20.00**
 Memo Item
 \$20.00/monthly

B. Little, Andrew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5514 Ayrshire Dr
 City Dublin State OH Zip Code 43017-9428
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Emergency Physician
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **1100.00**

Date of Receipt **11 / 26 / 2018**
Transaction ID : SA11AI.8768
 Amount of Each Receipt this Period **100.00**
 Memo Item
 \$100.00/monthly

C. Lojewski, Stephen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9819 Monroe Blvd
 City Taylor State MI Zip Code 48180
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Firefighter
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **220.00**

Date of Receipt **11 / 26 / 2018**
Transaction ID : SA11AI.8881
 Amount of Each Receipt this Period **20.00**
 Memo Item
 \$20.00/monthly

SUBTOTAL of Receipts This Page (optional)..... **140.00**
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 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Lombino, Donald, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 26 / 2018
Mailing Address 22 Connecticut Avenue		Transaction ID : SA11AI.8803
City Greenwich	State CT	Zip Code 06830-5736
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) Assistant Director of the Clinical Res	<input type="checkbox"/> Memo Item \$20.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 220.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Mann, Rubeal, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 26 / 2018
Mailing Address 10122 Concord Road		Transaction ID : SA11AI.8875
City Dublin	State OH	Zip Code 43017-9434
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) Medical Director	<input type="checkbox"/> Memo Item \$100.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 1100.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Maruska, Michael, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 26 / 2018
Mailing Address 580 Park Ave		Transaction ID : SA11AI.8858
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) Virtual Locations	Occupation (for Individual) Firefighter	<input type="checkbox"/> Memo Item \$20.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 220.00	

SUBTOTAL of Receipts This Page (optional).....	140.00
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 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Mayz, Kurtis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 E Main St
 Ste 404
 City Champaign State IL Zip Code 61820-1313
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Firefighter
 Receipt For: 2018
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **550.00**

Date of Receipt
11 / 26 / 2018
Transaction ID : SA11AI.8841
 Amount of Each Receipt this Period
50.00
 Memo Item
 \$50.00/monthly

B. Mendenhall, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3224 S. Ash St.
 City Denver State CO Zip Code 80222
 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: 2018
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **220.00**

Date of Receipt
11 / 26 / 2018
Transaction ID : SA11AI.8852
 Amount of Each Receipt this Period
20.00
 Memo Item
 \$20.00/monthly

C. Meyer, Kendra, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 85 Beatty Lane
 City Scenery Hill State PA Zip Code 15360-1537
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AHN Medical Group, LLC Occupation (for Individual) Director of APPs
 Receipt For: 2018
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **525.00**

Date of Receipt
11 / 26 / 2018
Transaction ID : SA11AI.8836
 Amount of Each Receipt this Period
50.00
 Memo Item
 \$50.00/monthly

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 30 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Mittleman, Craig, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Equestrian Ridge
 City Newtown State CT Zip Code 06470
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) Medical Director
 Receipt For: 2018
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **550.00**

Date of Receipt
 11 / 26 / 2018
Transaction ID : SA11AI.8790
 Amount of Each Receipt this Period
 50.00
 Memo Item
 \$50.00/monthly

B. Natapraya, Kent, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6433 Empty Song Road
 City Columbia State MD Zip Code 21044
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) APP Lead
 Receipt For: 2018
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **210.00**

Date of Receipt
 11 / 26 / 2018
Transaction ID : SA11AI.8837
 Amount of Each Receipt this Period
 20.00
 Memo Item
 \$20.00/monthly

C. Osmundson, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 62 East Dr.
 City Hartville State OH Zip Code 44632-8890
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) President
 Receipt For: 2018
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **1100.00**

Date of Receipt
 11 / 26 / 2018
Transaction ID : SA11AI.8855
 Amount of Each Receipt this Period
 100.00
 Memo Item
 \$100.00/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: (check only one)	PAGE 31 OF 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Pacitti, Andrew, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 26 / 2018
Mailing Address 80 Windom Ln		Transaction ID : SA11AI.8770
City Nicholasville	State KY	Zip Code 40356-8112
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) Medical Director	<input type="checkbox"/> Memo Item \$20.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 220.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Panitch, Orlee, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 26 / 2018
Mailing Address 11753 Gainsborough Road		Transaction ID : SA11AI.8866
City Potomac	State MD	Zip Code 20854
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 150.00	
Name of Employer (for Individual) MEP Health, LLC	Occupation (for Individual) Regional Chief Administrative Officer	<input type="checkbox"/> Memo Item \$150.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 1650.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Percy, Carmella, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 26 / 2018
Mailing Address 6875 Stonebridge Lane		Transaction ID : SA11AI.8784
City Clover	State SC	Zip Code 29710-9372
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: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 550.00	

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 32 OF 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Phillips, Miranda, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 26 / 2018
Mailing Address 7122 S. Sheridan Rd. Ste. 2-335		Transaction ID : SA11AI.8859
City Tulsa	State OK	Zip Code 74133-2748
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) System Medical Director	<input type="checkbox"/> Memo Item \$50.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 550.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Powers, Evelyn, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 26 / 2018
Mailing Address 15 Deerfield Dr		Transaction ID : SA11AI.8807
City Richmond	State RI	Zip Code 02898-1220
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) System APP Lead	<input type="checkbox"/> Memo Item \$20.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 210.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Radford, Shawn, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 26 / 2018
Mailing Address 210 N Wells St Apt 4101		Transaction ID : SA11AI.8879
City Chicago	State IL	Zip Code 60606-1352
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) Virtual Locations	Occupation (for Individual) Director of Firefighters	<input type="checkbox"/> Memo Item \$100.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 1100.00	

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 33 OF 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Roberts, Matthew, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 26 / 2018		
Mailing Address 7826 Eglington Ct			Transaction ID : SA11AI.8853		
City Cincinnati	State OH	Zip Code 45255-2413	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) USACS Medical Group, LTD		Occupation (for Individual) Education Director-Mercy Cincinnati Ea			
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other		Aggregate Year-to-Date 220.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Romano, Frederick, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 26 / 2018		
Mailing Address 4516 Tuscana Drive			Transaction ID : SA11AI.8810		
City Sarasota	State FL	Zip Code 34241-4201	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) Virtual Locations		Occupation (for Individual) Firefighter			
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other		Aggregate Year-to-Date 1100.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Rosen, Nicholas, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 26 / 2018		
Mailing Address 1089 S. Williams St.			Transaction ID : SA11AI.8863		
City Denver	State CO	Zip Code 80209	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: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other		Aggregate Year-to-Date 220.00			

SUBTOTAL of Receipts This Page (optional).....	140.00
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 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Ross, Sanford, , ,		Date of Receipt MM / DD / YYYY 11 / 26 / 2018
Mailing Address 5318 Wyndam Ln.		Transaction ID : SA11AI.8878
City Brighton	State MI	Zip Code 48116
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) Assistant Medical Director	<input type="checkbox"/> Memo Item \$20.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 220.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Roy, Neil, , ,		Date of Receipt MM / DD / YYYY 11 / 26 / 2018
Mailing Address 6700 Applewood Place		Transaction ID : SA11AI.8862
City Rockville	State MD	Zip Code 20855
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.00	
Name of Employer (for Individual) MEP Health, LLC	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$20.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 220.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Satkowiak, Lawrence, , ,		Date of Receipt MM / DD / YYYY 11 / 26 / 2018
Mailing Address 5175 Raintree Dr		Transaction ID : SA11AI.8844
City Parker	State CO	Zip Code 80134-5233
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.00	
Name of Employer (for Individual) Virtual Locations	Occupation (for Individual) Director of Clinical Operations	<input type="checkbox"/> Memo Item \$20.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 220.00	

SUBTOTAL of Receipts This Page (optional).....	60.00
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 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Savitch, Benjamin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1030 N State St 38B
 City Chicago State IL Zip Code 60610
 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: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date 220.00

Date of Receipt
 11 / 26 / 2018
Transaction ID : SA11AI.8778
 Amount of Each Receipt this Period 20.00
 Memo Item
 \$20.00/monthly

B. Slabinski, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3004 Edison St. NW
 City Uniontown State OH Zip Code 44685-7212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Regional Vice President
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date 916.63

Date of Receipt
 11 / 26 / 2018
Transaction ID : SA11AI.8850
 Amount of Each Receipt this Period 83.33
 Memo Item
 \$83.33/monthly

C. Smitek, Rachel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 234 Lakeshore Dr
 City Mooresville State NC Zip Code 28117-7535
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Assistant Medical Director
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date 220.00

Date of Receipt
 11 / 26 / 2018
Transaction ID : SA11AI.8868
 Amount of Each Receipt this Period 20.00
 Memo Item
 \$20.00/monthly

SUBTOTAL of Receipts This Page (optional)..... 123.33
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 36 OF 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Snyder, Aaron, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9925 Silver Brook Drive
 City Rockville State MD Zip Code 20850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Regional Vice President
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 1650.00

Date of Receipt
 11 / 26 / 2018
Transaction ID : SA11AI.8762
 Amount of Each Receipt this Period
 150.00
 Memo Item
 \$150.00/monthly

B. Snyder, Eric, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 311 East Carroll Street PO Box 384
 City Carrolltown State PA Zip Code 15722-0384
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AHN Medical Group, LLC Occupation (for Individual) APP Lead
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 11 / 26 / 2018
Transaction ID : SA11AI.8806
 Amount of Each Receipt this Period
 20.00
 Memo Item
 \$20.00/monthly

C. Srivastava, Geetanjali, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5447 N Sequoia Ave
 City Fresno State CA Zip Code 93711-2849
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 425.00

Date of Receipt
 11 / 26 / 2018
Transaction ID : SA11AI.8812
 Amount of Each Receipt this Period
 25.00
 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 37 OF 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Thomas, Frank, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7432 S. 107 E. Avenue
 City Tulsa State OK Zip Code 74133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Director of APPs
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **210.00**

Date of Receipt **11 / 26 / 2018**
Transaction ID : SA11AI.8809
 Amount of Each Receipt this Period **20.00**
 Memo Item
 \$20.00/monthly

B. Tirheimer, Wenzel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13404 Golf Crest Way
 City Tampa State FL Zip Code 33618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC Occupation (for Individual) Emergency Physician
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **1650.00**

Date of Receipt **11 / 26 / 2018**
Transaction ID : SA11AI.8898
 Amount of Each Receipt this Period **150.00**
 Memo Item
 \$150.00/monthly

C. Toole, Timothy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2547 E 26th Pl
 City Tulsa State OK Zip Code 74114-4303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Emergency Physician
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **220.00**

Date of Receipt **11 / 26 / 2018**
Transaction ID : SA11AI.8893
 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 38 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Tucker, Cynthia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 Warwick Terrace
 City Waterford State CT Zip Code 06385
 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: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 11 / 26 / 2018
Transaction ID : SA11AI.8791
 Amount of Each Receipt this Period 20.00
 Memo Item
 \$20.00/monthly

B. Tucker, Jeremy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23959 Meredith Court
 City Hollywood State MD Zip Code 20636
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) National Director of Patient Safety
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 11 / 26 / 2018
Transaction ID : SA11AI.8824
 Amount of Each Receipt this Period 100.00
 Memo Item
 \$100.00/monthly

C. Vaill, Samuel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 315 Bridge Street
 City South Hamilton State MA Zip Code 01982
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Management Group Occupation (for Individual) Chief Development Officer
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt
 11 / 26 / 2018
Transaction ID : SA11AI.8877
 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: (check only one)	PAGE 39 OF 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Vock, Tracie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1826 Free Terrace
 City Frederick State MD Zip Code 21702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 MEP Health, LLC Director of APPs, Observation Medicine
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 525.00

Date of Receipt
 11 / 26 / 2018
Transaction ID : SA11AI.8894
 Amount of Each Receipt this Period
 50.00
 Memo Item
 \$50.00/monthly

B. Watling, Bradley, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 E. W.T. Harris Blvd Suite 3109
 City Mooresville State NC Zip Code 28117-7558
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Virtual Locations Regional Vice President
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 1650.00

Date of Receipt
 11 / 26 / 2018
Transaction ID : SA11AI.8780
 Amount of Each Receipt this Period
 150.00
 Memo Item
 \$150.00/monthly

C. Welsh, Ian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1027 Gardenia Street
 City Fort Mill State SC Zip Code 29708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Virtual Locations Assistant Medical Director of Firefigh
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 550.00

Date of Receipt
 11 / 26 / 2018
Transaction ID : SA11AI.8816
 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 40 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

A. 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: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 26 / 2018
Transaction ID : SA11AI.8825
 Amount of Each Receipt this Period 20.00
 Memo Item
 \$20.00/monthly

B. Wisniewski, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2813 Elmira St.
 City Denver State CO Zip Code 80238
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Colorado Emergency Service Physicians, Occupation (for Individual) Emergency Physician
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 26 / 2018
Transaction ID : SA11AI.8902
 Amount of Each Receipt this Period 100.00
 Memo Item
 \$100.00/monthly

C. Wyatt, Cheryl, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 141
 City Lexington Park State MD Zip Code 20653-0141
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) Director of APPs
 Receipt For: 2018
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 26 / 2018
Transaction ID : SA11AI.8785
 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: (check only one)	PAGE 41 OF 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Yonteck, Frederick, , ,		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 26 / 2018
Mailing Address 27518 Pine Point Drive		Transaction ID : SA11AI.8811
City Wesley Chapel	State FL	Zip Code 33544-8756
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 20.00
Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC	Occupation (for Individual) Emergency Physician	<input type="checkbox"/> Memo Item \$20.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 220.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Zimmerman, David, , ,		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 26 / 2018
Mailing Address 319 Vine St Apt 205		Transaction ID : SA11AI.8899
City Philadelphia	State PA	Zip Code 19106
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) Virtual Locations	Occupation (for Individual) Firefighter	<input type="checkbox"/> Memo Item \$100.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 1000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C.		Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer (for Individual)	Occupation (for Individual)	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date	

SUBTOTAL of Receipts This Page (optional).....	120.00
TOTAL This Period (last page this line number only).....	6546.62

**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 44
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

A. FRIENDS OF RAJA FOR CONGRESS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO BOX 681202

City SCHAUMBURG	State IL	Zip Code 60168
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00575092

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

Receipt For: 2018
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		02		2018

Transaction ID : SA16.8912

Amount of Each Receipt this Period
2000.00

Memo Item
Refund for contribution made after the election

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

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

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name (Last, First, Middle Initial)
A. BEN CARDIN FOR SENATE, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		26		2018

Mailing Address P.O. BOX 21093

City CATONSVILLE State MD Zip Code 21228

FEC Identification Number

C C00411587

Purpose of Disbursement
Void Check

011
Category/
Type

Transaction ID : SB23.8907

Amount of Each Disbursement this Period

- 2000.00

Candidate Name
CARDIN, BENJAMIN L, , ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: MD District: 03

Memo Item

Full Name (Last, First, Middle Initial)
B. FRIENDS OF RAJA FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		05		2018

Mailing Address PO BOX 681202

City SCHAUMBURG State IL Zip Code 60168

FEC Identification Number

C C00575092

Purpose of Disbursement
Contribution

011
Category/
Type

Transaction ID : SB23.8908

Amount of Each Disbursement this Period

2000.00

Candidate Name
KRISHNAMOORTHY, S. RAJA, , ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: IL District: 08

Memo Item

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

Date of Disbursement

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

Mailing Address

City State Zip Code

FEC Identification Number

C

Purpose of Disbursement

Category/
Type

Amount of Each Disbursement this Period

Candidate Name

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

Memo Item

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

0.00

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

0.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
USACS PAC

A. MIKE MILLER FOR CONGRESS

Full Name (Last, First, Middle Initial)
MIKE MILLER FOR CONGRESS

Date of Disbursement: MM / DD / YYYY
11 / 13 / 2018

Mailing Address: 127 WEST FAIRBANKS AVE #380

City: WINTER PARK State: FL Zip Code: 32789

Purpose of Disbursement: Void Check Category/Type: 011

FEC Identification Number: C00648816
Transaction ID: SB29.9089

Amount of Each Disbursement this Period: - 500.00

Office Sought: House Senate President
Disbursement For: 2017 Primary General Other (specify) ▼

State: FL District: 07

Memo Item

B.

Full Name (Last, First, Middle Initial)

Date of Disbursement: MM / DD / YYYY

Mailing Address

City State Zip Code

Purpose of Disbursement Category/Type

FEC Identification Number

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: MM / DD / YYYY

Mailing Address

City State Zip Code

Purpose of Disbursement Category/Type

FEC Identification Number

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).....▶	- 500.00
TOTAL This Period (last page this line number only).....▶	- 500.00