

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) **4535 Dressler RD NW**
 Check if different than previously reported. (ACC) **Canton OH 44718**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00544957 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 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 / / 2019 through / / 2019

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

Signature of Treasurer *Panitch, Orlee, , ,* [Electronically Filed] Date / / 2019

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

USACS PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2019"/>		105141.76
(b) Cash on Hand at Beginning of Reporting Period.....	105141.76	
(c) Total Receipts (from Line 19)	115342.16	115342.16
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	220483.92	220483.92
7. Total Disbursements (from Line 31).....	91000.00	91000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	129483.92	129483.92
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

USACS PAC

Report Covering the Period: From: / / 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).....	96834.31	96834.31
(ii) Unitemized	14507.85	14507.85
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	111342.16	111342.16
(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)	111342.16	111342.16
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.....	1000.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	3000.00	3000.00
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)).....▶	115342.16	115342.16
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	115342.16	115342.16

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.....	72000.00	72000.00
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).....	19000.00	19000.00
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)) ..	91000.00	91000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	91000.00	91000.00

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)	111342.16	111342.16
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	111342.16	111342.16
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:	PAGE 6 OF 72
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
USACS PAC

A. Aboutalib, Angela, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 East Erie St
 Apt 3306
 City Chicago State IL Zip Code 60611-3169
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Senior Director of Quality and Educati
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 06 / 30 / 2019
Transaction ID : SA11AI.9108
 Amount of Each Receipt this Period
 600.00
 Memo Item
 \$100.00/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) Virtual Locations Occupation (for Individual) Medical Director
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 06 / 30 / 2019
Transaction ID : SA11AI.9340
 Amount of Each Receipt this Period
 600.00
 Memo Item
 \$150.00/monthly

C. Aldeen, Amer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17327 Ladera Estates Blvd
 City Lutz State FL Zip Code 33548-4817
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Chief Medical Officer
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 06 / 30 / 2019
Transaction ID : SA11AI.9306
 Amount of Each Receipt this Period
 600.00
 Memo Item
 \$150.00/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: PAGE 7 OF 72
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Aldred, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6300 La Calma Drive, Suite 200
 City Leander State TX Zip Code 78641-3628
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) System Medical Director
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date 600.00

Date of Receipt
 06 / 30 / 2019
Transaction ID : SA11AI.9330
 Amount of Each Receipt this Period
 600.00
 Memo Item
 \$150.00/monthly

B. Anderson, Britney, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 637 Ruby Trust Way
 City Castle Rock State CO Zip Code 80108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Regional Vice President
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date 400.00

Date of Receipt
 06 / 30 / 2019
Transaction ID : SA11AI.9334
 Amount of Each Receipt this Period
 400.00
 Memo Item
 \$100.00/monthly

C. Arwindekar, Amit, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2043 W. McLean Ave
 City Chicago State IL Zip Code 60647
 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: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date 333.32

Date of Receipt
 06 / 30 / 2019
Transaction ID : SA11AI.9279
 Amount of Each Receipt this Period
 333.32
 Memo Item
 \$83.33/monthly

SUBTOTAL of Receipts This Page (optional)..... 1333.32
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 72
	<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. Atez, Francisco, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17376 Emerald Chase Drive
 City Tampa State FL Zip Code 33647
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC Occupation (for Individual) Regional Director of Risk Management
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2019
Transaction ID : SA11AI.9156
 Amount of Each Receipt this Period
 600.00
 Memo Item
 \$100.00/monthly

B. 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Chairman, National Clinical Governanc
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2019
Transaction ID : SA11AI.9170
 Amount of Each Receipt this Period
 900.00
 Memo Item
 \$150.00/monthly

C. Bagnoli, Dominic, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 East Drive
 City Hartville State OH Zip Code 44632
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Management Group Occupation (for Individual) Executive Chairman
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 2499.78

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2019
Transaction ID : SA11AI.9146
 Amount of Each Receipt this Period
 2499.78
 Memo Item
 \$416.63/monthly

SUBTOTAL of Receipts This Page (optional).....	3999.78
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 9 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Baker, Brian, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2019
Mailing Address 1209 E Cumberland Ave Unit #1404		Transaction ID : SA11AI.9332
City Tampa	State FL	Zip Code 33602
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC	Occupation (for Individual) Regional Vice President	<input type="checkbox"/> Memo Item \$150.00/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 600.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Baker, Mark, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2019
Mailing Address 34 Puukani Place		Transaction ID : SA11AI.9418
City Kailua	State HI	Zip Code 96734
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Emergency Physician	<input type="checkbox"/> Memo Item \$500.00/one-time
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Balewick, Donna, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2019
Mailing Address 626 Phillips Rd		Transaction ID : SA11AI.9364
City Blairsville	State PA	Zip Code 15717-4233
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer (for Individual) AHN Medical Group, LLC	Occupation (for Individual) Medical Director of Integrated Acute C	<input type="checkbox"/> Memo Item \$150.00/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional).....	1700.00
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 10 OF 72
	<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. Bedolla, John, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2019
Mailing Address 1000 San Marcos Street Unit 324		Transaction ID : SA11AI.9504
City Austin	State TX	Zip Code 78702-2667
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer (for Individual) Emergency Service Partners, LLC	Occupation (for Individual) Emergency Physician	<input type="checkbox"/> Memo Item \$100.00/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Bender, Sean, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2019
Mailing Address 520 Elm Street		Transaction ID : SA11AI.9460
City Denver	State CO	Zip Code 80220
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer (for Individual) Virtual Locations	Occupation (for Individual) Regional Vice President	<input type="checkbox"/> Memo Item \$150.00/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 600.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Bescherer, Rudolph, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2019
Mailing Address 32 Fieldcrest Dr		Transaction ID : SA11AI.9247
City Westampton	State NJ	Zip Code 08060-5656
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer (for Individual) Virtual Locations	Occupation (for Individual) Firefighter	<input type="checkbox"/> Memo Item \$100.00/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 300.00	

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: (check only one)	PAGE 11 OF 72
	<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. Biersbach, Raymond, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 234 Lakeshore Dr
 City Mooresville State NC Zip Code 28117-7535
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Quality Director
 Receipt For: 2019
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **06 / 30 / 2019**
Transaction ID : SA11AI.9240
 Amount of Each Receipt this Period **600.00**
 Memo Item
 \$100.00/monthly

B. Billington, Jon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9185 Brushboro Ct
 City Brentwood State TN Zip Code 37027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Chief Financial Officer
 Receipt For: 2019
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **06 / 30 / 2019**
Transaction ID : SA11AI.9404
 Amount of Each Receipt this Period **600.00**
 Memo Item
 \$150.00/monthly

C. Bishop, Sara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1105 Pinnacle Court
 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) APP Lead
 Receipt For: 2019
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **06 / 30 / 2019**
Transaction ID : SA11AI.9458
 Amount of Each Receipt this Period **300.00**
 Memo Item
 \$75.00/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 12 OF 72
<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. Bissell, Brad, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3535 Selwyn Farms Ln.

City Charlotte	State NC	Zip Code 28209-4082
-------------------	-------------	------------------------

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: 2019
 Primary General
 Other (specify) Other

Aggregate Year-to-Date ▼
600.00

Date of Receipt
06 / 30 / 2019
Transaction ID : SA11AI.9326

Amount of Each Receipt this Period
600.00

Memo Item
\$150.00/monthly

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

Mailing Address 7058 Ravens Run

City Cincinnati	State OH	Zip Code 45244-3591
--------------------	-------------	------------------------

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

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

Receipt For: 2019
 Primary General
 Other (specify) Other

Aggregate Year-to-Date ▼
600.00

Date of Receipt
06 / 30 / 2019
Transaction ID : SA11AI.9452

Amount of Each Receipt this Period
600.00

Memo Item
\$150.00/monthly

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

Mailing Address 532 College Blvd

City San Antonio	State TX	Zip Code 78209
---------------------	-------------	-------------------

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

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

Receipt For: 2019
 Primary General
 Other (specify) Other

Aggregate Year-to-Date ▼
600.00

Date of Receipt
06 / 30 / 2019
Transaction ID : SA11AI.9438

Amount of Each Receipt this Period
600.00

Memo Item
\$150.00/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 13 OF 72
	<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. Bradstreet, Jennifer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8026 Vanity Hill
 City San Antonio State TX Zip Code 78256-2509
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Regional Vice President
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **700.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2019
Transaction ID : SA11AI.9175
 Amount of Each Receipt this Period
700.00
 Memo Item
 \$150.00/monthly

B. Brice, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2801 Franciscan St
 City College Station State TX Zip Code 77845
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) Medical Director
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2019
Transaction ID : SA11AI.9424
 Amount of Each Receipt this Period
400.00
 Memo Item
 \$100.00/monthly

C. Burrell, Herman, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 802 Hills Creek Dr
 City McKinney State TX Zip Code 75072
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Management Group Occupation (for Individual) Chief Human Resource Officer
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2019
Transaction ID : SA11AI.9374
 Amount of Each Receipt this Period
600.00
 Memo Item
 \$150.00/monthly

SUBTOTAL of Receipts This Page (optional).....	1700.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 72
	<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. Caceres, Camilo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2419 Smallman Street
 Unit 401
 City Pittsburgh State PA Zip Code 15222-5643
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AHN Medical Group, LLC Occupation (for Individual) Quality Director
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2019
Transaction ID : SA11AI.9338
 Amount of Each Receipt this Period
 600.00
 Memo Item
 \$150.00/monthly

B. Callaway, Katie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13605 Diamond Head Dr
 City Tampa State FL Zip Code 33624-2528
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC Occupation (for Individual) PA Compliance and Regulations Coord
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2019
Transaction ID : SA11AI.9294
 Amount of Each Receipt this Period
 225.00
 Memo Item
 \$50.00/monthly

C. Carney, Bryan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2408 Marsh Tern Ln
 City Morehead City State NC Zip Code 28557-4772
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Assistant Medical Director
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2019
Transaction ID : SA11AI.9336
 Amount of Each Receipt this Period
 600.00
 Memo Item
 \$150.00/monthly

SUBTOTAL of Receipts This Page (optional).....	1425.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 72
<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. Casey, John, , ,			Date of Receipt MM / DD / YYYY 06 / 30 / 2019
Mailing Address 5156 Baker Ridge Dr.			Transaction ID : SA11AI.9185
City Columbus	State OH	Zip Code 43228	Amount of Each Receipt this Period 770.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$150.00/monthly
Name of Employer (for Individual) USACS Medical Group, LTD		Occupation (for Individual) National Director of Scholars	
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 770.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Cetta, Michael, , ,			Date of Receipt MM / DD / YYYY 06 / 30 / 2019
Mailing Address 16 Piney Glen Court			Transaction ID : SA11AI.9221
City Potomac	State MD	Zip Code 20854	Amount of Each Receipt this Period 1800.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$400.00/monthly
Name of Employer (for Individual) USACS Management Group		Occupation (for Individual) Chief of Integrated Acute Care	
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 1800.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Cirillo, Louis, , ,			Date of Receipt MM / DD / YYYY 06 / 30 / 2019
Mailing Address 91 Woodridge Drive			Transaction ID : SA11AI.9209
City Saunderstown	State RI	Zip Code 02874-1943	Amount of Each Receipt this Period 900.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$150.00/monthly
Name of Employer (for Individual) Virtual Locations		Occupation (for Individual) Director of Government Affairs	
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 900.00		

SUBTOTAL of Receipts This Page (optional).....	3470.00
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 72
	(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. Cline, Gretchann, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8506 Queen Heights
 City San Antonio State TX Zip Code 78254-2329
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) System APP Lead
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **225.00**

Date of Receipt
 06 / 30 / 2019
Transaction ID : SA11AI.9288
 Amount of Each Receipt this Period
 225.00
 Memo Item
 \$50.00/monthly

B. Colfer, Orion, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2523 Hanover Ave
 City Richmond State VA Zip Code 23220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) National Director of Patient Experienc
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **700.00**

Date of Receipt
 06 / 30 / 2019
Transaction ID : SA11AI.9233
 Amount of Each Receipt this Period
 700.00
 Memo Item
 \$150.00/monthly

C. Conley, Amy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6419 Renwick Circle
 City Tampa State FL Zip Code 33647
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC Occupation (for Individual) Regional Transfer Center Director
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **600.00**

Date of Receipt
 06 / 30 / 2019
Transaction ID : SA11AI.9101
 Amount of Each Receipt this Period
 600.00
 Memo Item
 \$100.00/monthly

SUBTOTAL of Receipts This Page (optional)..... **1525.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 17 OF 72
	(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. Cook, Alexander, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8780 Surrey Place
 City Maineville State OH Zip Code 45039-9519
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Director of APPs
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2019
Transaction ID : SA11AI.9097
 Amount of Each Receipt this Period
 420.00
 Memo Item
 \$80.00/monthly

B. Coomes, Justin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7762 Westwind Lane
 City Montgomery State OH Zip Code 45242-5008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 500.01

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2019
Transaction ID : SA11AI.9188
 Amount of Each Receipt this Period
 500.01
 Memo Item
 \$150.00/monthly

C. Correll, Bodie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 782 Archie Lane
 City Belton State TX Zip Code 76513
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) Medical Director
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2019
Transaction ID : SA11AI.9286
 Amount of Each Receipt this Period
 750.00
 Memo Item
 \$150.00/monthly

SUBTOTAL of Receipts This Page (optional).....▶ 1670.01
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 72
	<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. Corrigan, Kevin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9338 Standerwick Ln
 City Huntersville State NC Zip Code 28078
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Interim Medical Director
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 633.34

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2019
Transaction ID : SA11AI.9197
 Amount of Each Receipt this Period
 633.34
 Memo Item
 \$150.00/monthly

B. 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: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2019
Transaction ID : SA11AI.9420
 Amount of Each Receipt this Period
 600.00
 Memo Item
 \$150.00/monthly

C. De Angelis, Sydney, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 114 E Church St
 City Frederick State MD Zip Code 21701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) Emergency Physician
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2019
Transaction ID : SA11AI.9259
 Amount of Each Receipt this Period
 600.00
 Memo Item
 \$100.00/monthly

SUBTOTAL of Receipts This Page (optional).....	1833.34
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 19 OF 72
	(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. Denmark, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13122 S Yorktown Ave
 City Bixby State OK Zip Code 74008-7665
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Chairman
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **300.00**

Date of Receipt **06 / 30 / 2019**
Transaction ID : SA11AI.9263
 Amount of Each Receipt this Period **300.00**
 Memo Item
 \$50.00/monthly

B. DiRando, Jesse, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 33531 Royal Saint George Drive
 City Avon State OH Zip Code 44011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Vice President, Clinical Resource Grou
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **640.00**

Date of Receipt **06 / 30 / 2019**
Transaction ID : SA11AI.9180
 Amount of Each Receipt this Period **640.00**
 Memo Item
 \$150.00/monthly

C. Doss, Belinda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1344 County Road 3552
 City Queen City State TX Zip Code 75572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) APP Lead
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **300.00**

Date of Receipt **06 / 30 / 2019**
Transaction ID : SA11AI.9322
 Amount of Each Receipt this Period **300.00**
 Memo Item
 \$75.00/monthly

SUBTOTAL of Receipts This Page (optional)..... **1240.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 72
	<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. Dschaak, Tyler, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8400 Brownsboro PI

City Anderson State OH Zip Code 45255-4737

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: 2019
 Primary General
 Other (specify) Other

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **06 / 30 / 2019**

Transaction ID : SA11AI.9482

Amount of Each Receipt this Period **600.00**

Memo Item \$150.00/monthly

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

Mailing Address 1455 Hunakai St. Apt. 1

City Honolulu State HI Zip Code 96816-5526

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

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

Receipt For: 2019
 Primary General
 Other (specify) Other

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **06 / 30 / 2019**

Transaction ID : SA11AI.9236

Amount of Each Receipt this Period **300.00**

Memo Item \$50.00/monthly

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

Mailing Address 28671 Corbara Place

City Wesley Chapel State FL Zip Code 33543

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

Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC Occupation (for Individual) Regional Chief Medical Officer

Receipt For: 2019
 Primary General
 Other (specify) Other

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **06 / 30 / 2019**

Transaction ID : SA11AI.9464

Amount of Each Receipt this Period **600.00**

Memo Item \$150.00/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 21 OF 72
<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. Eisenberg, Steven, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35590 Michael Drive
 City Solon State OH Zip Code 44139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Management Group Occupation (for Individual) General Counsel
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 825.00

Date of Receipt 06 / 30 / 2019
Transaction ID : SA11AI.9252
 Amount of Each Receipt this Period 825.00
 Memo Item
 \$150.00/monthly

B. Falcone, Angelo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2606 Tridelphia Lake Road
 City Brookeville State MD Zip Code 20833
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Management Group Occupation (for Individual) President
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 06 / 30 / 2019
Transaction ID : SA11AI.9110
 Amount of Each Receipt this Period 900.00
 Memo Item
 \$150.00/monthly

C. Feigenbaum, Sarah, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 N Edsall Ave
 City Nanuet State NY Zip Code 10954-2503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) APP Lead
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 06 / 30 / 2019
Transaction ID : SA11AI.9516
 Amount of Each Receipt this Period 225.00
 Memo Item
 \$75.00/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:	PAGE 22 OF 72
	(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. Ferrand, David, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2019
Mailing Address 193 Bryna Lane		Transaction ID : SA11AI.9142
City Carnegie	State PA	Zip Code 15106-1473
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer (for Individual) Virtual Locations	Occupation (for Individual) Firefighter	<input type="checkbox"/> Memo Item \$100.00/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 600.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Fleming, Sean, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2019
Mailing Address 2300 Shoreham Circle		Transaction ID : SA11AI.9462
City Lewisville	State TX	Zip Code 75056
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer (for Individual) Emergency Service Partners, LLC	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$150.00/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 600.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Forcada-Lowrie, Raymundo, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2019
Mailing Address 775 Potters Ave		Transaction ID : SA11AI.9242
City Providence	State RI	Zip Code 02907-3075
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer (for Individual) Virtual Locations	Occupation (for Individual) Firefighter	<input type="checkbox"/> Memo Item \$100.00/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....	1700.00
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 72
	<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. 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) Emergency Service Partners, LLC Occupation (for Individual) Medical Director
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2019
Transaction ID : SA11AI.9498
 Amount of Each Receipt this Period 450.00
 Memo Item
 \$150.00/monthly

B. Frary, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3845 Greenbrier Drive
 City Dallas State TX Zip Code 75225
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Management Group Occupation (for Individual) Chief Executive Officer
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2019
Transaction ID : SA11AI.9500
 Amount of Each Receipt this Period 450.00
 Memo Item
 \$150.00/monthly

C. 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) MEP Health, LLC Occupation (for Individual) Pediatric Medical Director
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2019
Transaction ID : SA11AI.9518
 Amount of Each Receipt this Period 450.00
 Memo Item
 \$150.00/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 24 OF 72
	(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. Gamma, Brett, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14930 Finegan Farm Drive
 City Darnestown State MD Zip Code 20874
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 MEP Health, LLC Medical Director
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **300.00**

Date of Receipt
 06 / 30 / 2019
Transaction ID : SA11AI.9120
 Amount of Each Receipt this Period
300.00
 Memo Item
 \$50.00/monthly

B. Garber, Suzanne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7700 Overlook Hills Lane
 City Cincinnati State OH Zip Code 45244-3289
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 USACS Medical Group, LTD Regional Quality Director
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **440.00**

Date of Receipt
 06 / 30 / 2019
Transaction ID : SA11AI.9255
 Amount of Each Receipt this Period
440.00
 Memo Item
 \$100.00/monthly

C. Gery, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21910 Helen Lane
 City Leonardtown State MD Zip Code 20650-2220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 MEP Health, LLC Medical Director
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **499.98**

Date of Receipt
 06 / 30 / 2019
Transaction ID : SA11AI.9137
 Amount of Each Receipt this Period
499.98
 Memo Item
 \$83.33/monthly

SUBTOTAL of Receipts This Page (optional).....	1239.98
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: (check only one)	PAGE 25 OF 72
	<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. Gindlesperger, Krisi, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6203 Renninger Road
 City New Franklin State OH Zip Code 44319-4741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Management Group Occupation (for Individual) Vice President - National Director of
 Receipt For: 2019
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **600.00**

Date of Receipt
 06 / 30 / 2019
Transaction ID : SA11AI.9198
 Amount of Each Receipt this Period
 600.00
 Memo Item
 \$100.00/monthly

B. 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) Emergency Service Partners, LLC Occupation (for Individual) System Medical Director
 Receipt For: 2019
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **400.00**

Date of Receipt
 06 / 30 / 2019
Transaction ID : SA11AI.9446
 Amount of Each Receipt this Period
 400.00
 Memo Item
 \$100.00/monthly

C. 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) Tampa Bay Emergency Physicians, LLC Occupation (for Individual) Medical Director
 Receipt For: 2019
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **600.00**

Date of Receipt
 06 / 30 / 2019
Transaction ID : SA11AI.9384
 Amount of Each Receipt this Period
 600.00
 Memo Item
 \$150.00/monthly

SUBTOTAL of Receipts This Page (optional).....	1600.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 72
	<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. Groomes, Roderick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 417 Edgewood Drive
 City Sarver State PA Zip Code 16055-9266
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AHN Medical Group, LLC Occupation (for Individual) Medical Director
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **300.00**

Date of Receipt **06 / 30 / 2019**
Transaction ID : SA11AI.9245
 Amount of Each Receipt this Period **300.00**
 Memo Item
 \$50.00/monthly

B. Guyton, Steven, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 Stillwater Lane
 City Pittsburgh State PA Zip Code 15143-8899
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AHN Medical Group, LLC Occupation (for Individual) Medical Director
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **900.00**

Date of Receipt **06 / 30 / 2019**
Transaction ID : SA11AI.9253
 Amount of Each Receipt this Period **900.00**
 Memo Item
 \$150.00/monthly

C. 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: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **633.34**

Date of Receipt **06 / 30 / 2019**
Transaction ID : SA11AI.9264
 Amount of Each Receipt this Period **633.34**
 Memo Item
 \$150.00/monthly

SUBTOTAL of Receipts This Page (optional).....	1833.34
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 72
	(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. Harris, Robert, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 30 / 2019
Mailing Address 474 Rosina Vista Street			Transaction ID : SA11AI.9450
City Las Vegas	State NV	Zip Code 89138	Amount of Each Receipt this Period 600.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$150.00/monthly
Name of Employer (for Individual) Virtual Locations		Occupation (for Individual) Vice President, Operations Southeast a	
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 600.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Henry, Androni, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 30 / 2019
Mailing Address 241 Sweet Gum Road			Transaction ID : SA11AI.9308
City Pittsburgh	State PA	Zip Code 15238-1353	Amount of Each Receipt this Period 600.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$150.00/monthly
Name of Employer (for Individual) AHN Medical Group, LLC		Occupation (for Individual) Medical Director of Integrated Acute C	
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 600.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Hibbs, Nathaniel, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 30 / 2019
Mailing Address 6634 S. Prescott Way			Transaction ID : SA11AI.9227
City Littleton	State CO	Zip Code 80120	Amount of Each Receipt this Period 600.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$100.00/monthly
Name of Employer (for Individual) Colorado Emergency Service Physicians,		Occupation (for Individual) Emergency Physician	
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 600.00		

SUBTOTAL of Receipts This Page (optional).....▶	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 28 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Higginbotham, Eric, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2019
Mailing Address 1701B South 2nd Street Unit B		Transaction ID : SA11AI.9370
City Austin	State TX	Zip Code 78704
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer (for Individual) Emergency Service Partners, LLC	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$150.00/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 600.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Hummel, Laura, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2019
Mailing Address 807 S. Roxmere Road		Transaction ID : SA11AI.9202
City Tampa	State FL	Zip Code 33609-4235
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC	Occupation (for Individual) Regional Education Director	<input type="checkbox"/> Memo Item \$100.00/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 400.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Hydari, Irfan, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2019
Mailing Address 3203 Walnut Ave		Transaction ID : SA11AI.9378
City Austin	State TX	Zip Code 78722-1635
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer (for Individual) Virtual Locations	Occupation (for Individual) Regional Vice President	<input type="checkbox"/> Memo Item \$150.00/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional).....	1600.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 72
	<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. Iyer, Sujit, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1204 Kinney Avenue
 City Austin State TX Zip Code 78704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) Emergency Physician
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 06 / 30 / 2019
Transaction ID : SA11AI.9470
 Amount of Each Receipt this Period 400.00
 Memo Item
 \$100.00/monthly

B. Janikas, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 748 Carlton Road
 City Clifton Park State NY Zip Code 12065-1023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2019
Transaction ID : SA11AI.9186
 Amount of Each Receipt this Period 499.98
 Memo Item
 \$83.33/monthly

C. Jeffrey, Douglas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1109 Bluebonnet Lane
 City Austin State TX Zip Code 78704-2005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) Emergency Physician
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 06 / 30 / 2019
Transaction ID : SA11AI.9275
 Amount of Each Receipt this Period 750.00
 Memo Item
 \$150.00/monthly

SUBTOTAL of Receipts This Page (optional).....	1649.98
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: (check only one)	PAGE 30 OF 72
	<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. Jenis, Andrew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 115 Cayuga Heights Road
 City Ithaca State NY Zip Code 14850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Regional Vice President
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2019
Transaction ID : SA11AI.9102
 Amount of Each Receipt this Period
 700.00
 Memo Item
 \$150.00/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) Virtual Locations Occupation (for Individual) Medical Director
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2019
Transaction ID : SA11AI.9122
 Amount of Each Receipt this Period
 800.00
 Memo Item
 \$150.00/monthly

C. Kapadia, Homi, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31281 Island Dr
 City Evergreen State CO Zip Code 80439-8966
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Regional Vice President
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 640.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2019
Transaction ID : SA11AI.9165
 Amount of Each Receipt this Period
 640.00
 Memo Item
 \$150.00/monthly

SUBTOTAL of Receipts This Page (optional).....	2140.00
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 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Kella, Vipul, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2019
Mailing Address 11808 Woodthrus Lane		Transaction ID : SA11AI.9269
City Potomac	State MD	Zip Code 20854
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00	
Name of Employer (for Individual) MEP Health, LLC	Occupation (for Individual) Emergency Physician	<input type="checkbox"/> Memo Item \$50.00/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Keller, Bradford, , ,		Date of Receipt MM / DD / YYYY 03 / 29 / 2019
Mailing Address 313 East Scranton Avenue		Transaction ID : SA11AI.9618
City Lake Bluff	State IL	Zip Code 60044
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1800.00	
Name of Employer (for Individual) USACS Management Group	Occupation (for Individual) EVP of Managed Care	<input type="checkbox"/> Memo Item \$1,800/one time
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. Keller, Noah, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2019
Mailing Address 10119 Easterday Court		Transaction ID : SA11AI.9231
City Hagerstown	State MD	Zip Code 21742
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 700.00	
Name of Employer (for Individual) Virtual Locations	Occupation (for Individual) Regional Vice President	<input type="checkbox"/> Memo Item \$150.00/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 700.00	

SUBTOTAL of Receipts This Page (optional).....	2800.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 32 OF 72
	(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. Kendall, Jayne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21710 Parsons Green Row
 City Cornelius State NC Zip Code 28031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Regional Vice President
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 06 / 30 / 2019
Transaction ID : SA11AI.9173
 Amount of Each Receipt this Period
 600.00
 Memo Item
 \$100.00/monthly

B. Kim, Edward, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1513 Morning Moon Circle
 City Austin State TX Zip Code 78732
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) Associate Medical Director
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 06 / 30 / 2019
Transaction ID : SA11AI.9368
 Amount of Each Receipt this Period
 600.00
 Memo Item
 \$150.00/monthly

C. Kirtz, Jeremy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 906 S Fremont Ave
 City Tampa State FL Zip Code 33606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC Occupation (for Individual) Medical Director
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 06 / 30 / 2019
Transaction ID : SA11AI.9284
 Amount of Each Receipt this Period
 300.00
 Memo Item
 \$50.00/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 33 OF 72
	<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. Klein, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11736 Gainsborough Road
 City Potomac State MD Zip Code 20854
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Management Group Occupation (for Individual) National Director of Quality
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 06 / 30 / 2019
Transaction ID : SA11AI.9139
 Amount of Each Receipt this Period 400.00
 Memo Item
 \$100.00/monthly

B. Kleinman, Jacob, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6014 Bryant Street
 City Pittsburgh State PA Zip Code 15206-1740
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AHN Medical Group, LLC Occupation (for Individual) Medical Director
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 30 / 2019
Transaction ID : SA11AI.9168
 Amount of Each Receipt this Period 240.00
 Memo Item
 \$50.00/monthly

C. Kolodzik, Joan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1108 Paxon Court
 City Bellbrook State OH Zip Code 45305-8959
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) National Director of Continuing Medica
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 640.00

Date of Receipt 06 / 30 / 2019
Transaction ID : SA11AI.9182
 Amount of Each Receipt this Period 640.00
 Memo Item
 \$150.00/monthly

SUBTOTAL of Receipts This Page (optional).....	1280.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 72
	<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. Kuchinski, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5869 Heaven View Drive
 City Las Vegas State NV Zip Code 89135-1296
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 1450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2019
Transaction ID : SA11AI.9187
 Amount of Each Receipt this Period
 1450.00
 Memo Item
 \$250.00/monthly

B. Land, Larry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10014 Hazelnut Court
 City Tampa State FL Zip Code 33647
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC Occupation (for Individual) Medical Director
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2019
Transaction ID : SA11AI.9201
 Amount of Each Receipt this Period
 600.00
 Memo Item
 \$150.00/monthly

C. Lawrence, Linda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4670 Armandale Avenue
 City Canton State OH Zip Code 44718
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Management Group Occupation (for Individual) President
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2019
Transaction ID : SA11AI.9206
 Amount of Each Receipt this Period
 800.00
 Memo Item
 \$150.00/monthly

SUBTOTAL of Receipts This Page (optional).....	2850.00
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 35 OF 72
	(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. LeBlanc, Louis, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1428 Lacy Lane

City Rock Hill	State SC	Zip Code 29732-7723
-------------------	-------------	------------------------

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

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

Receipt For: 2019
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2019

Transaction ID : SA11AI.9210

Amount of Each Receipt this Period
300.00

Memo Item
\$50.00/monthly

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

Mailing Address 1200 Queen Emma Street
Apt 2001

City Honolulu	State HI	Zip Code 96813-6311
------------------	-------------	------------------------

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

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

Receipt For: 2019
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2019

Transaction ID : SA11AI.9250

Amount of Each Receipt this Period
300.00

Memo Item
\$50.00/monthly

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

Mailing Address 3648 Calusa Springs Dr

City College Station	State TX	Zip Code 77845-4545
-------------------------	-------------	------------------------

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

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

Receipt For: 2019
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2019

Transaction ID : SA11AI.9328

Amount of Each Receipt this Period
600.00

Memo Item
\$150.00/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: (check only one)	PAGE 36 OF 72
	<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. Lewis, Kelli, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 137 Harrison Street
 City Denver State CO Zip Code 80206-5538
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Colorado Emergency Service Physicians, Occupation (for Individual) Medical Director
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2019
Transaction ID : SA11AI.9410
 Amount of Each Receipt this Period 600.00
 Memo Item \$150.00/monthly

B. Little, Andrew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5514 Ayrshire Dr
 City Dublin State OH Zip Code 43017-9428
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Emergency Physician
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2019
Transaction ID : SA11AI.9103
 Amount of Each Receipt this Period 600.00
 Memo Item \$100.00/monthly

C. Loar, Jesse, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2554 E. Maplewood Ave.
 City Centennial State CO Zip Code 80121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Colorado Emergency Service Physicians, Occupation (for Individual) Co-Medical Director
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2019
Transaction ID : SA11AI.9396
 Amount of Each Receipt this Period 600.00
 Memo Item \$150.00/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 37 OF 72
	<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. Lynch, Patrick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 229 N Church Street Unit 204
 City Charlotte State NC Zip Code 28202-2259
 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: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2019
Transaction ID : SA11AI.9444
 Amount of Each Receipt this Period
 1200.00
 Memo Item
 \$1,200.00/one-time

B. MacLean, Craig, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 64 Newfields Road
 City Exeter State NH Zip Code 03833-4542
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Director of Quality
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2019
Transaction ID : SA11AI.9131
 Amount of Each Receipt this Period
 800.00
 Memo Item
 \$150.00/monthly

C. MacLeod, Bruce, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30 Isabella Street
 City Pittsburgh State PA Zip Code 15228-1615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Regional Vice President
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 602.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2019
Transaction ID : SA11AI.9121
 Amount of Each Receipt this Period
 602.00
 Memo Item
 \$150.00/monthly

SUBTOTAL of Receipts This Page (optional).....	2602.00
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 72
	(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. Mann, Rubeal, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 30 / 2019
Mailing Address 10122 Concord Road			Transaction ID : SA11AI.9246
City Dublin	State OH	Zip Code 43017-9434	Amount of Each Receipt this Period 600.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$100.00/monthly
Name of Employer (for Individual) USACS Medical Group, LTD		Occupation (for Individual) Medical Director	
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 600.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Martinez, Anthony, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 30 / 2019
Mailing Address 7897 Broadway St. Unit 1001			Transaction ID : SA11AI.9316
City San Antonio	State TX	Zip Code 78209	Amount of Each Receipt this Period 600.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$150.00/monthly
Name of Employer (for Individual) Emergency Service Partners, LLC		Occupation (for Individual) System Medical Director	
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 600.00		

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 06 / 30 / 2019
Mailing Address 1 E Main St Ste 404			Transaction ID : SA11AI.9199
City Champaign	State IL	Zip Code 61820-1313	Amount of Each Receipt this Period 900.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$150.00/monthly
Name of Employer (for Individual) Virtual Locations		Occupation (for Individual) Firefighter	
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 900.00		

SUBTOTAL of Receipts This Page (optional).....	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 39 OF 72
	(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. McAtee, Jill, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8112 Sweet Dreams Court
 City Las Vegas State NV Zip Code 89131-1537
 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: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **320.00**

Date of Receipt
 06 / 30 / 2019
Transaction ID : SA11AI.9278
 Amount of Each Receipt this Period
320.00
 Memo Item
 \$75.00/monthly

B. McCutcheon, Edward, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 605 McDonald Ave
 City Charlotte State NC Zip Code 28203
 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: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **633.34**

Date of Receipt
 06 / 30 / 2019
Transaction ID : SA11AI.9152
 Amount of Each Receipt this Period
633.34
 Memo Item
 \$150.00/monthly

C. 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) Colorado Emergency Service Physicians, Occupation (for Individual) Medical Director
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **400.00**

Date of Receipt
 06 / 30 / 2019
Transaction ID : SA11AI.9400
 Amount of Each Receipt this Period
400.00
 Memo Item
 \$100.00/monthly

SUBTOTAL of Receipts This Page (optional)..... **1353.34**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Meers, Holley, , ,			Date of Receipt MM / DD / YYYY 06 / 30 / 2019
Mailing Address 24 Quincy Street			Transaction ID : SA11AI.9376
City Chevy Chase	State MD	Zip Code 20815-4227	Amount of Each Receipt this Period 400.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$100.00/monthly
Name of Employer (for Individual) MEP Health, LLC		Occupation (for Individual) Medical Director	
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other		Aggregate Year-to-Date 400.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Meyer, Kendra, , ,			Date of Receipt MM / DD / YYYY 06 / 30 / 2019
Mailing Address 85 Beatty Lane			Transaction ID : SA11AI.9192
City Scenery Hill	State PA	Zip Code 15360-1537	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$50.00/monthly
Name of Employer (for Individual) AHN Medical Group, LLC		Occupation (for Individual) Director of APPs	
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other		Aggregate Year-to-Date 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Misra, Swarup, , ,			Date of Receipt MM / DD / YYYY 06 / 30 / 2019
Mailing Address 9667 Ashley Green Ct NW			Transaction ID : SA11AI.9257
City Concord	State NC	Zip Code 28027	Amount of Each Receipt this Period 633.34
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$150.00/monthly
Name of Employer (for Individual) USACS Medical Group, LTD		Occupation (for Individual) Quality Director	
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other		Aggregate Year-to-Date 633.34	

SUBTOTAL of Receipts This Page (optional).....	1333.34
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 72
	<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Mittleman, Craig, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2019
Mailing Address 25 Equestrian Ridge		Transaction ID : SA11AI.9133
City Newtown	State CT	Zip Code 06470
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer (for Individual) MEP Health, LLC	Occupation (for Individual) Emergency Physician (Nantucket Cottag	<input type="checkbox"/> Memo Item \$50.00/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 250.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Myers, Troy, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2019
Mailing Address 304 Lanyard Dr		Transaction ID : SA11AI.9480
City Newport	State NC	Zip Code 28570
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 \$150.00/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 600.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Natali, David, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2019
Mailing Address 115 Pheasant Drive		Transaction ID : SA11AI.9360
City Blawnox	State PA	Zip Code 15238-2207
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer (for Individual) AHN Medical Group, LLC	Occupation (for Individual) Emergency Physician	<input type="checkbox"/> Memo Item \$150.00/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional).....	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 42 OF 72
	<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. Osmundson, Michael, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 62 East Dr.

City Hartville	State OH	Zip Code 44632-8890
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) USACS Management Group	Occupation (for Individual) President
---	--

Receipt For: 2019
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2019

Transaction ID : SA11AI.9220

Amount of Each Receipt this Period
900.00

Memo Item
\$150.00/monthly

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

Mailing Address 1736 Oakview Rd

City Decatur	State GA	Zip Code 30030
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) USACS Management Group	Occupation (for Individual) Vice President of Claims and Risk Man
---	--

Receipt For: 2019
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date ▼
270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2019

Transaction ID : SA11AI.9281

Amount of Each Receipt this Period
270.00

Memo Item
\$50.00/monthly

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

Mailing Address 4535 Dressler Rd NW

City Naples	State FL	Zip Code 34102
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Virtual Locations	Occupation (for Individual) Co-Founder
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2019

Transaction ID : SA11AI.9616

Amount of Each Receipt this Period
5000.00

Memo Item
\$5,000/one time

SUBTOTAL of Receipts This Page (optional).....	6170.00
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 43 OF 72
	(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. Panitch, Orlee, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11753 Gainsborough Road
 City Potomac State MD Zip Code 20854
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Management Group Occupation (for Individual) Regional Chief Administrative Officer
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 06 / 30 / 2019
Transaction ID : SA11AI.9235
 Amount of Each Receipt this Period
 900.00
 Memo Item
 \$150.00/monthly

B. Parks, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11533 Sand Stone Rock Dr
 City Riverview State FL Zip Code 33569-8709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC Occupation (for Individual) Advanced Practice Provider
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 06 / 30 / 2019
Transaction ID : SA11AI.9476
 Amount of Each Receipt this Period
 300.00
 Memo Item
 \$75.00/monthly

C. Patlovan, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19938 Terra Canyon
 City San Antonio State TX Zip Code 78255-2344
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) President
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 06 / 30 / 2019
Transaction ID : SA11AI.9422
 Amount of Each Receipt this Period
 600.00
 Memo Item
 \$150.00/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 44 OF 72
	<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Percy, Carmella, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2019
Mailing Address 6875 Stonebridge Lane		Transaction ID : SA11AI.9125
City Clover	State SC	Zip Code 29710-9372
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) Medical Director	<input type="checkbox"/> Memo Item \$50.00/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Phillips, Miranda, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2019
Mailing Address 7122 S. Sheridan Rd. Ste. 2-335		Transaction ID : SA11AI.9226
City Tulsa	State OK	Zip Code 74133-2748
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) System Medical Director	<input type="checkbox"/> Memo Item \$50.00/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Phillips, Todd, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2019
Mailing Address 2407 Motif Ct		Transaction ID : SA11AI.9300
City Henderson	State NV	Zip Code 89052-5531
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 225.00
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) APP Lead	<input type="checkbox"/> Memo Item \$50.00/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 225.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 72
	<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. Pines, Jesse, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2424 N Potomac St

City Arlington	State VA	Zip Code 22207
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Virtual Locations	Occupation (for Individual) National Director of Clinical Innovati
--	---

Receipt For: 2019
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date ▼
400.00

Date of Receipt
06 / 30 / 2019

Transaction ID : SA11AI.9394

Amount of Each Receipt this Period
400.00

Memo Item
\$100.00/monthly

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

Mailing Address 229 Washington Ave.

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

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

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

Receipt For: 2019
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date ▼
300.00

Date of Receipt
06 / 30 / 2019

Transaction ID : SA11AI.9520

Amount of Each Receipt this Period
300.00

Memo Item
\$100.00/monthly

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

Mailing Address 2220 Valley Oaks Cove

City Leander	State TX	Zip Code 78641
-----------------	-------------	-------------------

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

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

Receipt For: 2019
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date ▼
337.50

Date of Receipt
06 / 30 / 2019

Transaction ID : SA11AI.9298

Amount of Each Receipt this Period
337.50

Memo Item
\$75.00/monthly

SUBTOTAL of Receipts This Page (optional).....	1037.50
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 46 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Radford, Shawn, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2019
Mailing Address 210 N Wells St Apt 4101		Transaction ID : SA11AI.9249
City Chicago	State IL	Zip Code 60606-1352
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 800.00
Name of Employer (for Individual) Virtual Locations	Occupation (for Individual) Director of Firefighters	<input type="checkbox"/> Memo Item \$150.00/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 800.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Reed, Rhett, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2019
Mailing Address 12509 Red Mesa Hollow		Transaction ID : SA11AI.9448
City Austin	State TX	Zip Code 78739
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer (for Individual) Emergency Service Partners, LLC	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$100.00/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 400.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Roberts, Sam, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2019
Mailing Address 3806 Bonnell Drive		Transaction ID : SA11AI.9456
City Austin	State TX	Zip Code 78731
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer (for Individual) Virtual Locations	Occupation (for Individual) Chief Medical Officer	<input type="checkbox"/> Memo Item \$150.00/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 600.00	

SUBTOTAL of Receipts This Page (optional).....	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 47 OF 72
	<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. Romano, Frederick, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4516 Tuscana Drive

City Sarasota	State FL	Zip Code 34241-4201
------------------	-------------	------------------------

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

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

Receipt For: 2019
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date ▼
600.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2019

Transaction ID : SA11AI.9159

Amount of Each Receipt this Period
600.00

Memo Item
\$100.00/monthly

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

Mailing Address 1663 Parkdale Circle S.

City Erie	State CO	Zip Code 80516
--------------	-------------	-------------------

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

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

Receipt For: 2019
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2019

Transaction ID : SA11AI.9380

Amount of Each Receipt this Period
400.00

Memo Item
\$100.00/monthly

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

Mailing Address 1089 S. Williams St.

City Denver	State CO	Zip Code 80209
----------------	-------------	-------------------

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

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

Receipt For: 2019
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date ▼
240.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2019

Transaction ID : SA11AI.9230

Amount of Each Receipt this Period
240.00

Memo Item
\$50.00/monthly

SUBTOTAL of Receipts This Page (optional).....	1240.00
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 72
	<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. Rutherford, David, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3502 Quitman St.

City Denver	State CO	Zip Code 80212
----------------	-------------	-------------------

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

Name of Employer (for Individual) Virtual Locations	Occupation (for Individual) Senior Director of Quality
--	---

Receipt For: 2019
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2019

Transaction ID : SA11AI.9356

Amount of Each Receipt this Period
400.00

Memo Item
\$100.00/monthly

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

Mailing Address 415 North Church Street Unit 113

City Charlotte	State NC	Zip Code 28202
-------------------	-------------	-------------------

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: 2019
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2019

Transaction ID : SA11AI.9428

Amount of Each Receipt this Period
1200.00

Memo Item
\$1,200.00/one-time

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

Mailing Address 1030 N State St 38B

City Chicago	State IL	Zip Code 60610
-----------------	-------------	-------------------

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

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

Receipt For: 2019
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date ▼
600.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2019

Transaction ID : SA11AI.9117

Amount of Each Receipt this Period
600.00

Memo Item
\$100.00/monthly

SUBTOTAL of Receipts This Page (optional).....	2200.00
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 49 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Scherer, Nathan, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2019
Mailing Address 6286 E Long Circle N		Transaction ID : SA11AI.9436
City Centennial	State CO	Zip Code 80112
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer (for Individual) Colorado Emergency Service Physicians,	Occupation (for Individual) Emergency Physician	<input type="checkbox"/> Memo Item \$100.00/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 400.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Scott, David, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2019
Mailing Address 4733 North Ridge Drive		Transaction ID : SA11AI.9140
City Akron	State OH	Zip Code 44333
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.01
Name of Employer (for Individual) USACS Management Group	Occupation (for Individual) Chief Clinical Officer	<input type="checkbox"/> Memo Item \$150.00/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 500.01	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Seaberg, David, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2019
Mailing Address 21 Furnace Street #705		Transaction ID : SA11AI.9358
City Akron	State OH	Zip Code 44308
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) Executive Vice President	<input type="checkbox"/> Memo Item \$150.00/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 600.00	

SUBTOTAL of Receipts This Page (optional).....	1500.01
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 72
	(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. Shellenbarger, David, , ,			Date of Receipt MM / DD / YYYY 06 / 30 / 2019
Mailing Address 912 Camelot Dr.			Transaction ID : SA11AI.9143
City Hermitage	State PA	Zip Code 16148-9100	Amount of Each Receipt this Period 500.01
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$150.00/monthly
Name of Employer (for Individual) USACS Medical Group, LTD		Occupation (for Individual) Medical Director of Integrated Acute C	
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 500.01		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Sinnott, Annie, , ,			Date of Receipt MM / DD / YYYY 06 / 30 / 2019
Mailing Address 1335 N. Bosworth Ave. #3			Transaction ID : SA11AI.9113
City Chicago	State IL	Zip Code 60642-2341	Amount of Each Receipt this Period 633.34
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$150.00/monthly
Name of Employer (for Individual) USACS Medical Group, LTD		Occupation (for Individual) Medical Director	
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 633.34		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Slabinski, Mark, , ,			Date of Receipt MM / DD / YYYY 06 / 30 / 2019
Mailing Address 3004 Edison St. NW			Transaction ID : SA11AI.9213
City Uniontown	State OH	Zip Code 44685-7212	Amount of Each Receipt this Period 766.66
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$150.00/monthly
Name of Employer (for Individual) USACS Management Group		Occupation (for Individual) Regional Vice President	
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 766.66		

SUBTOTAL of Receipts This Page (optional).....	1900.01
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 51 OF 72
	(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. Snyder, Aaron, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2019
Mailing Address 9925 Silver Brook Drive		Transaction ID : SA11AI.9096
City Rockville	State MD	Zip Code 20850
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 700.00
Name of Employer (for Individual) Virtual Locations	Occupation (for Individual) Regional Vice President	<input type="checkbox"/> Memo Item \$150.00/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 700.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Snyder, Mary Jo, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2019
Mailing Address 1800 Gulf Drive N Unit # 111		Transaction ID : SA11AI.9296
City Bradenton Beach	State FL	Zip Code 34217
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 450.00
Name of Employer (for Individual) Virtual Locations	Occupation (for Individual) President Echo Consulting Group	<input type="checkbox"/> Memo Item \$100.00/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 450.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Somers, Michael, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2019
Mailing Address 503 Neuse Harbour Blvd		Transaction ID : SA11AI.9512
City New Bern	State NC	Zip Code 28560-8958
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 450.00
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$150.00/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 450.00	

SUBTOTAL of Receipts This Page (optional).....	1600.00
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 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Thompson, Donovan, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2019
Mailing Address 4408 Lake Shore Road North		Transaction ID : SA11AI.9366
City Denver	State NC	Zip Code 28037-9198
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$100.00/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 400.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Tirheimer, Wenzel, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2019
Mailing Address 13404 Golf Crest Way		Transaction ID : SA11AI.9271
City Tampa	State FL	Zip Code 33618
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 900.00
Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC	Occupation (for Individual) Emergency Physician	<input type="checkbox"/> Memo Item \$150.00/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 900.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Treichler, Don, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2019
Mailing Address 325 Pecan Grove Road		Transaction ID : SA11AI.9362
City Ennis	State TX	Zip Code 75119
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer (for Individual) Emergency Service Partners, LLC	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$300.00/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional).....	1900.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Trotter, David, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2019
Mailing Address 5401 South Ingleside Avenue		Transaction ID : SA11AI.9141
City Chicago	State IL	Zip Code 60615-5013
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 633.34
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$150.00/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 633.34	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Tucker, Jeremy, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2019
Mailing Address 23959 Meredith Court		Transaction ID : SA11AI.9176
City Hollywood	State MD	Zip Code 20636
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 800.00
Name of Employer (for Individual) Virtual Locations	Occupation (for Individual) National Director of Patient Safety	<input type="checkbox"/> Memo Item \$150.00/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 800.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Tucker, William, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2019
Mailing Address 111 Mitchell Blvd		Transaction ID : SA11AI.9524
City Harrison	State OH	Zip Code 45030-2197
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Emergency Physician	<input type="checkbox"/> Memo Item \$100.00/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....	1733.34
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 72
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Tully, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8345 Rolling Acres Trail
 City Fair Oaks Ranch State TX Zip Code 78015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) Medical Director
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 06 / 30 / 2019
Transaction ID : SA11AI.9402
 Amount of Each Receipt this Period
 400.00
 Memo Item
 \$100.00/monthly

B. Ulmer, Travis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1240 Broadview Ave
 City Columbus State OH Zip Code 43212-3344
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Management Group Occupation (for Individual) Vice President of Marketing and Recrui
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 633.34

Date of Receipt
 06 / 30 / 2019
Transaction ID : SA11AI.9268
 Amount of Each Receipt this Period
 633.34
 Memo Item
 \$150.00/monthly

C. Venkat, Arvind, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 105 Breckenridge Dr.
 City Wexford State PA Zip Code 15090-9400
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AHN Medical Group, LLC Occupation (for Individual) National Director of Research
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 06 / 30 / 2019
Transaction ID : SA11AI.9115
 Amount of Each Receipt this Period
 900.00
 Memo Item
 \$150.00/monthly

SUBTOTAL of Receipts This Page (optional)..... ▶ 1933.34
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 55 OF 72
	<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. Vock, Tracie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1826 Free Terrace
 City Frederick State MD Zip Code 21702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) Director of APPs, Observation and Hosp
 Receipt For: 2019
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **300.00**

Date of Receipt **06 / 30 / 2019**
Transaction ID : SA11AI.9267
 Amount of Each Receipt this Period **300.00**
 Memo Item
 \$50.00/monthly

B. Warwick-Heckman, Kelley, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 303 Four T Ranch Rd
 City Georgetown State TX Zip Code 78633
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) Emergency Physician
 Receipt For: 2019
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **400.00**

Date of Receipt **06 / 30 / 2019**
Transaction ID : SA11AI.9408
 Amount of Each Receipt this Period **400.00**
 Memo Item
 \$100.00/monthly

C. Watkins, Angela, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3128 Persimmon Tree Ct
 City Woodstock State MD Zip Code 21163-1150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) Medical Director
 Receipt For: 2019
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **600.00**

Date of Receipt **06 / 30 / 2019**
Transaction ID : SA11AI.9310
 Amount of Each Receipt this Period **600.00**
 Memo Item
 \$150.00/monthly

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: (check only one)	PAGE 56 OF 72
	<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. Watling, Bradley, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 E. W.T. Harris Blvd
 Suite 3109
 City Mooresville State NC Zip Code 28117-7558
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Regional Vice President
 Receipt For: 2019
 Primary General
 Other (specify) Other

Date of Receipt
 06 / 30 / 2019
Transaction ID : SA11AI.9119
 Amount of Each Receipt this Period
 900.00
 Memo Item
 \$150.00/monthly
 Aggregate Year-to-Date
 900.00

B. Watson, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2158 W 5th Street
 Up Unit
 City Cleveland State OH Zip Code 44113
 Name of Employer (for Individual) USACS Management Group Occupation (for Individual) Chief Development Officer
 Receipt For: 2019
 Primary General
 Other (specify) Other

Date of Receipt
 06 / 30 / 2019
Transaction ID : SA11AI.9290
 Amount of Each Receipt this Period
 675.00
 Memo Item
 \$150.00/monthly
 Aggregate Year-to-Date
 675.00

C. Watt, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3909 Fox Glen Drive
 City Irving State TX Zip Code 75062
 Name of Employer (for Individual) USACS Management Group Occupation (for Individual) Chief Accounting Officer
 Receipt For: 2019
 Primary General
 Other (specify) Other

Date of Receipt
 06 / 30 / 2019
Transaction ID : SA11AI.9346
 Amount of Each Receipt this Period
 400.00
 Memo Item
 \$100.00/monthly
 Aggregate Year-to-Date
 400.00

SUBTOTAL of Receipts This Page (optional).....	1975.00
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 57 OF 72
	<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. Wellock, Kathleen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3430 Ashton Drive
 City Uniontown State OH Zip Code 44685
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Management Group Occupation (for Individual) Vice President, Account Management
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **225.00**

Date of Receipt **06 / 30 / 2019**
Transaction ID : SA11AI.9292
 Amount of Each Receipt this Period **225.00**
 Memo Item
 \$50.00/monthly

B. Welsh, Ian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1027 Gardenia Street
 City Fort Mill State SC Zip Code 29708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Assistant Medical Director of Firefigh
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **300.00**

Date of Receipt **06 / 30 / 2019**
Transaction ID : SA11AI.9166
 Amount of Each Receipt this Period **300.00**
 Memo Item
 \$50.00/monthly

C. Wirtz, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Highgate NE
 City Ithaca State NY Zip Code 14850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **500.01**

Date of Receipt **06 / 30 / 2019**
Transaction ID : SA11AI.9138
 Amount of Each Receipt this Period **500.01**
 Memo Item
 \$150.00/monthly

SUBTOTAL of Receipts This Page (optional)..... **1025.01**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 58 OF 72
	(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. Wisniewski, Michael, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2019
Mailing Address 2813 Elmira St.		Transaction ID : SA11AI.9274
City Denver	State CO	Zip Code 80238
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer (for Individual) Colorado Emergency Service Physicians,	Occupation (for Individual) Emergency Physician	<input type="checkbox"/> Memo Item \$100.00/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 600.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Wyatt, Cheryl, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2019
Mailing Address 48252 Leachburg Road		Transaction ID : SA11AI.9127
City Lexington Park	State MD	Zip Code 20653
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer (for Individual) MEP Health, LLC	Occupation (for Individual) Director of APPs	<input type="checkbox"/> Memo Item \$50.00/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Ziebell, Christopher, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2019
Mailing Address 4014 Greystone Drive		Transaction ID : SA11AI.9344
City Austin	State TX	Zip Code 78731
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer (for Individual) Emergency Service Partners, LLC	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$100.00/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 400.00	

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 59 OF 72
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Zimmerman, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1913 Buffalo Speedway
 City Leander State TX Zip Code 78641
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) Emergency Physician
 Receipt For: 2019
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **06 / 30 / 2019**
Transaction ID : SA11AI.9514
 Amount of Each Receipt this Period **300.00**
 Memo Item
 \$100.00/monthly

B. Zyniewicz, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 422 Rosina Vista St
 City Las Vegas State NV Zip Code 89138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Vice President of Operations, Las Vegas
 Receipt For: 2019
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date ▼ **466.67**

Date of Receipt **06 / 30 / 2019**
Transaction ID : SA11AI.9262
 Amount of Each Receipt this Period **466.67**
 Memo Item
 \$150.00/monthly

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

Date of Receipt
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	766.67
TOTAL This Period (last page this line number only).....▶	96834.31

**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 72
<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 type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Citizens for Brian Feldman
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO Box 34408

City Bethesda	State MD	Zip Code 20827
------------------	-------------	-------------------

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 ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		24		2019

Transaction ID : SA17.9588

Amount of Each Receipt this Period
1000.00

Memo Item
Refund of Contribution

B. Friends of John Zerwas
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO Box 852

City Fulshear	State TX	Zip Code 77441
------------------	-------------	-------------------

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 ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		24		2019

Transaction ID : SA17.9587

Amount of Each Receipt this Period
1000.00

Memo Item
Refund of Contribution

C. Friends of Joseline Pena-Melnyk
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO Box 1251

City College Park	State MD	Zip Code 20741-1251
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C H6MD04217**

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

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
04		03		2019

Transaction ID : SA17.9564

Amount of Each Receipt this Period
1000.00

Memo Item
Refund of Contribution

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

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

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

FOR LINE NUMBER: PAGE 61 OF 72
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ANDY BARR FOR CONGRESS, INC.

Mailing Address PO BOX 2059

City LEXINGTON State KY Zip Code 40588

FEC ID number of contributing federal political committee. **C** C00467571

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

Receipt For: 2018
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2019

Transaction ID : SA16.9563

Amount of Each Receipt this Period
 1000.00

Memo Item
 Refund of Contribution

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

Mailing Address

City State Zip Code

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
USACS PAC

A. AFTAB FOR OHIO

Full Name (Last, First, Middle Initial)
AFTAB FOR OHIO

Date of Disbursement: 03 / 28 / 2019

Mailing Address: PO BOX 713

City: CINCINNATI | State: OH | Zip Code: 45201

Purpose of Disbursement: Void Check | Category/Type: 011

Candidate Name: PUREVAL, AFTAB, , ,

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

State: OH | District: 01

FEC Identification Number: C00667519
Transaction ID: SB23.9622
Amount of Each Disbursement this Period: - 500.00

Memo Item

B. ANDY BARR FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)
ANDY BARR FOR CONGRESS, INC.

Date of Disbursement: 04 / 17 / 2019

Mailing Address: PO BOX 2059

City: LEXINGTON | State: KY | Zip Code: 40588

Purpose of Disbursement: Contribution | Category/Type: 011

Candidate Name: BARR, GARLAND ANDY, , ,

Office Sought: House | Disbursement For: 2019
 Senate | Primary General
 President | Other (specify) ▼

State: KY | District: 06

FEC Identification Number: C00467571
Transaction ID: SB23.9573
Amount of Each Disbursement this Period: 1000.00

Memo Item

C. Anna Eshoo for Congress

Full Name (Last, First, Middle Initial)
Anna Eshoo for Congress

Date of Disbursement: 05 / 13 / 2019

Mailing Address: P.O. Box 636

City: Annadale | State: VA | Zip Code: 22003

Purpose of Disbursement: Contribution | Category/Type: 011

Candidate Name: Eshoo, Anna, , ,

Office Sought: House | Disbursement For: 2019
 Senate | Primary General
 President | Other (specify) ▼

State: CA | District: 18

FEC Identification Number: C
Transaction ID: SB23.9604
Amount of Each Disbursement this Period: 5000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 5500.00

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. BERA FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address POST OFFICE BOX 582496

City ELK GROVE State CA Zip Code 95758

Purpose of Disbursement Contribution
Category/Type **011**

Candidate Name
BERA, AMERISH, , ,

Office Sought: House Senate President
Disbursement For: 2019 Primary General Other (specify) ▼

State: CA District: 07

Date of Disbursement: 04 / 29 / 2019

FEC Identification Number: **C00461061**
Transaction ID : **SB23.9590**
Amount of Each Disbursement this Period: 2000.00

Memo Item

B. Carper for Senate

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 70179

City Washington State DC Zip Code 20024

Purpose of Disbursement Contribution
Category/Type **011**

Candidate Name
Carper, Thomas, , ,

Office Sought: House Senate President
Disbursement For: 2019 Primary General Other (specify) ▼

State: DE District:

Date of Disbursement: 03 / 20 / 2019

FEC Identification Number: **C**
Transaction ID : **SB23.9552**
Amount of Each Disbursement this Period: 5000.00

Memo Item

C. DARREN SOTO FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 420239

City KISSIMMEE State FL Zip Code 34742

Purpose of Disbursement Contribution
Category/Type **011**

Candidate Name
Soto, Darren, , ,

Office Sought: House Senate President
Disbursement For: 2019 Primary General Other (specify) ▼

State: FL District: 09

Date of Disbursement: 04 / 24 / 2019

FEC Identification Number: **C00581074**
Transaction ID : **SB23.9586**
Amount of Each Disbursement this Period: 2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 9500.00

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. DR. RAUL RUIZ FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 3433

M M M	/	D D D	/	Y Y Y Y Y
04		17		2019

City PALM DESERT State CA Zip Code 92261

FEC Identification Number

Purpose of Disbursement Contribution

011
Category/ Type

C C00502575

Transaction ID : SB23.9579

Amount of Each Disbursement this Period

Candidate Name RUIZ, RAUL, , ,

5000.00

Office Sought: House Senate President
State: CA District: 36

Disbursement For: 2019
 Primary General
 Other (specify) ▼

Memo Item

B. FRIENDS OF DAVE JOYCE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 320 KENARDEN DRIVE

M M M	/	D D D	/	Y Y Y Y Y
04		29		2019

City CLEVELAND State OH Zip Code 44143

FEC Identification Number

Purpose of Disbursement Contribution

011
Category/ Type

C C00527457

Transaction ID : SB23.9591

Amount of Each Disbursement this Period

Candidate Name JOYCE, DAVID P, , ,

1000.00

Office Sought: House Senate President
State: OH District: 14

Disbursement For: 2019
 Primary General
 Other (specify) ▼

Memo Item

C. GUTHRIE FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 9639

M M M	/	D D D	/	Y Y Y Y Y
04		29		2019

City BOWLING GREEN State KY Zip Code 42102

FEC Identification Number

Purpose of Disbursement Contribution

011
Category/ Type

C C00445023

Transaction ID : SB23.9594

Amount of Each Disbursement this Period

Candidate Name Guthrie, Brett, , ,

1000.00

Office Sought: House Senate President
State: KY District: 02

Disbursement For: 2019
 Primary General
 Other (specify) ▼

Memo Item

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

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

7000.00

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**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. Maggie for NH

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 298

City Concord State NH Zip Code 03302

Purpose of Disbursement Contribution

Candidate Name Hassan, Maggie, , ,

Office Sought: House Senate President

Disbursement For: 2019 Primary General Other (specify) ▼

State: NH District: 02

Date of Disbursement: 03 / 13 / 2019

FEC Identification Number: C [REDACTED]

Transaction ID : SB23.9548

Amount of Each Disbursement this Period: 5000.00

Memo Item

B. MCCREADY FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 78855

City CHARLOTTE State NC Zip Code 28277

Purpose of Disbursement Void Check

Candidate Name MCCREADY, DANIEL, , ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify)

State: NC District: 09

Date of Disbursement: 03 / 28 / 2019

FEC Identification Number: C C00641381

Transaction ID : SB23.9623

Amount of Each Disbursement this Period: - 2000.00

Memo Item

C. MCKINLEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 642

City MORGANTOWN State WV Zip Code 26507

Purpose of Disbursement Contribution

Candidate Name MCKINLEY, DAVID B. MR., , ,

Office Sought: House Senate President

Disbursement For: 2019 Primary General Other (specify) ▼

State: WV District: 01

Date of Disbursement: 04 / 29 / 2019

FEC Identification Number: C C00473132

Transaction ID : SB23.9597

Amount of Each Disbursement this Period: 1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 4000.00

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. People for Patty Murray		Date of Disbursement MM / DD / YYYY 03 / 20 / 2019
Mailing Address PO Box 3662		FEC Identification Number C [REDACTED] Transaction ID : SB23.9558
City Seattle	State WA	Zip Code 98124
Purpose of Disbursement Contribution		Category/ Type 011
Candidate Name Murray, Patty, , ,		Amount of Each Disbursement this Period 5000.00
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2019 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WA District: 08	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Rick Scott for Florida		Date of Disbursement MM / DD / YYYY 06 / 19 / 2019
Mailing Address 224 E 6th Ave		FEC Identification Number C [REDACTED] Transaction ID : SB23.9609
City Tallahassee	State FL	Zip Code 32308
Purpose of Disbursement Contribution		Category/ Type 011
Candidate Name Scott, Rick, , ,		Amount of Each Disbursement this Period 5000.00
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL District: 13	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Romney for Utah Inc		Date of Disbursement MM / DD / YYYY 06 / 19 / 2019
Mailing Address PO Box 7000		FEC Identification Number C [REDACTED] Transaction ID : SB23.9612
City Orem	State UT	Zip Code 84059
Purpose of Disbursement Contribution		Category/ Type 011
Candidate Name Romney, Willard, Mitt, ,		Amount of Each Disbursement this Period 5000.00
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: UT District: 04	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	15000.00
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. Rosen for Nevada

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 27195

City Las Vegas State NV Zip Code 89126

Purpose of Disbursement Contribution
Candidate Name Rosen, Jacky, , ,
Office Sought: House Senate President
Disbursement For: 2024 Primary General Other (specify) ▼
State: NV District: 03

Date of Disbursement: 06 / 19 / 2019

FEC Identification Number: C
Transaction ID : SB23.9615
Amount of Each Disbursement this Period: 5000.00

Memo Item

B. RUIZ VICTORY FUND

Full Name (Last, First, Middle Initial)
Mailing Address 77933 LAS MONTANAS ROAD #103

City PALM DESERT State CA Zip Code 92211

Purpose of Disbursement Contribution
Candidate Name RUIZ, RAUL, , ,
Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: CA District: 36

Date of Disbursement: 04 / 17 / 2019

FEC Identification Number: C
Transaction ID : SB23.9576
Amount of Each Disbursement this Period: 5000.00

Memo Item

C. SINEMA FOR ARIZONA

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

City PHOENIX State AZ Zip Code 85011

Purpose of Disbursement Contribution
Candidate Name SINEMA, KYRSTEN, , ,
Office Sought: House Senate President
Disbursement For: 2019 Primary General Other (specify) ▼
State: AZ District: 09

Date of Disbursement: 05 / 22 / 2019

FEC Identification Number: C
Transaction ID : SB23.9605
Amount of Each Disbursement this Period: 5000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 15000.00

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:
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<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. Tenn PAC

Date of Disbursement
MM / DD / YYYY
03 / 04 / 2019

Mailing Address 228 S Washington Street
Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement Contribution
Category/Type: 011

Candidate Name
Lamar, Alexander, , ,

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

State: TN District: 03

FEC Identification Number
C []
Transaction ID : SB23.9534
Amount of Each Disbursement this Period
5000.00

Memo Item

Full Name (Last, First, Middle Initial)
B. WALDEN FOR CONGRESS

Date of Disbursement
MM / DD / YYYY
04 / 29 / 2019

Mailing Address PO BOX 1091

City HOOD RIVER State OR Zip Code 97031

Purpose of Disbursement Contribution
Category/Type: 011

Candidate Name
Walden, Greg, , ,

Office Sought: House Senate President
Disbursement For: 2019 Primary General Other (specify) ▼

State: OR District: 02

FEC Identification Number
C C00333427
Transaction ID : SB23.9600
Amount of Each Disbursement this Period
1000.00

Memo Item

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

Date of Disbursement
MM / DD / YYYY

Mailing Address

City State Zip Code

Purpose of Disbursement Contribution
Category/Type: []

Candidate Name

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

State: District:

FEC Identification Number
C []
Amount of Each Disbursement this Period
[]

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	6000.00
TOTAL This Period (last page this line number only).....▶	72000.00

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

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

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Citizens for Brian Feldman

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 34408

City: Bethesda, State: MD, Zip Code: 20827

Purpose of Disbursement: Contribution

Candidate Name: **Feldman, Brian, , ,**

Office Sought: House Senate, President

Disbursement For: 2022, Primary, General, Other (specify) ▼

State: MD, District: 15

Date of Disbursement: 04 / 17 / 2019

FEC Identification Number: **C**

Transaction ID : **SB29.9574**

Amount of Each Disbursement this Period: 1000.00

Memo Item

B. Committee to Elect Mario Scavello

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 792

City: Harrisburg, State: PA, Zip Code: 17108

Purpose of Disbursement: Contribution

Candidate Name: **Scavello, Mario, , ,**

Office Sought: House Senate, President

Disbursement For: 2019, Primary, General, Other (specify) ▼

State: PA, District: 40

Date of Disbursement: 04 / 05 / 2019

FEC Identification Number: **C**

Transaction ID : **SB29.9570**

Amount of Each Disbursement this Period: 2000.00

Memo Item

C. DeLuca for Legislator Committee

Full Name (Last, First, Middle Initial)
Mailing Address 1438 Homestead Rd

City: Verona, State: PA, Zip Code: 15147

Purpose of Disbursement: Contribution

Candidate Name: **DeLuca, Anthony, , ,**

Office Sought: House Senate, President

Disbursement For: 2019, Primary, General, Other (specify) ▼

State: PA, District: 32

Date of Disbursement: 04 / 05 / 2019

FEC Identification Number: **C**

Transaction ID : **SB29.9567**

Amount of Each Disbursement this Period: 2000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 5000.00

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

A. Friends of Bryan Cutler

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 412

City Harrisburg State PA Zip Code 17101

Purpose of Disbursement Contribution
Candidate Name **Cutler, Bryan, , ,**
Office Sought: House Senate President
Disbursement For: 2019 Primary General Other (specify) ▼
State: PA District:

Date of Disbursement: 03 / 13 / 2019

FEC Identification Number: C
Transaction ID : **SB29.9541**
Amount of Each Disbursement this Period: 2000.00

Memo Item

B. FRIENDS OF FRANK DERMODY

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 274

City TARENTUM State PA Zip Code 15084

Purpose of Disbursement Contribution
Candidate Name **Dermody, Frank, , ,**
Office Sought: House Senate President
Disbursement For: 2019 Primary General Other (specify) ▼
State: PA District: 33

Date of Disbursement: 03 / 28 / 2019

FEC Identification Number: C
Transaction ID : **SB29.9561**
Amount of Each Disbursement this Period: 2000.00

Memo Item

C. Friends of Jake Corman

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 421

City Bellefonte State PA Zip Code 16823

Purpose of Disbursement Contribution
Candidate Name **Corman, Jake, , ,**
Office Sought: House Senate President
Disbursement For: 2019 Primary General Other (specify) ▼
State: PA District: 34

Date of Disbursement: 03 / 13 / 2019

FEC Identification Number: C
Transaction ID : **SB29.9537**
Amount of Each Disbursement this Period: 2000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 6000.00

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 Joseline Pena-Melnyk		Date of Disbursement MM / DD / YYYY 04 / 17 / 2019
Mailing Address PO Box 1251		FEC Identification Number C H6MD04217 Transaction ID : SB29.9575 Amount of Each Disbursement this Period 1000.00
City College Park	State MD	Zip Code 20741-1251
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name PENA-MELNYK, JOSELINE A., , ,		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: MD	District: 04	

Full Name (Last, First, Middle Initial) B. FRIENDS OF MIKE TURZAI		Date of Disbursement MM / DD / YYYY 03 / 13 / 2019
Mailing Address 11676 PERRY HIGHWAY SUITE 2106		FEC Identification Number C H8PA04066 Transaction ID : SB29.9545 Amount of Each Disbursement this Period 5000.00
City WEXFORD	State PA	Zip Code 15090
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name TURZAI, MICHAEL C., , ,		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2019 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA	District: 04	

Full Name (Last, First, Middle Initial) C. Friends of Tina Pickett		Date of Disbursement MM / DD / YYYY 04 / 24 / 2019
Mailing Address PO Box 203		FEC Identification Number C Transaction ID : SB29.9582 Amount of Each Disbursement this Period 2000.00
City Wysox	State PA	Zip Code 18854
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name Pickett, Tina, L., ,		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2019 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	8000.00
TOTAL This Period (last page this line number only).....▶	19000.00