

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street)

Check if different than previously reported. (ACC)

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

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

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

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

- (c) 12-Day PRE-Election Report for the:
- Primary (12P) General (12G) Runoff (12R)
 - Convention (12C) Special (12S)

Election on / / in the State of

- (d) 30-Day POST-Election Report for the:
- General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period / / through / /

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

Type or Print Name of Treasurer

Signature of Treasurer Date / /

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

Office Use Only									
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SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

USACS PAC

Report Covering the Period: From: 07 / 01 / 2023 To: 12 / 31 / 2023

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2023		313415.80
(b) Cash on Hand at Beginning of Reporting Period.....	308715.70	
(c) Total Receipts (from Line 19)	106430.75	211480.65
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	415146.45	524896.45
7. Total Disbursements (from Line 31).....	78700.00	188450.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	336446.45	336446.45
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 the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

USACS PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	100007.40	198449.66
(ii) Unitemized	1423.35	8030.99
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	101430.75	206480.65
(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)	101430.75	206480.65
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	5000.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	106430.75	211480.65
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	106430.75	211480.65

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.....	46000.00	98500.00
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).....	32700.00	89950.00
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)) ..	78700.00	188450.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	78700.00	188450.00

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)	101430.75	206480.65
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	101430.75	206480.65
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 84
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
USACS PAC

A. Aboutalib, Angela, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 Bermuda Court
 City Manhattan Beach State CA Zip Code 90266-7240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) National Quality and Education Directo
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11Al.8741
 Amount of Each Receipt this Period 600.00
 Memo Item
 \$100/Monthly

B. Albaugh, Chad, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1602 River Bluff Rd
 City Morehead City State NC Zip Code 28557
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Emergency Physician Nocturnist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11Al.8715
 Amount of Each Receipt this Period 600.00
 Memo Item
 \$150/Monthly

C. Aldeen, Amer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18631 Rue Beauvais
 City Lutz State FL Zip Code 33558-7112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Chief Medical Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11Al.8758
 Amount of Each Receipt this Period 900.00
 Memo Item
 \$150/Monthly

SUBTOTAL of Receipts This Page (optional).....▶ 2100.00
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 84
	<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. Aldred, Brian, , ,			Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2023 Transaction ID : SA11AI.8761
Mailing Address 3508 Good Night Trail			Amount of Each Receipt this Period 900.00
City Leander	State TX	Zip Code 78641-3628	<input type="checkbox"/> Memo Item \$150/Monthly
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) USACS Medical Group of Texas, PLLC		Occupation (for Individual) Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Altmin, Stephen, , ,			Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2023 Transaction ID : SA11AI.8617
Mailing Address 2641 4th Street			Amount of Each Receipt this Period 100.00
City Boulder	State CO	Zip Code 80304-3201	<input type="checkbox"/> Memo Item \$50/Monthly
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Ammon, Stefen, , ,			Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2023 Transaction ID : SA11AI.8679
Mailing Address 2 Mountain High Ct.			Amount of Each Receipt this Period 300.00
City Littleton	State CO	Zip Code 80127	<input type="checkbox"/> Memo Item \$50/Monthly
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 600.00		

SUBTOTAL of Receipts This Page (optional).....▶	1300.00
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 8 OF 84
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
USACS PAC

A. Argus, Michael, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9544 Union Cemetery Rd.

City Loveland	State OH	Zip Code 45140
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) Regional Vice President
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1800.00

Date of Receipt
12 / 31 / 2023
Transaction ID : SA11AI.8798

Amount of Each Receipt this Period
900.00

Memo Item
\$150/Monthly

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

Mailing Address 17376 Emerald Chase Drive

City Tampa	State FL	Zip Code 33647
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) Emergency Physician
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
12 / 31 / 2023
Transaction ID : SA11AI.8724

Amount of Each Receipt this Period
600.00

Memo Item
\$100/Monthly

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

Mailing Address 7868 Classics Dr.

City Naples	State FL	Zip Code 34113-3063
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) National Director Prehospital Strategy
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1800.00

Date of Receipt
12 / 31 / 2023
Transaction ID : SA11AI.8788

Amount of Each Receipt this Period
900.00

Memo Item
\$150/Monthly

SUBTOTAL of Receipts This Page (optional).....	2400.00
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 84
	<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. Bagnoli, Dominic, , ,			Date of Receipt M M / D D / Y Y Y Y 12 / 31 / 2023 Transaction ID : SA11AI.8806		
Mailing Address 50 East Drive			Amount of Each Receipt this Period 2499.78		
City Hartville	State OH	Zip Code 44632	Memo Item <input type="checkbox"/> Memo Item \$416.63/Monthly		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Executive Chairman			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 4999.56			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Balewick, Donna, , ,			Date of Receipt M M / D D / Y Y Y Y 12 / 31 / 2023 Transaction ID : SA11AI.8765		
Mailing Address 626 Phillips Rd			Amount of Each Receipt this Period 900.00		
City Blairsville	State PA	Zip Code 15717-4233	Memo Item <input type="checkbox"/> Memo Item \$150/Monthly		
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1800.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Barquin, Jose, , ,			Date of Receipt M M / D D / Y Y Y Y 12 / 31 / 2023 Transaction ID : SA11AI.8695		
Mailing Address 1011 charles st			Amount of Each Receipt this Period 300.00		
City clearwater	State FL	Zip Code 33755	Memo Item <input type="checkbox"/> Memo Item \$50/Monthly		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Medical Director			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 600.00			

SUBTOTAL of Receipts This Page (optional).....	3699.78
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 84
	<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. Bedolla, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1000 San Marcos Street, Unit 324
 City Austin State TX Zip Code 78702-2667
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group of Texas, PLLC Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8728
 Amount of Each Receipt this Period 600.00
 Memo Item
 \$100/Monthly

B. Bender, Sean, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 520 Elm Street
 City Denver State CO Zip Code 80220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) System Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8801
 Amount of Each Receipt this Period 900.00
 Memo Item
 \$150/Monthly

C. Blagovich, Aimee, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7909 East Commercial St
 City Broken Arrow State OK Zip Code 74014-2684
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Emergency Physician Nocturnist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8665
 Amount of Each Receipt this Period 250.00
 Memo Item
 \$50/Monthly

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
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 11 OF 84
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

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

Mailing Address 7058 Ravens Run

City Cincinnati	State OH	Zip Code 45244-3591
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) Emergency Physician
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2023

Transaction ID : SA11AI.8766

Amount of Each Receipt this Period
900.00

Memo Item
\$150/Monthly

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

Mailing Address 916 E End Ave

City Pittsburgh	State PA	Zip Code 15221-3430
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) Medical Director
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2023

Transaction ID : SA11AI.8777

Amount of Each Receipt this Period
900.00

Memo Item
\$150/Monthly

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

Mailing Address 3011 Rock Springs Road

City Charlotte	State NC	Zip Code 28226-7357
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) Medical Director
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
200.04

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2023

Transaction ID : SA11AI.8625

Amount of Each Receipt this Period
100.02

Memo Item
\$16.67/Monthly

SUBTOTAL of Receipts This Page (optional).....▶	1900.02
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 84
	<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. Bown, Nicholas, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2023
Mailing Address 532 College Blvd			Transaction ID : SA11AI.8785
City San Antonio	State TX	Zip Code 78209	Amount of Each Receipt this Period 900.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$150/Monthly
Name of Employer (for Individual) USACS Medical Group of Texas, PLLC		Occupation (for Individual) Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1800.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Bradstreet, Jennifer, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2023
Mailing Address 8026 Vanity Hill			Transaction ID : SA11AI.8791
City San Antonio	State TX	Zip Code 78256-2509	Amount of Each Receipt this Period 900.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$150/Monthly
Name of Employer (for Individual) USACS Medical Group of Texas, PLLC		Occupation (for Individual) President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1800.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Brandon, Christopher, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2023
Mailing Address 18834 Preston Road			Transaction ID : SA11AI.8628
City Hagerstown	State MD	Zip Code 21742	Amount of Each Receipt this Period 120.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$20/Monthly
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Advanced Practice Provider	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional).....▶	1920.00
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 84
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Brice, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4912 Augusta Cir
 City College Station State TX Zip Code 77845-8982
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group of Texas, PLLC Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8733
 Amount of Each Receipt this Period 600.00
 Memo Item
 \$100/Monthly

B. Brown, Reginald, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11606 Greenspring Ave
 City Lutherville Timonium State MD Zip Code 21093-1410
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8647
 Amount of Each Receipt this Period 150.00
 Memo Item
 \$25/Monthly

C. Buchanan, Curtis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3608 Shadow Arbor Way
 City Lutz State FL Zip Code 33548
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Emergency Physician Nocturnist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8767
 Amount of Each Receipt this Period 900.00
 Memo Item
 \$150/Monthly

SUBTOTAL of Receipts This Page (optional).....▶	1650.00
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 14 OF 84
	(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. Caceres, Camilo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2419 Smallman Street, Unit 401
 City Pittsburgh State PA Zip Code 15222-5643
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8782
 Amount of Each Receipt this Period 900.00
 Memo Item
 \$150/Monthly

B. Canonico, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1578 Uluhao Street
 City Kailua State HI Zip Code 96734
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.04

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8621
 Amount of Each Receipt this Period 100.02
 Memo Item
 \$16.67/Monthly

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

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8749
 Amount of Each Receipt this Period 900.00
 Memo Item
 \$150/Monthly

SUBTOTAL of Receipts This Page (optional).....▶	1900.02
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 84
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Carter, Stephen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 161 Glen Eagles Drive
 City Cibolo State TX Zip Code 78108-3343
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group of Texas, PLLC Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8686
 Amount of Each Receipt this Period 300.00
 Memo Item
 \$50/Monthly

B. 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) Residency Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8716
 Amount of Each Receipt this Period 600.00
 Memo Item
 \$150/Monthly

C. Cetta, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 Foster Place
 City Cambridge State MA Zip Code 02138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Executive Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 4800.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8805
 Amount of Each Receipt this Period 2400.00
 Memo Item
 \$400/Monthly

SUBTOTAL of Receipts This Page (optional).....	3300.00
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 16 OF 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Champeau, Matthew, , ,

Mailing Address 16 Stony Hill Rd

City Burlington State CT Zip Code 06013-2601

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

Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Director of APPs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **12 / 31 / 2023**

Transaction ID : SA11AI.8677

Amount of Each Receipt this Period **300.00**

Memo Item
\$50/Monthly

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

Mailing Address 11628 N Saltaire Drive

City Highland State UT Zip Code 84003-5559

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

Name of Employer (for Individual) USACS Management Group, Ltd. Occupation (for Individual) Chief Information Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt **12 / 31 / 2023**

Transaction ID : SA11AI.8604

Amount of Each Receipt this Period **150.00**

Memo Item
\$50/Monthly

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

Mailing Address 91 Woodridge Drive

City Saunderstown State RI Zip Code 02874-1943

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

Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Director of Government Affairs

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ **1800.00**

Date of Receipt **12 / 31 / 2023**

Transaction ID : SA11AI.8760

Amount of Each Receipt this Period **900.00**

Memo Item
\$150/Monthly

SUBTOTAL of Receipts This Page (optional)..... **1350.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 17 OF 84
Use separate schedule(s) for each category of the Detailed Summary Page
FOR LINE NUMBER: (check only one)
11a 11b 11c 12
13 14 15 16 17

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Cline, Gretchann, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 8506 Queen Heights
City San Antonio State TX Zip Code 78254-2329
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) Travis County Emergency Physicians, PA Occupation (for Individual) APP Lead Salary
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 600.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8701
Amount of Each Receipt this Period 300.00
Memo Item
\$50/Monthly

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

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8787
Amount of Each Receipt this Period 900.00
Memo Item
\$150/Monthly

C. Conley, Amy, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 6419 Renwick Circle
City Tampa State FL Zip Code 33647
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Emergency Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 900.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8706
Amount of Each Receipt this Period 300.00
Memo Item
\$100/Monthly

SUBTOTAL of Receipts This Page (optional)..... 1500.00
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 84
	<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. Conner, Cheryl, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 165 Black Buck Rdg
 City Round Mtn State TX Zip Code 78663
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual) Board Member
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2023
Transaction ID : SA11AI.8875
 Amount of Each Receipt this Period
 1000.00
 Memo Item

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : SA11AI.8713
 Amount of Each Receipt this Period
 480.00
 Memo Item
 \$80/Monthly

C. Crawford, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9731 Highland Glen Place
 City Colorado Springs State CO Zip Code 80920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual) Regional Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : SA11AI.8667
 Amount of Each Receipt this Period
 300.00
 Memo Item
 \$50/Monthly

SUBTOTAL of Receipts This Page (optional).....	1780.00
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 84
	<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. D'Incognito, Carmella, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10215 Triangle Park Rd
 City Charlotte State NC Zip Code 28277-6704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8687
 Amount of Each Receipt this Period 300.00
 Memo Item
 \$50/Monthly

B. Dabkowski, Tabitha, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12728 Westmoreland Rd
 City Huntersville State NC Zip Code 28078-5962
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Director of APPs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8655
 Amount of Each Receipt this Period 150.00
 Memo Item
 \$25/Monthly

C. Darnell, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5125 Duffy Rd. SE
 City Lancaster State OH Zip Code 43130-9451
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8781
 Amount of Each Receipt this Period 900.00
 Memo Item
 \$150/Monthly

SUBTOTAL of Receipts This Page (optional).....	1350.00
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 20 OF 84
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Davis, Jaclyn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10611 Moss Mill Lane
 City Charlotte State NC Zip Code 28277-1674
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.04

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8623
 Amount of Each Receipt this Period 100.02
 Memo Item
 \$16.67/Monthly

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

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8734
 Amount of Each Receipt this Period 600.00
 Memo Item
 \$100/Monthly

C. DiCaprio, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3960 N. Monet Ct.
 City Allison Park State PA Zip Code 15101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8678
 Amount of Each Receipt this Period 300.00
 Memo Item
 \$50/Monthly

SUBTOTAL of Receipts This Page (optional).....	1000.02
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 84
	<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. Dunkle, John, , ,			Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2023
Mailing Address 5155 California Lane			Transaction ID : SA11AI.8662
City Alexandria	State VA	Zip Code 22304-8670	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$50/Monthly
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Eakin, Paul, , ,			Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2023
Mailing Address 1455 Hunakai St., Apt. 1			Transaction ID : SA11AI.8675
City Honolulu	State HI	Zip Code 96816-5526	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$50/Monthly
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Associate Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Edginton, Simon, , ,			Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2023
Mailing Address 28671 Corbara Place			Transaction ID : SA11AI.8796
City Wesley Chapel	State FL	Zip Code 33543	Amount of Each Receipt this Period 900.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$150/Monthly
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Regional Chief Medical Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 1800.00	

SUBTOTAL of Receipts This Page (optional).....▶	1450.00
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 84
	<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. Eisenberg, Steven, , ,			Date of Receipt M M / D D / Y Y Y Y 12 / 31 / 2023
Mailing Address 35590 Michael Drive			Transaction ID : SA11AI.8752
City Solon	State OH	Zip Code 44139-5668	Amount of Each Receipt this Period 900.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$150/Monthly
Name of Employer (for Individual) USACS Management Group, Ltd.		Occupation (for Individual) Chief Administrative Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Falcone, Angelo, , ,			Date of Receipt M M / D D / Y Y Y Y 12 / 31 / 2023
Mailing Address 2606 Tridelphia Lake Road			Transaction ID : SA11AI.8751
City Brookeville	State MD	Zip Code 20833	Amount of Each Receipt this Period 900.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$150/Monthly
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Board Member	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Faulk, Michael, , ,			Date of Receipt M M / D D / Y Y Y Y 12 / 31 / 2023
Mailing Address 3951 Fluvanna-Townline Road			Transaction ID : SA11AI.8699
City Jamestown	State NY	Zip Code 14701-9032	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$50/Monthly
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 600.00		

SUBTOTAL of Receipts This Page (optional).....▶	2100.00
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 24 OF 84
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Fearheiley, Corey, , ,			Date of Receipt
Mailing Address 2604 Rain Song			<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2023"/>
City Leander	State TX	Zip Code 78641	Transaction ID : SA11AI.8696
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="300.00"/>
Name of Employer (for Individual) USACS Medical Group of Texas, PLLC		Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$50/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="600.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Feigenbaum, Sarah, , ,			Date of Receipt
Mailing Address 8 N Edsall Ave			<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2023"/>
City Nanuet	State NY	Zip Code 10954-2503	Transaction ID : SA11AI.8650
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="150.00"/>
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) APP Lead Salary	<input type="checkbox"/> Memo Item \$25/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Ferrand, David, , ,			Date of Receipt
Mailing Address 193 Bryna Lane			<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2023"/>
City Carnegie	State PA	Zip Code 15106-1473	Transaction ID : SA11AI.8723
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="600.00"/>
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Emergency Physician Nocturnist	<input type="checkbox"/> Memo Item \$100/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="1200.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1050.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 25 OF 84
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Flanigan, Alan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Erwin Rd
 City North Reading State MA Zip Code 01864-2915
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11Al.8775
 Amount of Each Receipt this Period 900.00
 Memo Item
 \$150/Monthly

B. Fleming, Sean, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2300 Shoreham Circle
 City Lewisville State TX Zip Code 75056
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group of Texas, PLLC Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11Al.8786
 Amount of Each Receipt this Period 900.00
 Memo Item
 \$150/Monthly

C. Foss, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 915 Tschoepe Rd
 City Seguin State TX Zip Code 78155
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group of Texas, PLLC Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11Al.8769
 Amount of Each Receipt this Period 900.00
 Memo Item
 \$150/Monthly

SUBTOTAL of Receipts This Page (optional).....	2700.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 26 OF 84
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Freedman, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12814 Doe Lane
 City N. Potomac State MD Zip Code 20878
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Pediatric Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1725.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8748
 Amount of Each Receipt this Period 825.00
 Memo Item
 \$150/Monthly

B. Funk, Sharon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7034 Wild Fox Run Ave
 City Massillon State OH Zip Code 44646
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Management Group, Ltd. Occupation (for Individual) Executive Vice President, Revenue Str.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8659
 Amount of Each Receipt this Period 200.00
 Memo Item
 \$50/Monthly

C. Futernick, Marc, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1267 South Robles Ave
 City Pasadena State CA Zip Code 91106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group of California, Inc Occupation (for Individual) Director of Clinical Operations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8668
 Amount of Each Receipt this Period 300.00
 Memo Item
 \$50/Monthly

SUBTOTAL of Receipts This Page (optional).....	1325.00
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 27 OF 84
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Gamma, Brett, , ,

Mailing Address 14930 Finegan Farm Drive

City Darnestown	State MD	Zip Code 20874
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2023

Transaction ID : SA11AI.8660

Amount of Each Receipt this Period
200.00

Memo Item
\$50/Monthly

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

Mailing Address 7700 Overlook Hills Lane

City Cincinnati	State OH	Zip Code 45244-3289
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2023

Transaction ID : SA11AI.8731

Amount of Each Receipt this Period
600.00

Memo Item
\$100/Monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Garcia-Gonzalez, Alexander, , ,

Mailing Address 13510 Dogtrack Rd

City Dover	State FL	Zip Code 33527-3506
---------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2023

Transaction ID : SA11AI.8673

Amount of Each Receipt this Period
300.00

Memo Item
\$50/Monthly

SUBTOTAL of Receipts This Page (optional).....	1100.00
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 84
	<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. Gerhart, Caleb, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1111 Lancashire Drive
 City Indian Land State SC Zip Code 29707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8691
 Amount of Each Receipt this Period 300.00
 Memo Item
 \$50/Monthly

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

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8648
 Amount of Each Receipt this Period 150.00
 Memo Item
 \$25/Monthly

C. Goen, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4417 Leonard Road
 City Bryan State TX Zip Code 77807
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group of Texas, PLLC Occupation (for Individual) Regional Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8743
 Amount of Each Receipt this Period 600.00
 Memo Item
 \$100/Monthly

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 29 OF 84
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Gonzalez, Javier, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4527 Scarlet Loop
 City Wesley Chapel State FL Zip Code 33544
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : SA11AI.8784
 Amount of Each Receipt this Period 900.00
 Memo Item
 \$150/Monthly

B. Grooms, Roderick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 417 Edgewood Drive
 City Sarver State PA Zip Code 16055-9266
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : SA11AI.8684
 Amount of Each Receipt this Period 300.00
 Memo Item
 \$50/Monthly

C. Haile, Lydia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1743 Webster St NW
 City Washington State DC Zip Code 20011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Chair
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : SA11AI.8670
 Amount of Each Receipt this Period 300.00
 Memo Item
 \$50/Monthly

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 30 OF 84
(check only one)

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

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Hall, Timothy, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1380 Woodhurst Drive

City Rock Hill	State SC	Zip Code 29732-2082
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1800.00

Date of Receipt
12 / 31 / 2023
Transaction ID : SA11AI.8764

Amount of Each Receipt this Period
900.00

Memo Item
\$150/Monthly

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

Mailing Address 2310B Old Trail Rd.

City Avon	State CO	Zip Code 81620
--------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
12 / 31 / 2023
Transaction ID : SA11AI.8694

Amount of Each Receipt this Period
300.00

Memo Item
\$50/Monthly

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

Mailing Address 200 Windermere Ct.

City McMurray	State PA	Zip Code 15317
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
12 / 31 / 2023
Transaction ID : SA11AI.8735

Amount of Each Receipt this Period
600.00

Memo Item
\$100/Monthly

SUBTOTAL of Receipts This Page (optional).....	1800.00
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 84
	<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. Herndon, Yalonda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2509 Mill Wright Rd
 City Concord State NC Zip Code 28027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8690
 Amount of Each Receipt this Period 300.00
 Memo Item
 \$50/Monthly

B. Hicken, Wesley, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1029 Wintergreen Terrace
 City Rockville State MD Zip Code 20850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Advanced Practice Provider
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 237.50

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8616
 Amount of Each Receipt this Period 87.50
 Memo Item
 \$25/Monthly

C. Higginbotham, Eric, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1701B South 2nd Street Unit B
 City Austin State TX Zip Code 78704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group of Texas, PLLC Occupation (for Individual) Pediatric Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8789
 Amount of Each Receipt this Period 900.00
 Memo Item
 \$150/Monthly

SUBTOTAL of Receipts This Page (optional).....▶ 1287.50
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 84
	<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. Hinedi, Kareem, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2023
Mailing Address 501 Old Orchard Trail		Transaction ID : SA11AI.8717
City Pittsburgh	State PA	Zip Code 15238-1157
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) National Director of Hospital Medicine	<input type="checkbox"/> Memo Item \$100/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Holt, Douglas, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2023
Mailing Address 207 Cabbage Inlet Lane		Transaction ID : SA11AI.8666
City Wilmington	State NC	Zip Code 28409-3004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) Firefighter	<input type="checkbox"/> Memo Item \$100/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Hummel, Laura, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2023
Mailing Address 807 S. Roxmere Road		Transaction ID : SA11AI.8727
City Tampa	State FL	Zip Code 33609-4235
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) Emergency Physician	<input type="checkbox"/> Memo Item \$100/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1200.00	

SUBTOTAL of Receipts This Page (optional).....	1500.00
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 84
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Hummer, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 148 Barranca Road
 City Santa Fe State NM Zip Code 87501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Management Group, Ltd. Occupation (for Individual) Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8757
 Amount of Each Receipt this Period 900.00
 Memo Item
 \$150/Monthly

B. Hydari, Irfan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3203 Walnut Ave
 City Austin State TX Zip Code 78722-1635
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group of Texas, PLLC Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8644
 Amount of Each Receipt this Period 150.00
 Memo Item
 \$150/Monthly

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

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8739
 Amount of Each Receipt this Period 600.00
 Memo Item
 \$100/Monthly

SUBTOTAL of Receipts This Page (optional).....▶	1650.00
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 34 OF 84
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Janikas, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 748 Carlton Road
 City Clifton Park State NY Zip Code 12065-1023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Regional Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : SA11AI.8714
 Amount of Each Receipt this Period 499.98
 Memo Item
 \$83.33/Monthly

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : SA11AI.8768
 Amount of Each Receipt this Period 900.00
 Memo Item
 \$150/Monthly

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : SA11AI.8800
 Amount of Each Receipt this Period 900.00
 Memo Item
 \$150/Monthly

SUBTOTAL of Receipts This Page (optional).....▶	2299.98
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 35 OF 84
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Johnston, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1459 Milwaukee St.
 City Denver State CO Zip Code 80206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : SA11AI.8685
 Amount of Each Receipt this Period 300.00
 Memo Item
 \$50/Monthly

B. Jones, Bruce, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4187 Colister Drive
 City Dublin State OH Zip Code 43016-6162
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : SA11AI.8643
 Amount of Each Receipt this Period 150.00
 Memo Item
 \$150/Monthly

C. Jouriles, Nicholas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 398 Bentleyville Road
 City Moreland Hills State OH Zip Code 44022-2433
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : SA11AI.8704
 Amount of Each Receipt this Period 300.00
 Memo Item
 \$50/Monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 84
	<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. Kalaria, Amit, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2023		
Mailing Address 12201 Hanson Farm Dr			Transaction ID : SA11AI.8641		
City North Potomac	State MD	Zip Code 20878-2476	Amount of Each Receipt this Period 120.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item		
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Regional Vice President	\$20/Monthly		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Kapadia, Homi, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2023		
Mailing Address 31281 Island Dr			Transaction ID : SA11AI.8802		
City Evergreen	State CO	Zip Code 80439-8966	Amount of Each Receipt this Period 900.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item		
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) System Vice President	\$150/Monthly		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1800.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Kapur, Girish, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2023		
Mailing Address 535 Beaver Rd			Transaction ID : SA11AI.8744		
City Edgeworth	State PA	Zip Code 15143-1005	Amount of Each Receipt this Period 600.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item		
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Regional Vice President	\$100/Monthly		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 1200.00			

SUBTOTAL of Receipts This Page (optional).....	1620.00
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 37 OF 84
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Karber, Nathan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8525 E. 50th Dr.
 City Denver State CO Zip Code 80238
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8646
 Amount of Each Receipt this Period 150.00
 Memo Item
 \$25/Monthly

B. Kendall, Jayne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21710 Parsons Green Row
 City Cornelius State NC Zip Code 28031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Chief of Clinician Engagement
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8721
 Amount of Each Receipt this Period 600.00
 Memo Item
 \$100/Monthly

C. Kimmerling, Adam, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19252 Long Lake Ranch Blvd
 City Lutz State FL Zip Code 33558-5510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) APP Lead Salary
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8712
 Amount of Each Receipt this Period 450.00
 Memo Item
 \$75/Monthly

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
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 38 OF 84
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Kirkpatrick, Kyle, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2023
Mailing Address 16360 Hawkstone Place			Transaction ID : SA11AI.8632
City Parker	State CO	Zip Code 80134	Amount of Each Receipt this Period 120.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$20/Monthly
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Director of APPs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Kirtz, Jeremy, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2023
Mailing Address 906 S Fremont Ave			Transaction ID : SA11AI.8682
City Tampa	State FL	Zip Code 33606	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$50/Monthly
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Klein, David, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2023
Mailing Address 11736 Gainsborough Road			Transaction ID : SA11AI.8740
City Potomac	State MD	Zip Code 20854	Amount of Each Receipt this Period 600.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$100/Monthly
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) National Director of Quality	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1200.00		

SUBTOTAL of Receipts This Page (optional).....	1020.00
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 84
<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. Kolodzik, Joan, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2023
Mailing Address 1108 Paxon Court			Transaction ID : SA11Al.8747
City Bellbrook	State OH	Zip Code 45305-8959	Amount of Each Receipt this Period 750.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$150/Monthly
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Chairman, National Clinical Governance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1650.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Kornas, Rebecca, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2023
Mailing Address 4129 Utica St			Transaction ID : SA11Al.8692
City Denver	State CO	Zip Code 80212-2248	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$50/Monthly
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Kramer, Olga, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2023
Mailing Address 523 Bowline Drive			Transaction ID : SA11Al.8674
City Denver	State NC	Zip Code 28037-0596	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$50/Monthly
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Advanced Practice Provider	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 600.00		

SUBTOTAL of Receipts This Page (optional).....▶	1350.00
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 84
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
USACS PAC

A. 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) USACS Medical Group, Ltd. Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8639
 Amount of Each Receipt this Period 120.00
 Memo Item
 \$20/Monthly

B. Lavina, Jay, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11651 Renaissance View Ct.
 City Tampa State FL Zip Code 33626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Director of APPs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8654
 Amount of Each Receipt this Period 150.00
 Memo Item
 \$25/Monthly

C. Lee, Sidney, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 66 Queen Street, Apt 3103
 City Honolulu State HI Zip Code 96813-4417
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8688
 Amount of Each Receipt this Period 300.00
 Memo Item
 \$50/Monthly

SUBTOTAL of Receipts This Page (optional).....▶	570.00
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 42 OF 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Lewis, Brandon, , ,

Mailing Address 4911 Firestone Dr.

City College Station State TX Zip Code 77845-8927

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

Name of Employer (for Individual) USACS Medical Group of Texas, PLLC Occupation (for Individual) President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8792

Amount of Each Receipt this Period 900.00

Memo Item \$150/Monthly

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

Mailing Address 3919 Luz Del Faro

City San Antonio State TX Zip Code 78261-2765

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

Name of Employer (for Individual) USACS Medical Group of Texas, PLLC Occupation (for Individual) Medical Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8697

Amount of Each Receipt this Period 300.00

Memo Item \$50/Monthly

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

Mailing Address 2554 E. Maplewood Ave.

City Centennial State CO Zip Code 80121

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

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

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8783

Amount of Each Receipt this Period 900.00

Memo Item \$150/Monthly

SUBTOTAL of Receipts This Page (optional)..... ▶ 2100.00

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 43 OF 84
	<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Lojewski, Stephen, , ,

Mailing Address 23453 Country Club Lane

City Grosse Ile	State MI	Zip Code 48138-2246
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023

Transaction ID : SA11AI.8618

Amount of Each Receipt this Period
100.00

Memo Item
\$20/Monthly

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

Mailing Address 5761 Reservoir Rd

City Georgetown	State CA	Zip Code 95634
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023

Transaction ID : SA11AI.8634

Amount of Each Receipt this Period
120.00

Memo Item
\$20/Monthly

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

Mailing Address 64 Newfields Road

City Exeter	State NH	Zip Code 03833-4542
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023

Transaction ID : SA11AI.8795

Amount of Each Receipt this Period
900.00

Memo Item
\$150/Monthly

SUBTOTAL of Receipts This Page (optional).....	1120.00
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 44 OF 84
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Madar, Merci, , ,		Date of Receipt MM / DD / YYYY 12 / 31 / 2023
Mailing Address 7805 Valderrama Way		Transaction ID : SA11AI.8622
City Bradenton	State FL	Zip Code 34202-5651
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.02
Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) Emergency Physician	<input type="checkbox"/> Memo Item \$16.67/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.04	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Mann, Rubeal, , ,		Date of Receipt MM / DD / YYYY 12 / 31 / 2023
Mailing Address 6092 Monet Way		Transaction ID : SA11AI.8732
City El Dorado Hills	State CA	Zip Code 95762-5240
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$100/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Markowski, Kevin, , ,		Date of Receipt MM / DD / YYYY 12 / 31 / 2023
Mailing Address 572 White Tail Ridge Drive		Transaction ID : SA11AI.8626
City Fairlawn	State OH	Zip Code 44333
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.02
Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) Hospitalist Regional Medical Director	<input type="checkbox"/> Memo Item \$16.67/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 200.04	

SUBTOTAL of Receipts This Page (optional).....▶	800.04
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 45 OF 84
	<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. Martinez, Anthony, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2023		
Mailing Address 3834 Barrington St			Transaction ID : SA11AI.8605		
City San Antonio	State TX	Zip Code 78217	Amount of Each Receipt this Period 900.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$150/Monthly		
Name of Employer (for Individual) Travis County Emergency Physicians, PA		Occupation (for Individual) Regional Vice President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1800.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Matke, Angela, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2023		
Mailing Address 1080 Pebblebrook Rd. SE			Transaction ID : SA11AI.8707		
City Mableton	State GA	Zip Code 30126-5612	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$150/Monthly		
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Emergency Physician - Regional Trave			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Mayz, Kurtis, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2023		
Mailing Address 420 E Archer St. Apt. 405			Transaction ID : SA11AI.8776		
City Tulsa	State OK	Zip Code 74120-1483	Amount of Each Receipt this Period 900.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$150/Monthly		
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Medical Director			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 1800.00			

SUBTOTAL of Receipts This Page (optional).....▶	2100.00
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 46 OF 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
USACS PAC

A. McManus, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 3484
 City Durango State CO Zip Code 81302-3484
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8770
 Amount of Each Receipt this Period 900.00
 Memo Item
 \$150/Monthly

B. Meers, Holley, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24 Quincy Street
 City Chevy Chase State MD Zip Code 20815-4227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) System Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8738
 Amount of Each Receipt this Period 600.00
 Memo Item
 \$100/Monthly

C. Mehta, Nishit, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2268 Pendelton Ct
 City Avon State OH Zip Code 44011-2645
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Quality Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8658
 Amount of Each Receipt this Period 180.00
 Memo Item
 \$30/Monthly

SUBTOTAL of Receipts This Page (optional).....▶	1680.00
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 47 OF 84
	<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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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
USACS PAC

A. Meyer, Kendra, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 85 Beatty Lane
 City Scenery Hill State PA Zip Code 15360-1537
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Director of APPs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8676
 Amount of Each Receipt this Period 300.00
 Memo Item
 \$50/Monthly

B. Miner, D., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2398 S. Garfield St.
 City Denver State CO Zip Code 80210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8693
 Amount of Each Receipt this Period 300.00
 Memo Item
 \$50/Monthly

C. Mirhadi, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1984 Caversham Way
 City Folsom State CA Zip Code 95630
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8680
 Amount of Each Receipt this Period 300.00
 Memo Item
 \$50/Monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 84
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

NAME OF COMMITTEE (In Full)
USACS PAC

A. Misra, Swarup, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9667 Ashley Green Ct NW
 City Concord State NC Zip Code 28027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Quality Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8794
 Amount of Each Receipt this Period 900.00
 Memo Item
 \$150/Monthly

B. Mitri, Osama, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4875 Lantern Hill Cir NW
 City Canton State OH Zip Code 44718-3862
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Chief of Inpatient Medicine
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8759
 Amount of Each Receipt this Period 900.00
 Memo Item
 \$150/Monthly

C. Morel, Benjamin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 95 Lane Holler
 City Belmont State NC Zip Code 28012-3656
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Regional Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8803
 Amount of Each Receipt this Period 900.00
 Memo Item
 \$150/Monthly

SUBTOTAL of Receipts This Page (optional).....	2700.00
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 49 OF 84
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Natali, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 115 Pheasant Drive
 City Blawnox State PA Zip Code 15238-2207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8763
 Amount of Each Receipt this Period 900.00
 Memo Item
 \$150/Monthly

B. Nelson, Jeremy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2001 Cross Draw Trail
 City Leander State TX Zip Code 78641
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Travis County Emergency Physicians, PA Occupation (for Individual) APP Lead Salary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8651
 Amount of Each Receipt this Period 150.00
 Memo Item
 \$25/Monthly

C. Nguyen, Vicky, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13054 W Buckhorn Rd
 City Littleton State CO Zip Code 80127-5162
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) System Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8702
 Amount of Each Receipt this Period 300.00
 Memo Item
 \$50/Monthly

SUBTOTAL of Receipts This Page (optional).....	1350.00
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 50 OF 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
USACS PAC

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

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8637
 Amount of Each Receipt this Period 120.00
 Memo Item
 \$20/Monthly

B. Osmundson, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6638 Gebser Court
 City Reno State NV Zip Code 89511-5079
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8790
 Amount of Each Receipt this Period 900.00
 Memo Item
 \$150/Monthly

C. Palmaer, Patrice, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19533 Pine Drive
 City Bend State OR Zip Code 97702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Management Group, Ltd. Occupation (for Individual) Vice President of Payer Contracting
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8746
 Amount of Each Receipt this Period 600.00
 Memo Item
 \$100/Monthly

SUBTOTAL of Receipts This Page (optional).....▶ 1620.00
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 51 OF 84
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Parks, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11533 Sand Stone Rock Dr
 City Riverview State FL Zip Code 33569-8709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) APP Salary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 12 / 31 / 2023
Transaction ID : SA11AI.8711
 Amount of Each Receipt this Period 450.00
 Memo Item
 \$75/Monthly

B. Patlovany, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19938 Terra Canyon
 City San Antonio State TX Zip Code 78255-2344
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group of Texas, PLLC Occupation (for Individual) Chief Clinical Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt
 12 / 31 / 2023
Transaction ID : SA11AI.8753
 Amount of Each Receipt this Period 900.00
 Memo Item
 \$150/Monthly

C. Perfetti, Joyce, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29470 Picana Lane
 City Wesley Chapel State FL Zip Code 33543-6615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 12 / 31 / 2023
Transaction ID : SA11AI.8736
 Amount of Each Receipt this Period 600.00
 Memo Item
 \$100/Monthly

SUBTOTAL of Receipts This Page (optional).....	1950.00
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 52 OF 84
	<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. Phillips, Donald, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2023
Mailing Address 1315 Woodglen Ct		Transaction ID : SA11AI.8771
City Aledo	State TX	Zip Code 76008
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 900.00
Name of Employer (for Individual) USACS Medical Group of Texas, PLLC	Occupation (for Individual) Emergency Physician - Regional Travel	<input type="checkbox"/> Memo Item \$150/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Pines, Jesse, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2023
Mailing Address 2424 N Potomac St		Transaction ID : SA11AI.8720
City Arlington	State VA	Zip Code 22207
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) Chief of Clinical Innovation	<input type="checkbox"/> Memo Item \$100/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Posin, Shawn, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2023
Mailing Address 47575 Hidden Springs Dr		Transaction ID : SA11AI.8718
City Saint Clairsville	State OH	Zip Code 43950-8626
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) Board Member	<input type="checkbox"/> Memo Item \$100/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1200.00	

SUBTOTAL of Receipts This Page (optional).....▶	2100.00
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 53 OF 84
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Pyle, Moira, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2220 Valley Oaks Cove
 City Leander State TX Zip Code 78641
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group of Texas, PLLC Occupation (for Individual) Director of APPs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 862.50

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8710
 Amount of Each Receipt this Period 450.00
 Memo Item
 \$75/Monthly

B. Rader, Nancy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 107 Jeremy Drive
 City Kings Mountain State NC Zip Code 28086-9102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) APP Lead Salary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8649
 Amount of Each Receipt this Period 150.00
 Memo Item
 \$25/Monthly

C. Radford, Shawn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8017 Jean Court
 City Pasadena State MD Zip Code 21122-1063
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Emergency Physician - Regional Travel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8773
 Amount of Each Receipt this Period 900.00
 Memo Item
 \$150/Monthly

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
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 54 OF 84
	(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. Reed, Rhett, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12509 Red Mesa Hollow
 City Austin State TX Zip Code 78739-7535
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group of Texas, PLLC Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8729
 Amount of Each Receipt this Period 600.00
 Memo Item
 \$100/Monthly

B. Reese, Melissa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4103 Avalon Village Blvd.
 City Vienna State OH Zip Code 44473
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Management Group, Ltd. Occupation (for Individual) Vice President, Site Operations Support
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8705
 Amount of Each Receipt this Period 300.00
 Memo Item
 \$50/Monthly

C. Repine, Kamie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 456 Chapman Dam Road
 City Clarendon State PA Zip Code 16313-3804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) APP Lead Salary
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8653
 Amount of Each Receipt this Period 150.00
 Memo Item
 \$25/Monthly

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 OF 84
 (check only one)

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

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Ricciardi, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 736 Cole Street
 City Charlottesville State VA Zip Code 22901-3210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : SA11AI.8698
 Amount of Each Receipt this Period 300.00
 Memo Item
 \$50/Monthly

B. Roberts, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7826 Eglinton Ct
 City Cincinnati State OH Zip Code 45255-2413
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : SA11AI.8635
 Amount of Each Receipt this Period 120.00
 Memo Item
 \$20/Monthly

C. Romano, Frederick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4516 Tuscana Drive
 City Sarasota State FL Zip Code 34241-4201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Firefighter
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : SA11AI.8774
 Amount of Each Receipt this Period 900.00
 Memo Item
 \$150/Monthly

SUBTOTAL of Receipts This Page (optional).....▶ 1320.00
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 56 OF 84
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Rosen, Nicholas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1089 S. Williams St.
 City Denver State CO Zip Code 80209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8689
 Amount of Each Receipt this Period 300.00
 Memo Item
 \$50/Monthly

B. Ross, Sanford, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1451 Tranquility Drive
 City Milford State MI Zip Code 48381-4809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Assistant Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8631
 Amount of Each Receipt this Period 120.00
 Memo Item
 \$20/Monthly

C. Roy, Neil, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2408 Henslowe Drive
 City Potomac State MD Zip Code 20854
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8683
 Amount of Each Receipt this Period 300.00
 Memo Item
 \$50/Monthly

SUBTOTAL of Receipts This Page (optional).....	720.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 57 OF 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Russell Goman, Dacia, , ,

Mailing Address 6611 Marshview Dr

City Hilliard State OH Zip Code 43026-2108

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

Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Emergency Physician Nocturnist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8730

Amount of Each Receipt this Period 600.00

Memo Item \$100/Monthly

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

Mailing Address 3502 Quitman St.

City Denver State CO Zip Code 80212

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

Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Senior Director of Quality

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8742

Amount of Each Receipt this Period 600.00

Memo Item \$100/Monthly

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

Mailing Address 6286 E Long Circle N

City Centennial State CO Zip Code 80112

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

Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Emergency Physician

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8725

Amount of Each Receipt this Period 600.00

Memo Item \$100/Monthly

SUBTOTAL of Receipts This Page (optional)..... ▶ 1800.00

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 58 OF 84
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Scott, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 749 Bentwater Circle, Unit 102
 City Naples State FL Zip Code 34108-6762
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8709
 Amount of Each Receipt this Period 450.00
 Memo Item
 \$150/Monthly

B. Scott, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1384 Leslie NE Ln.
 City Lancaster State OH Zip Code 43130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.04

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8624
 Amount of Each Receipt this Period 100.02
 Memo Item
 \$16.67/Monthly

C. Seaberg, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1221 1st St S, Unit 3A
 City Jacksonville Beach State FL Zip Code 32250-6446
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Executive Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8772
 Amount of Each Receipt this Period 900.00
 Memo Item
 \$150/Monthly

SUBTOTAL of Receipts This Page (optional).....	1450.02
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 59 OF 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Selley, Jeremy, , ,

Mailing Address 2821 Lakeview Drive

City Sebring State FL Zip Code 33870-7900

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

Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Associate Medical Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **12 / 31 / 2023**

Transaction ID : SA11AI.8681

Amount of Each Receipt this Period **300.00**

Memo Item
\$50/Monthly

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

Mailing Address 2144 Grant Farm Court

City Marriottsville State MD Zip Code 21104

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

Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Associate Medical Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1800.00**

Date of Receipt **12 / 31 / 2023**

Transaction ID : SA11AI.8750

Amount of Each Receipt this Period **900.00**

Memo Item
\$150/Monthly

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

Mailing Address 912 Camelot Dr.

City Hermitage State PA Zip Code 16148-9100

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

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

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ **1800.00**

Date of Receipt **12 / 31 / 2023**

Transaction ID : SA11AI.8797

Amount of Each Receipt this Period **900.00**

Memo Item
\$150/Monthly

SUBTOTAL of Receipts This Page (optional)..... **2100.00**

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 60 OF 84
	<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. Siegel, John, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2023 Transaction ID : SA11AI.8615		
Mailing Address 1437 Ivey Dr			Amount of Each Receipt this Period 87.50		
City Charlotte	State NC	Zip Code 28205-5316	Memo Item <input type="checkbox"/>		
FEC ID number of contributing federal political committee. C			\$25/Monthly		
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) APP Lead Salary			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 237.50			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Slabinski, Mark, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2023 Transaction ID : SA11AI.8799		
Mailing Address 3004 Edison St. NW			Amount of Each Receipt this Period 900.00		
City Uniontown	State OH	Zip Code 44685-7212	Memo Item <input type="checkbox"/>		
FEC ID number of contributing federal political committee. C			\$150/Monthly		
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Regional Vice President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1800.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Smith, Wade, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2023 Transaction ID : SA11AI.8645		
Mailing Address 2045 Oak Knoll Dr			Amount of Each Receipt this Period 150.00		
City Springfield	State OH	Zip Code 45504-1162	Memo Item <input type="checkbox"/>		
FEC ID number of contributing federal political committee. C			\$25/Monthly		
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Emergency Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 250.00			

SUBTOTAL of Receipts This Page (optional).....▶	1137.50
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 84
	<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. Snyder, Eric, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2023		
Mailing Address 311 East Carroll Street, PO Box 38			Transaction ID : SA11AI.8630		
City Carrolltown	State PA	Zip Code 15722-0384	Amount of Each Receipt this Period 120.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$20/Monthly		
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) APP Salary			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Somers, Michael, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2023		
Mailing Address 503 Neuse Harbour Blvd			Transaction ID : SA11AI.8779		
City New Bern	State NC	Zip Code 28560-8958	Amount of Each Receipt this Period 900.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$150/Monthly		
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Medical Director			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1800.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Steinou, Nicholas, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2023		
Mailing Address 1012 E. 8thSt.			Transaction ID : SA11AI.8664		
City Austin	State TX	Zip Code 78702	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$50/Monthly		
Name of Employer (for Individual) USACS Medical Group of Texas, PLLC		Occupation (for Individual) Regional Vice President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 350.00			

SUBTOTAL of Receipts This Page (optional).....▶	1270.00
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 62 OF 84
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Sullivan, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 117 James Place
 City Pittsburgh State PA Zip Code 15228-1021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8737
 Amount of Each Receipt this Period 600.00
 Memo Item
 \$100/Monthly

B. Tamkin, Gary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 Valley High
 City Lafayette State CA Zip Code 94549
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group of California, Inc Occupation (for Individual) Regional Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8804
 Amount of Each Receipt this Period 900.00
 Memo Item
 \$150/Monthly

C. Thompson, Donovan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4408 Lake Shore Road North
 City Denver State NC Zip Code 28037-9198
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Chair
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8719
 Amount of Each Receipt this Period 600.00
 Memo Item
 \$100/Monthly

SUBTOTAL of Receipts This Page (optional).....	2100.00
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 63 OF 84
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Toole, Timothy, , ,

Mailing Address 2140 E 30th St

City Tulsa	State OK	Zip Code 74114-5426
---------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2023

Transaction ID : SA11AI.8633

Amount of Each Receipt this Period
120.00

Memo Item
\$20/Monthly

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

Mailing Address 111 W. Jones Ave, #522

City San Antonio	State TX	Zip Code 78215-1387
---------------------	-------------	------------------------

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

Name of Employer (for Individual) USACS Medical Group of Texas, PLLC	Occupation (for Individual) Regional Vice President
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2023

Transaction ID : SA11AI.8745

Amount of Each Receipt this Period
600.00

Memo Item
\$100/Monthly

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

Mailing Address 1240 Broadview Ave

City Columbus	State OH	Zip Code 43212-3344
------------------	-------------	------------------------

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

Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) Chief Clinical Recruiting Officer
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1800.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2023

Transaction ID : SA11AI.8754

Amount of Each Receipt this Period
900.00

Memo Item
\$150/Monthly

SUBTOTAL of Receipts This Page (optional).....	1620.00
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 64 OF 84
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Ventura, Ivan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1976 Summerglen Dr
 City Atwater State CA Zip Code 95301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group of California, Inc Occupation (for Individual) Director of APPs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 787.50

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8708
 Amount of Each Receipt this Period 337.50
 Memo Item
 \$75/Monthly

B. Vock, Tracie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7911 Fingerboard Road
 City Frederick State MD Zip Code 21704-7628
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Senior Director of Advanced Practice,
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8700
 Amount of Each Receipt this Period 300.00
 Memo Item
 \$50/Monthly

C. Walker, Jonathan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 115 Oak Ridge Road
 City Gatesville State TX Zip Code 76528-3569
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group of Texas, PLLC Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8671
 Amount of Each Receipt this Period 300.00
 Memo Item
 \$50/Monthly

SUBTOTAL of Receipts This Page (optional).....	937.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 84
	<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. Watson, James, , ,			Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2023 Transaction ID : SA11AI.8755		
Mailing Address 3000 Forest Drive			Amount of Each Receipt this Period 900.00		
City Pepper Pike	State OH	Zip Code 44124	<input type="checkbox"/> Memo Item \$150/Monthly		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) USACS Management Group, Ltd.		Occupation (for Individual) Chief Financial Officer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1800.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Wellock, Austin, , ,			Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2023 Transaction ID : SA11AI.8703		
Mailing Address 2439 Clydesdale St NW			Amount of Each Receipt this Period 300.00		
City North Canton	State OH	Zip Code 44720-9818	<input type="checkbox"/> Memo Item \$50/Monthly		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) System Medical Director			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Welsh, Ian, , ,			Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2023 Transaction ID : SA11AI.8780		
Mailing Address 1027 Gardenia Street			Amount of Each Receipt this Period 900.00		
City Fort Mill	State SC	Zip Code 29708	<input type="checkbox"/> Memo Item \$150/Monthly		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Medical Director			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 1800.00			

SUBTOTAL of Receipts This Page (optional).....▶	2100.00
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 66 OF 84
	<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. West, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 441 Carnoustie
 City Highland State MI Zip Code 48357-4754
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Quality Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8663
 Amount of Each Receipt this Period 250.00
 Memo Item
 \$50/Monthly

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

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8636
 Amount of Each Receipt this Period 120.00
 Memo Item
 \$20/Monthly

C. Willis, Audriana, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 405 Hardy Rd
 City Newport State NC Zip Code 28570-8401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) APP Lead Salary
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8652
 Amount of Each Receipt this Period 150.00
 Memo Item
 \$25/Monthly

SUBTOTAL of Receipts This Page (optional).....	520.00
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 67 OF 84
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Wirtz, David, , ,		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2023
Mailing Address 1 Highgate NE		Transaction ID : SA11AI.8778
City Ithaca	State NY	Zip Code 14850
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 900.00
Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$150/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Yontek, Frederick, , ,		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2023
Mailing Address 27518 Pine Point Drive		Transaction ID : SA11AI.8638
City Wesley Chapel	State FL	Zip Code 33544-8756
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 120.00
Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) Emergency Physician	<input type="checkbox"/> Memo Item \$20/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Yost, Jason, , ,		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2023
Mailing Address 1318 Peony Street NW		Transaction ID : SA11AI.8672
City Hartville	State OH	Zip Code 44632
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer (for Individual) USACS Management Group, Ltd.	Occupation (for Individual) Vice President, Employment and Litigat	<input type="checkbox"/> Memo Item \$50/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	1320.00
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 68 OF 84
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Zayac, Carl, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5901 Velasco Ave
 City Dallas State TX Zip Code 75206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group of Texas, PLLC Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : SA11AI.8726
 Amount of Each Receipt this Period 600.00
 Memo Item
 \$100/Monthly

B. Ziebell, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4014 Greystone Drive
 City Austin State TX Zip Code 78731
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group of Texas, PLLC Occupation (for Individual) Director of Behavioral Health Innovati
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : SA11AI.8722
 Amount of Each Receipt this Period 600.00
 Memo Item
 \$100/Monthly

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

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

SUBTOTAL of Receipts This Page (optional).....	1200.00
TOTAL This Period (last page this line number only).....	100007.40

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 69 OF 84
<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. SINEMA FOR ARIZONA

Mailing Address **PO BOX 7586**

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

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

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

Receipt For: 2023
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
09 / 13 / 2023

Transaction ID : SA16.8870

Amount of Each Receipt this Period
5000.00

Memo Item
Refund of Check#1550

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

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

Amount of Each Receipt this Period

Memo Item

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

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

Amount of Each Receipt this Period

Memo Item

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name (Last, First, Middle Initial) A. BILL CASSIDY FOR US SENATE		Date of Disbursement MM / DD / YYYY 11 / 21 / 2023
Mailing Address PO BOX 80505		FEC Identification Number C
City BATON ROUGE	State LA	
Purpose of Disbursement		Transaction ID : SB23.8807
Candidate Name Cassidy, Bill, , ,		Amount of Each Disbursement this Period 5000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. EDPMA PAC		Date of Disbursement MM / DD / YYYY 08 / 03 / 2023
Mailing Address 8400 Westpark Drive		FEC Identification Number C
City Mclean	State VA	
Purpose of Disbursement		Transaction ID : SB23.8808
Candidate Name EDPMA PAC		Amount of Each Disbursement this Period 5000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. JOBS, EDUCATION, & FAMILIES FIRST JEFF PAC		Date of Disbursement MM / DD / YYYY 08 / 03 / 2023
Mailing Address PO BOX 65322		FEC Identification Number C
City WASHINGTON	State DC	
Purpose of Disbursement		Transaction ID : SB23.8809
Candidate Name JOBS, EDUCATION, & FAMILIES FIRST JEFF PAC		Amount of Each Disbursement this Period 2500.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	12500.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
USACS PAC

A. KEVIN MCCARTHY FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 12667

City BAKERSFIELD State CA Zip Code 93389

Purpose of Disbursement Category/Type

Candidate Name MCCARTHY, KEVIN, , ,

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

State: CA District: 20

Date of Disbursement: 10 / 10 / 2023

FEC Identification Number: C00420935
Transaction ID : SB23.8810
 Amount of Each Disbursement this Period: 2500.00

Memo Item

B. LISA BLUNT ROCHESTER FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 9767

City WILMINGTON State DE Zip Code 19809

Purpose of Disbursement Category/Type

Candidate Name Blunt-Rochester, Lisa, , ,

Office Sought: House Senate President
 Disbursement For: 2024 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 21 / 2023

FEC Identification Number: C00590778
Transaction ID : SB23.8815
 Amount of Each Disbursement this Period: 2500.00

Memo Item

C. MADISON PAC; THE

Full Name (Last, First, Middle Initial)

Mailing Address 235 STATE STREET #206

City SPRINGFIELD State MA Zip Code 01103

Purpose of Disbursement Category/Type

Candidate Name MADISON PAC; THE

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

State: District:

Date of Disbursement: 10 / 10 / 2023

FEC Identification Number: C00426809
Transaction ID : SB23.8816
 Amount of Each Disbursement this Period: 5000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 10000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

USACS PAC

Full Name (Last, First, Middle Initial)

A. MIKE JOHNSON FOR LOUISIANA

Mailing Address C/O 228 S. WASHINGTON ST.
STE. 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement

Candidate Name

Johnson, Mike, , ,

Office Sought: House Senate President

State: District:

Disbursement For: 2024
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 21 / 2023

FEC Identification Number

C C00608695

Transaction ID : SB23.8817

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Mr Southern Missourian in the House PAC

Mailing Address PO Box 667238

City Houston State TX Zip Code 77266

Purpose of Disbursement

Candidate Name

Mr Southern Missourian in the House PAC

Office Sought: House Senate President

State: District:

Disbursement For:
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 21 / 2023

FEC Identification Number

C

Transaction ID : SB23.8818

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. RICHARD E NEAL FOR CONGRESS COMMITTEE

Mailing Address 76 MAGNOLIA TERRACE

City SPRINGFIELD State MA Zip Code 01108

Purpose of Disbursement

Candidate Name

Neal, Richard, , ,

Office Sought: House Senate President

State: District:

Disbursement For: 2024
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 21 / 2023

FEC Identification Number

C C00226522

Transaction ID : SB23.8819

Amount of Each Disbursement this Period

5000.00

Memo Item

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

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

10000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name (Last, First, Middle Initial) A. RON ESTES FOR CONGRESS		Date of Disbursement MM / DD / YYYY 09 / 14 / 2023
Mailing Address PO BOX 782952		FEC Identification Number C C00632067 Transaction ID : SB23.8820
City WICHITA	State KS	Zip Code 67278
Purpose of Disbursement		Amount of Each Disbursement this Period 2500.00
Candidate Name Estes, Ron, , ,		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Ruiz Victory Fund		Date of Disbursement MM / DD / YYYY 08 / 03 / 2023
Mailing Address 77933 Las Montanas Road #103		FEC Identification Number C Transaction ID : SB23.8821
City Palm Desert	State CA	Zip Code 92211
Purpose of Disbursement		Amount of Each Disbursement this Period 5000.00
Candidate Name Ruiz Victory Fund		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. SINEMA FOR ARIZONA		Date of Disbursement MM / DD / YYYY 08 / 03 / 2023
Mailing Address PO BOX 7586		FEC Identification Number C C00508804 Transaction ID : SB23.8822
City PHOENIX	State AZ	Zip Code 85011
Purpose of Disbursement		Amount of Each Disbursement this Period 5000.00
Candidate Name SINEMA, KYRSTEN, , ,		Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: AZ District: 00		

SUBTOTAL of Disbursements This Page (optional).....▶	12500.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
USACS PAC

A. TAMMY BALDWIN FOR SENATE

Full Name (Last, First, Middle Initial) _____

Mailing Address P.O. BOX 696 _____

City MADISON State WI Zip Code 53701

Purpose of Disbursement _____

Candidate Name Baldwin, Tammy, . . . _____

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement: MM / DD / YYYY
08 / 03 / 2023

FEC Identification Number: **C** C00326801
Transaction ID : SB23.8825

Amount of Each Disbursement this Period: 1000.00

Memo Item

B.

Full Name (Last, First, Middle Initial) _____

Mailing Address _____

City _____ State _____ Zip Code _____

Purpose of Disbursement _____

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: **C** _____

Amount of Each Disbursement this Period: _____

Memo Item

C.

Full Name (Last, First, Middle Initial) _____

Mailing Address _____

City _____ State _____ Zip Code _____

Purpose of Disbursement _____

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: **C** _____

Amount of Each Disbursement this Period: _____

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	46000.00

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)

Grid for line numbers 21b-30b with checkboxes, where 29 is checked.

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NAME OF COMMITTEE (In Full)
USACS PAC

Form A: Aruna Miller for Maryland. Includes fields for Name, Address, Date of Disbursement (10/19/2023), FEC ID, Transaction ID (SB29.8826), and Amount (6000.00).

Form B: Citizens for Antonio Hayes. Includes fields for Name, Address, Date of Disbursement (11/21/2023), FEC ID, Transaction ID (SB29.8867), and Amount (250.00).

Form C: Fentrice Driskell Campaign. Includes fields for Name, Address, Date of Disbursement (09/14/2023), FEC ID, Transaction ID (SB29.8827), and Amount (1000.00).

SUBTOTAL of Disbursements This Page (optional) 7250.00
TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name (Last, First, Middle Initial) A. Florida Farmers and Ranchers United		Date of Disbursement MM / DD / YYYY 09 / 14 / 2023
Mailing Address 1103 Hays Street		FEC Identification Number C Transaction ID : SB29.8828 Amount of Each Disbursement this Period 1000.00
City Tallahassee	State FL	
Zip Code 32301	Purpose of Disbursement	Memo Item <input type="checkbox"/>
Candidate Name Tomkow, Josie, , ,	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Friends of Alonzo Washington		Date of Disbursement MM / DD / YYYY 11 / 21 / 2023
Mailing Address PO Box 355		FEC Identification Number C Transaction ID : SB29.8829 Amount of Each Disbursement this Period 250.00
City Hyattsville	State MD	
Zip Code 20781	Purpose of Disbursement	Memo Item <input type="checkbox"/>
Candidate Name Washington, Alonzo, , ,	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Friends of Bonnie Cullison		Date of Disbursement MM / DD / YYYY 11 / 21 / 2023
Mailing Address 3404 Beret Lane		FEC Identification Number C Transaction ID : SB29.8830 Amount of Each Disbursement this Period 500.00
City Silver Springs	State MD	
Zip Code 20906	Purpose of Disbursement	Memo Item <input type="checkbox"/>
Candidate Name Cullison, Bonnie, , ,	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	1750.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name (Last, First, Middle Initial) A. Friends of Gayle Harrell		Date of Disbursement MM / DD / YYYY 09 / 14 / 2023
Mailing Address 1103 Hays Street		FEC Identification Number C Transaction ID : SB29.8860 Amount of Each Disbursement this Period 1000.00
City Tallahassee	State FL	
Zip Code 32301	Purpose of Disbursement	Memo Item <input type="checkbox"/>
Candidate Name Harrell, Gayle, , ,	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Friends of Harry Bhandari		Date of Disbursement MM / DD / YYYY 11 / 21 / 2023
Mailing Address 4213 Cardwell Ave		FEC Identification Number C Transaction ID : SB29.8836 Amount of Each Disbursement this Period 250.00
City Nottingham	State MD	
Zip Code 21236	Purpose of Disbursement	Memo Item <input type="checkbox"/>
Candidate Name Bhandari, Harry, , ,	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Friends of Jennifer Canady		Date of Disbursement MM / DD / YYYY 09 / 14 / 2023
Mailing Address 1103 Hays Street		FEC Identification Number C Transaction ID : SB29.8837 Amount of Each Disbursement this Period 1000.00
City Tallahassee	State FL	
Zip Code 32301	Purpose of Disbursement	Memo Item <input type="checkbox"/>
Candidate Name Canady, Jennifer, , ,	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	2250.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name (Last, First, Middle Initial) A. Friends of Johnny Mautz		Date of Disbursement MM / DD / YYYY 11 / 21 / 2023
Mailing Address PO Box 33		FEC Identification Number C Transaction ID : SB29.8838 Amount of Each Disbursement this Period 250.00
City St Michaels	State MD	
Zip Code 21663	Purpose of Disbursement	Memo Item <input type="checkbox"/>
Candidate Name Mautz, Johnny, , ,	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Friends of Joseline Pena-Melny		Date of Disbursement MM / DD / YYYY 11 / 21 / 2023
Mailing Address PO Box 1251		FEC Identification Number C Transaction ID : SB29.8839 Amount of Each Disbursement this Period 1000.00
City College Park	State MD	
Zip Code 20741-1251	Purpose of Disbursement	Memo Item <input type="checkbox"/>
Candidate Name Pena-Melny, Joseline, , ,	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Friends of Justin Ready		Date of Disbursement MM / DD / YYYY 11 / 21 / 2023
Mailing Address PO Box 402		FEC Identification Number C Transaction ID : SB29.8840 Amount of Each Disbursement this Period 250.00
City Westminster	State MD	
Zip Code 21158	Purpose of Disbursement	Memo Item <input type="checkbox"/>
Candidate Name Ready, Justin, , ,	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name (Last, First, Middle Initial) A. Friends of Nik Kipke		Date of Disbursement MM / DD / YYYY 11 / 21 / 2023
Mailing Address PO Box 862		FEC Identification Number C Transaction ID : SB29.8845 Amount of Each Disbursement this Period 1000.00
City Pasadena	State MD	
Purpose of Disbursement	Zip Code 21123	Memo Item <input type="checkbox"/>
Candidate Name Kipke, Nik, , ,	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Friends of Pam Beidle		Date of Disbursement MM / DD / YYYY 11 / 21 / 2023
Mailing Address 17 W Courtland St Ste 210		FEC Identification Number C Transaction ID : SB29.8846 Amount of Each Disbursement this Period 1000.00
City Bel Air	State MD	
Purpose of Disbursement	Zip Code 21014	Memo Item <input type="checkbox"/>
Candidate Name Beidle, Pam, , ,	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Friends of Steve Johnson		Date of Disbursement MM / DD / YYYY 11 / 21 / 2023
Mailing Address 8 N. Parke st		FEC Identification Number C Transaction ID : SB29.8847 Amount of Each Disbursement this Period 500.00
City Aberdeen	State MD	
Purpose of Disbursement	Zip Code 21001	Memo Item <input type="checkbox"/>
Candidate Name Johnson, Steve, , ,	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name (Last, First, Middle Initial) A. Friends of Traci Koster		Date of Disbursement MM / DD / YYYY 09 / 14 / 2023
Mailing Address 1509 E 9th Ave		FEC Identification Number C Transaction ID : SB29.8848 Amount of Each Disbursement this Period 1000.00
City Tampa	State FL	
Zip Code 33605	Purpose of Disbursement	Memo Item <input type="checkbox"/>
Candidate Name Koster, Traci, , ,	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Josh Green for Hawaii		Date of Disbursement MM / DD / YYYY 09 / 14 / 2023
Mailing Address PO Box 88		FEC Identification Number C Transaction ID : SB29.8849 Amount of Each Disbursement this Period 2500.00
City Honolulu	State HI	
Zip Code 96810	Purpose of Disbursement	Memo Item <input type="checkbox"/>
Candidate Name Green, Josh, , ,	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Karen Gonzalez Pittman Campaign		Date of Disbursement MM / DD / YYYY 09 / 14 / 2023
Mailing Address 1099 Shipwatch Circle		FEC Identification Number C Transaction ID : SB29.8850 Amount of Each Disbursement this Period 1000.00
City Tampa	State FL	
Zip Code 33602	Purpose of Disbursement	Memo Item <input type="checkbox"/>
Candidate Name Gonzalez Pittman, Karen, , ,	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	4500.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Grid for line numbers 21b-30b with checkboxes, where 29 is checked.

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NAME OF COMMITTEE (In Full)
USACS PAC

Form A: Kimberly 'Kim' Berfield Campaign. Includes fields for full name, mailing address (610 S Boulevard), city (Tampa), state (FL), zip code (33606), purpose of disbursement, candidate name (Berfield, Kim), office sought, disbursement for (2024), and amount (1000.00).

Form B: Linda Chaney Campaign. Includes fields for full name, mailing address (2055 NW Diamond Creek Way), city (Jensen Beach), state (FL), zip code (34957), purpose of disbursement, candidate name (Chaney, Linda), office sought, disbursement for (2024), and amount (1000.00).

Form C: Lindsey for Colorado. Includes fields for full name, mailing address (PO Box 1643), city (Arvada), state (CO), zip code (80001), purpose of disbursement, candidate name (Daugherty, Lindsey), office sought, disbursement for (2024), and amount (450.00).

SUBTOTAL of Disbursements This Page (optional) 2450.00
TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name (Last, First, Middle Initial) A. Molly for Texas		Date of Disbursement MM / DD / YYYY 11 / 21 / 2023
Mailing Address PO Box 667238		FEC Identification Number C Transaction ID : SB29.8855 Amount of Each Disbursement this Period 250.00
City Houston	State TX	
Zip Code 77266		Memo Item <input type="checkbox"/>
Purpose of Disbursement		
Candidate Name Cook, Molly, , ,		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. People for Pam Lanman Guzzone		Date of Disbursement MM / DD / YYYY 11 / 21 / 2023
Mailing Address PO Box 201		FEC Identification Number C Transaction ID : SB29.8856 Amount of Each Disbursement this Period 250.00
City Simpsonville	State MD	
Zip Code 21150		Memo Item <input type="checkbox"/>
Purpose of Disbursement		
Candidate Name Guzzone, Pam Lanman, , ,		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Wes Moore for Maryland		Date of Disbursement MM / DD / YYYY 10 / 19 / 2023
Mailing Address PO Box 50123		FEC Identification Number C Transaction ID : SB29.8857 Amount of Each Disbursement this Period 6000.00
City Baltimore	State MD	
Zip Code 21211		Memo Item <input type="checkbox"/>
Purpose of Disbursement		
Candidate Name Moore, Wes, , ,		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

6500.00

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

32700.00