



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

**USACS PAC**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>		87294.41
(b) Cash on Hand at Beginning of Reporting Period.....	103762.37	
(c) Total Receipts (from Line 19) .....	7379.39	96747.35
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	111141.76	184041.76
7. Total Disbursements (from Line 31).....	6000.00	78900.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	105141.76	105141.76
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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).....	7170.04	69030.86
(ii) Unitemized .....	209.35	20716.49
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	7379.39	89747.35
(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) .....	7379.39	89747.35
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	7000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	7379.39	96747.35
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	7379.39	96747.35

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	69250.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	6000.00	9650.00
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)) ..	6000.00	78900.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6000.00	78900.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	7379.39	89747.35
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	7379.39	89747.35
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**USACS PAC**

**A. Aboutalib, Angela, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2 East Erie St  
 Apt 3306  
 City Chicago State IL Zip Code 60611-3169  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Senior Director of Quality and Educati  
 Receipt For: 2018  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **1200.00**

Date of Receipt  
**12 / 31 / 2018**  
**Transaction ID : SA11AI.8924**  
 Amount of Each Receipt this Period  
**100.00**  
 Memo Item  
 \$100.00/monthly

**B. Adler, Aaron, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 Midsummer Court  
 City Gaithersburg State MD Zip Code 20878-5228  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) APP Lead  
 Receipt For: 2018  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **240.00**

Date of Receipt  
**12 / 31 / 2018**  
**Transaction ID : SA11AI.8914**  
 Amount of Each Receipt this Period  
**30.00**  
 Memo Item  
 \$20.00/monthly

**C. Atez, Francisco, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17376 Emerald Chase Drive  
 City Tampa State FL Zip Code 33647  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC Occupation (for Individual) Regional Director of Risk Management  
 Receipt For: 2018  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **1200.00**

Date of Receipt  
**12 / 31 / 2018**  
**Transaction ID : SA11AI.8961**  
 Amount of Each Receipt this Period  
**100.00**  
 Memo Item  
 \$100.00/monthly

**SUBTOTAL** of Receipts This Page (optional)..... **230.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 51
	<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 <b>A. Augustine, James, , ,</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2018
Mailing Address 7868 Classics Dr.		<b>Transaction ID : SA11AI.8972</b>
City Naples	State FL	Zip Code 34113-3063
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer (for Individual) USACS Management Group	Occupation (for Individual) Chairman, National Clinical Governance	<input type="checkbox"/> Memo Item \$150.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 1800.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Aulick, Neal, , ,</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2018
Mailing Address 11 Aaronwoods Court		<b>Transaction ID : SA11AI.9014</b>
City Wheeling	State WV	Zip Code 26003
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$20.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 240.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Bagnoli, Dominic, , ,</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2018
Mailing Address 50 East Drive		<b>Transaction ID : SA11AI.8954</b>
City Hartville	State OH	Zip Code 44632
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 416.63
Name of Employer (for Individual) USACS Management Group	Occupation (for Individual) Executive Chairman	<input type="checkbox"/> Memo Item \$416.63/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 4999.56	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	586.63
<b>TOTAL</b> 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 51
	<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. Bescherer, Rudolph, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 32 Fieldcrest Dr  
 City Westampton State NJ Zip Code 08060-5656  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Firefighter  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **1200.00**

Date of Receipt **12 / 31 / 2018**  
**Transaction ID : SA11AI.9029**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item  
 \$100.00/monthly

**B. 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) Emergency Physician  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **1200.00**

Date of Receipt **12 / 31 / 2018**  
**Transaction ID : SA11AI.9023**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item  
 \$100.00/monthly

**C. Blaum, Justin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 85 Morningside Drive  
 City Indiana State PA Zip Code 15701-3613  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AHN Medical Group, LLC Occupation (for Individual) ED Operations Director  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **240.00**

Date of Receipt **12 / 31 / 2018**  
**Transaction ID : SA11AI.8987**  
 Amount of Each Receipt this Period **20.00**  
 Memo Item  
 \$20.00/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>220.00</b>
<b>TOTAL</b> 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 51
	<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. Bolden, Jason, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3011 Rock Springs Road  
 City Charlotte State NC Zip Code 28226-7357  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **200.04**

Date of Receipt **12 / 31 / 2018**  
**Transaction ID : SA11AI.8973**  
 Amount of Each Receipt this Period **16.67**  
 Memo Item  
 \$16.67/monthly

**B. Bradstreet, Jennifer, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 249 S. Franklin St.  
 City Chagrin Falls State OH Zip Code 44022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) System Medical Director  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **600.00**

Date of Receipt **12 / 31 / 2018**  
**Transaction ID : SA11AI.8976**  
 Amount of Each Receipt this Period **50.00**  
 Memo Item  
 \$50.00/monthly

**C. Brandon, Christopher, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18834 Preston Road  
 City Hagerstown State MD Zip Code 21742  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) APP Lead  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **240.00**

Date of Receipt **12 / 31 / 2018**  
**Transaction ID : SA11AI.8939**  
 Amount of Each Receipt this Period **30.00**  
 Memo Item  
 \$20.00/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>96.67</b>
<b>TOTAL</b> 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 51
<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 <b>A. Canonico, Robert, , ,</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2018
Mailing Address 1578 Uluhao Street		<b>Transaction ID : SA11AI.9025</b>
City Kailua	State HI	Zip Code 96734
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 16.67
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$16.67/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 200.04	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Caraballo, Damian, , ,</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2018
Mailing Address 11911 Marblehead Drive		<b>Transaction ID : SA11AI.8946</b>
City Tampa	State FL	Zip Code 33626-2555
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC	Occupation (for Individual) Regional Chief Quality Officer	<input type="checkbox"/> Memo Item \$20.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 240.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Casey, John, , ,</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2018
Mailing Address 5156 Baker Ridge Dr.		<b>Transaction ID : SA11AI.8983</b>
City Columbus	State OH	Zip Code 43228
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) EMS Director	<input type="checkbox"/> Memo Item \$20.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 240.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	56.67
<b>TOTAL</b> 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 51
	<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 <b>A. Cetta, Michael, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2018
Mailing Address 16 Piney Glen Court		<b>Transaction ID : SA11AI.9009</b>
City Potomac	State MD	Zip Code 20854
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) USACS Management Group	Occupation (for Individual) Chief of Integrated Acute Care	<input type="checkbox"/> Memo Item \$100.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 1200.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Cirillo, Louis, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2018
Mailing Address 91 Woodridge Drive		<b>Transaction ID : SA11AI.9000</b>
City Saunderstown	State RI	Zip Code 02874-1943
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$150.00/monthly
Receipt For: 2018 <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 <b>C. Colfer, Orion, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2018
Mailing Address 2523 Hanover Ave		<b>Transaction ID : SA11AI.9018</b>
City Richmond	State VA	Zip Code 23220
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) USACS Management Group	Occupation (for Individual) National Director of Patient Experienc	<input type="checkbox"/> Memo Item \$50.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> 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 51
	<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. Conley, Amy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6419 Renwick Circle  
 City Tampa State FL Zip Code 33647  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC Occupation (for Individual) Regional Transfer Center Director  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 12 / 31 / 2018  
**Transaction ID : SA11AI.8918**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 \$100.00/monthly

**B. Cook, Alexander, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8780 Surrey Place  
 City Maineville State OH Zip Code 45039-9519  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Director of APPs  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 31 / 2018  
**Transaction ID : SA11AI.8916**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 \$20.00/monthly

**C. 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: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 200.04

Date of Receipt 12 / 31 / 2018  
**Transaction ID : SA11AI.8986**  
 Amount of Each Receipt this Period 16.67  
 Memo Item  
 \$16.67/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	146.67
<b>TOTAL</b> 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 51
	<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 <b>A. Corey, Mary, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2018
Mailing Address 122 Hammersmith Farms Lane		<b>Transaction ID : SA11AI.9004</b>
City Mooresville	State NC	Zip Code 28117-6724
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Advanced Practice Provider	<input type="checkbox"/> Memo Item \$20.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 220.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Corrigan, Kevin, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2018
Mailing Address 9338 Standerwick Ln		<b>Transaction ID : SA11AI.8992</b>
City Huntersville	State NC	Zip Code 28078
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 16.67
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) System Operations Director	<input type="checkbox"/> Memo Item \$16.67/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 200.04	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. De Angelis, Sydney, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2018
Mailing Address 114 E Church St		<b>Transaction ID : SA11AI.9041</b>
City Frederick	State MD	Zip Code 21701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) MEP Health, LLC	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$100.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 1200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	126.67
<b>TOTAL</b> 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 51
	<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. DeMartino, Wendy, , ,**

Mailing Address 9 Amberwood Dr

City Exeter	State NH	Zip Code 03833-4723
----------------	-------------	------------------------

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

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

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

Aggregate Year-to-Date ▼ **200.04**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2018

**Transaction ID : SA11AI.9049**

Amount of Each Receipt this Period  

16.67
-------

Memo Item  
\$16.67/monthly

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

Mailing Address 13122 S Yorktown Ave

City Bixby	State OK	Zip Code 74008-7665
---------------	-------------	------------------------

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

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

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

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2018

**Transaction ID : SA11AI.9043**

Amount of Each Receipt this Period  

50.00
-------

Memo Item  
\$50.00/monthly

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

Mailing Address 33531 Royal Saint George Drive

City Avon	State OH	Zip Code 44011
--------------	-------------	-------------------

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

Name of Employer (for Individual) USACS Management Group	Occupation (for Individual) Vice President, Clinical Resource Grou
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Receipt For: 2018  
 Primary  General  
 Other (specify) **Other**

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2018

**Transaction ID : SA11AI.8980**

Amount of Each Receipt this Period  

20.00
-------

Memo Item  
\$20.00/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>86.67</b>
<b>TOTAL</b> 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 51
	<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. Doucette, Marc, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16692 W. 55th Pl.  
 City Golden State CO Zip Code 80403-1269  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Colorado Emergency Service Physicians, Occupation (for Individual) Medical Director  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2018  
**Transaction ID : SA11AI.9002**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 \$20.00/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: 2018  
 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  
 12 / 31 / 2018  
**Transaction ID : SA11AI.9020**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 \$50.00/monthly

**C. 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: 2018  
 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  
 12 / 31 / 2018  
**Transaction ID : SA11AI.9035**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 \$100.00/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	220.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 51
<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 <b>A. Falcone, Angelo, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2018
Mailing Address 2606 Tridelphia Lake Road		<b>Transaction ID : SA11AI.8925</b>
City Brookeville	State MD	Zip Code 20833
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer (for Individual) MEP Health, LLC	Occupation (for Individual) President	<input type="checkbox"/> Memo Item \$150.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 1800.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Ferrand, David, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2018
Mailing Address 193 Bryna Lane		<b>Transaction ID : SA11AI.8951</b>
City Carnegie	State PA	Zip Code 15106-1473
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) Virtual Locations	Occupation (for Individual) Firefighter	<input type="checkbox"/> Memo Item \$100.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 1200.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Fisher, Jay, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2018
Mailing Address 416 Pinnacle Hgts Ln		<b>Transaction ID : SA11AI.8974</b>
City Las Vegas	State NV	Zip Code 89144
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 16.67
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$16.67/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 200.04	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	266.67
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 51
	<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. Forcada-Lowrie, Raymundo, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 232339  
 City Encinitas State CA Zip Code 92023-2339  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Firefighter  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **1200.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2018  
**Transaction ID : SA11AI.9024**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 \$100.00/monthly

**B. 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: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2018  
**Transaction ID : SA11AI.8933**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 \$50.00/monthly

**C. 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: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **240.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2018  
**Transaction ID : SA11AI.9038**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item  
 \$20.00/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>170.00</b>
<b>TOTAL</b> 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 51
	<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. Garfinkel, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 261 South Parkview Ave  
 City Bexley State OH Zip Code 43209-1649  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Emergency Physician  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 200.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2018  
**Transaction ID : SA11AI.9010**  
 Amount of Each Receipt this Period 16.67  
 Memo Item  
 \$16.67/monthly

**B. Geary, Daniel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21910 Helen Lane  
 City Leonardtown State MD Zip Code 20650-2220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) Medical Director  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2018  
**Transaction ID : SA11AI.8947**  
 Amount of Each Receipt this Period 83.33  
 Memo Item  
 \$83.33/monthly

**C. Geers, Gregory, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 624 James Alexander Way  
 City Davidson State NC Zip Code 28036-7070  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2018  
**Transaction ID : SA11AI.8966**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 \$20.00/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	120.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 51
	<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 <b>A. Gindlesperger, Krisi, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2018		
Mailing Address 6203 Renninger Road			<b>Transaction ID : SA11AI.8993</b>		
City New Franklin	State OH	Zip Code 44319-4741	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$100.00/monthly		
Name of Employer (for Individual) USACS Management Group		Occupation (for Individual) Vice President - National Director of			
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other		Aggregate Year-to-Date ▼ 900.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Gooch, Christopher, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2018		
Mailing Address 52675 Timber Dr.			<b>Transaction ID : SA11AI.8941</b>		
City Bridgeport	State OH	Zip Code 43912-7724	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$25.00/monthly		
Name of Employer (for Individual) USACS Medical Group, LTD		Occupation (for Individual) Emergency Physician			
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other		Aggregate Year-to-Date ▼ 300.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Grant, Randall, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2018		
Mailing Address 1536 Forest Ave			<b>Transaction ID : SA11AI.9022</b>		
City River Forest	State IL	Zip Code 60305-1004	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$25.00/monthly		
Name of Employer (for Individual) USACS Medical Group, LTD		Occupation (for Individual) Medical Director			
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other		Aggregate Year-to-Date ▼ 300.00			

<b>SUBTOTAL</b> of Receipts This Page (optional).....	200.00
<b>TOTAL</b> 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 51
	<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: 2018  
 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  
 12 / 31 / 2018  
**Transaction ID : SA11AI.9027**  
 Amount of Each Receipt this Period  
 50.00  
 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: 2018  
 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  
 12 / 31 / 2018  
**Transaction ID : SA11AI.9036**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 \$25.00/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: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **200.04**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2018  
**Transaction ID : SA11AI.9044**  
 Amount of Each Receipt this Period  
 16.67  
 Memo Item  
 \$16.67/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>91.67</b>
<b>TOTAL</b> 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 51
	<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 <b>A. Hallock, Robert, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2018
Mailing Address 2124 Bay Front Terrace			<b>Transaction ID : SA11AI.9026</b>
City Annapolis	State MD	Zip Code 21409	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$20.00/monthly
Name of Employer (for Individual) MEP Health, LLC		Occupation (for Individual) Emergency Physician	
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 240.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Hibbs, Nathaniel, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2018
Mailing Address 6634 S. Prescott Way			<b>Transaction ID : SA11AI.9013</b>
City Littleton	State CO	Zip Code 80120	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$100.00/monthly
Name of Employer (for Individual) Colorado Emergency Service Physicians,		Occupation (for Individual) Emergency Physician	
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 1200.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Hodson, Benjamin, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2018
Mailing Address 200 Algonquin Beach Rd.			<b>Transaction ID : SA11AI.8931</b>
City Averill Park	State NY	Zip Code 12018	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$20.00/monthly
Name of Employer (for Individual) USACS Medical Group, LTD		Occupation (for Individual) Emergency Physician	
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 240.00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**USACS PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Hummel, Laura, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2018
Mailing Address 807 S. Roxmere Road		<b>Transaction ID : SA11AI.8996</b>
City Tampa	State FL	Zip Code 33609-4235
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC	Occupation (for Individual) Regional Education Director	<input type="checkbox"/> Memo Item \$100.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 1200.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Hunter, Ebony, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2018
Mailing Address 16910 Filly Ln		<b>Transaction ID : SA11AI.8957</b>
City Odessa	State FL	Zip Code 33556-1821
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 20.00
Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC	Occupation (for Individual) Emergency Physician	<input type="checkbox"/> Memo Item \$20.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 240.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Janikas, John, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2018
Mailing Address 748 Carlton Road		<b>Transaction ID : SA11AI.8984</b>
City Clifton Park	State NY	Zip Code 12065-1023
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 83.33
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$83.33/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 999.96	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	203.33
<b>TOTAL</b> 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 51
	<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 <b>A. Jeffrey, Douglas, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2018
Mailing Address 1109 Bluebonnet Lane		<b>Transaction ID : SA11AI.9055</b>
City Austin	State TX	Zip Code 78704-2005
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) Emergency Service Partners, LLC	Occupation (for Individual) Emergency Physician	<input type="checkbox"/> Memo Item \$100.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 1400.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Jenis, Andrew, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2018
Mailing Address 115 Cayuga Heights Road		<b>Transaction ID : SA11AI.8919</b>
City Ithaca	State NY	Zip Code 14850
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) Virtual Locations	Occupation (for Individual) Regional Vice President	<input type="checkbox"/> Memo Item \$50.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 600.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Jones, Bruce, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2018
Mailing Address 4187 Colister Drive		<b>Transaction ID : SA11AI.8935</b>
City Dublin	State OH	Zip Code 43016-6162
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$100.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 1200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	250.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**USACS PAC**

**A. Kalaria, Amit, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17804 Cricket Hill Drive  
 City Germantown 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: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2018  
**Transaction ID : SA11AI.8917**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item  
 \$20.00/monthly

**B. 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) Occupation (for Individual)  
 Colorado Emergency Service Physicians, Regional Vice President  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2018  
**Transaction ID : SA11AI.8968**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item  
 \$20.00/monthly

**C. Kella, Vipul, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11808 Woodthrus Lane  
 City Potomac State MD Zip Code 20854  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 MEP Health, LLC Emergency Physician  
 Receipt For: 2018  
 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  
 12 / 31 / 2018  
**Transaction ID : SA11AI.9048**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 \$50.00/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	90.00
<b>TOTAL</b> 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 51
	<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. Keller, Noah, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10119 Easterday Court  
 City Hagerstown State MD Zip Code 21742  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Regional Vice President  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2018  
**Transaction ID : SA11AI.9017**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 \$50.00/monthly

**B. Kendall, Jayne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21710 Parsons Green Row  
 City Cornelius State NC Zip Code 28031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Regional Vice President  
 Receipt For: 2018  
 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  
 12 / 31 / 2018  
**Transaction ID : SA11AI.8975**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 \$100.00/monthly

**C. Kile, Tamara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8513 Guertin Court  
 City Frederick State MD Zip Code 21704-8035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Regional Medical Director  
 MEP Health, LLC  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2018  
**Transaction ID : SA11AI.9042**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 \$20.00/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	170.00
<b>TOTAL</b> 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 51
	<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. Kirkpatrick, Kyle, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16360 Hawkstone Place  
 City Parker State CO Zip Code 80134  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Colorado Emergency Service Physicians, Occupation (for Individual) APP Lead  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **240.00**

Date of Receipt **12 / 31 / 2018**  
**Transaction ID : SA11AI.8995**  
 Amount of Each Receipt this Period **30.00**  
 Memo Item  
 \$20.00/monthly

**B. Kleinman, Jacob, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6014 Bryant Street  
 City Pittsburgh State PA Zip Code 15206-1740  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AHN Medical Group, LLC Occupation (for Individual) Medical Director  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **240.00**

Date of Receipt **12 / 31 / 2018**  
**Transaction ID : SA11AI.8971**  
 Amount of Each Receipt this Period **20.00**  
 Memo Item  
 \$20.00/monthly

**C. Kolodzik, Joan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1108 Paxon Court  
 City Bellbrook State OH Zip Code 45305-8959  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Management Group Occupation (for Individual) National Director of Continuing Medica  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **240.00**

Date of Receipt **12 / 31 / 2018**  
**Transaction ID : SA11AI.8981**  
 Amount of Each Receipt this Period **20.00**  
 Memo Item  
 \$20.00/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>70.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 51
	<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 <b>A. Kuchinski, Joseph, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2018
Mailing Address 5869 Heaven View Drive		<b>Transaction ID : SA11AI.8985</b>
City Las Vegas	State NV	Zip Code 89135-1296
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 200.00	
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$200.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 2000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Laberge, Anne-Marie, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2018
Mailing Address 114 Nazarene Ct		<b>Transaction ID : SA11AI.8926</b>
City Fombell	State PA	Zip Code 16123-2420
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.00	
Name of Employer (for Individual) AHN Medical Group, LLC	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$20.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 240.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Lancaster, David, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2018
Mailing Address 6633 Silver Fox Road		<b>Transaction ID : SA11AI.8953</b>
City Charlotte	State NC	Zip Code 28270-0683
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 16.67	
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Emergency Physician	<input type="checkbox"/> Memo Item \$16.67/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 200.04	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	236.67
<b>TOTAL</b> 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 51
	<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. Latouf, Kathleen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6 Old Farm Rd  
 City Carnegie State PA Zip Code 15106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AHN Medical Group, LLC Occupation (for Individual) Medical Director  
 Receipt For: 2018  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **240.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2018  
**Transaction ID : SA11AI.8988**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item  
 \$20.00/monthly

**B. 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 Medical Group, LTD Occupation (for Individual) President  
 Receipt For: 2018  
 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  
 12 / 31 / 2018  
**Transaction ID : SA11AI.8998**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 \$100.00/monthly

**C. LeBlanc, Louis, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1428 Lacy Lane  
 City Rock Hill State SC Zip Code 29732-7723  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Firefighter  
 Receipt For: 2018  
 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  
 12 / 31 / 2018  
**Transaction ID : SA11AI.9001**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 \$50.00/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>220.00</b>
<b>TOTAL</b> 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 51
	<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. Lee, Sidney, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1200 Queen Emma Street  
 Apt 2001  
 City Honolulu State HI Zip Code 96813-6311  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2018  
**Transaction ID : SA11AI.9033**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 \$50.00/monthly

**B. Lim, Andrew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 81 Fieldstone Run  
 City Farmington State CT Zip Code 06032-2741  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) Emergency Physician  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2018  
**Transaction ID : SA11AI.8921**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 \$20.00/monthly

**C. Little, Andrew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5514 Ayrshire Dr  
 City Dublin State OH Zip Code 43017-9428  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Emergency Physician  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2018  
**Transaction ID : SA11AI.8920**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 \$100.00/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	170.00
<b>TOTAL</b> 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 51
	<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. Lloyd, Christopher, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2286 Picket Post Ln.  
 City Columbus State OH Zip Code 43220-2918  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Director of Clinical Education  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **200.04**

Date of Receipt **12 / 31 / 2018**  
**Transaction ID : SA11AI.8942**  
 Amount of Each Receipt this Period **16.67**  
 Memo Item  
 \$16.67/monthly

**B. Lojewski, Stephen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9819 Monroe Blvd  
 City Taylor State MI Zip Code 48180  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Firefighter  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **240.00**

Date of Receipt **12 / 31 / 2018**  
**Transaction ID : SA11AI.9034**  
 Amount of Each Receipt this Period **20.00**  
 Memo Item  
 \$20.00/monthly

**C. Lombino, Donald, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 22 Connecticut Avenue  
 City Greenwich State CT Zip Code 06830-5736  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Assistant Director of the Clinical Res  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **240.00**

Date of Receipt **12 / 31 / 2018**  
**Transaction ID : SA11AI.8956**  
 Amount of Each Receipt this Period **20.00**  
 Memo Item  
 \$20.00/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>56.67</b>
<b>TOTAL</b> 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 51
	<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. 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: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **200.04**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2018  
**Transaction ID : SA11AI.8943**  
 Amount of Each Receipt this Period  
 16.67  
 Memo Item  
 \$16.67/monthly

**B. Mann, Rubeal, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10122 Concord Road  
 City Dublin State OH Zip Code 43017-9434  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **1200.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2018  
**Transaction ID : SA11AI.9028**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 \$100.00/monthly

**C. Markowski, Kevin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 572 White Tail Ridge Drive  
 City Fairlawn State OH Zip Code 44333  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Quality Director  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **200.04**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2018  
**Transaction ID : SA11AI.8991**  
 Amount of Each Receipt this Period  
 16.67  
 Memo Item  
 \$16.67/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>133.34</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 51
	<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. Maruska, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 580 Park Ave  
 City Laguna Beach State CA Zip Code 92651-2339  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Firefighter  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **240.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2018  
**Transaction ID : SA11AI.9011**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item  
 \$20.00/monthly

**B. Mattke, Angela, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1080 Pebblebrook Rd. SE  
 City Mableton State GA Zip Code 30126-5612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Firefighter  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **220.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2018  
**Transaction ID : SA11AI.8923**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item  
 \$20.00/monthly

**C. Mayz, Kurtis, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 E Main St Ste 404  
 City Champaign State IL Zip Code 61820-1313  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Firefighter  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2018  
**Transaction ID : SA11AI.8994**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 \$50.00/monthly

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 51
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**USACS PAC**

**A. McCourt, J.D., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9436 Steeplehill Dr  
 City Las Vegas State NV Zip Code 89117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **200.04**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2018  
**Transaction ID : SA11AI.8970**  
 Amount of Each Receipt this Period  
 16.67  
 Memo Item  
 \$16.67/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: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **200.04**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2018  
**Transaction ID : SA11AI.8958**  
 Amount of Each Receipt this Period  
 16.67  
 Memo Item  
 \$16.67/monthly

**C. Mendenhall, Matthew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3224 S. Ash St.  
 City Denver State CO Zip Code 80222  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Colorado Emergency Service Physicians, Occupation (for Individual) Director Of Operations  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **240.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2018  
**Transaction ID : SA11AI.9005**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item  
 \$20.00/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	53.34
<b>TOTAL</b> 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 51
	<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. Meyer, Kendra, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 85 Beatty Lane  
 City Scenery Hill State PA Zip Code 15360-1537  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AHN Medical Group, LLC Occupation (for Individual) Director of APPs  
 Receipt For: 2018  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **600.00**

Date of Receipt  
 12 / 31 / 2018  
**Transaction ID : SA11AI.8989**  
 Amount of Each Receipt this Period  
 75.00  
 Memo Item  
 \$50.00/monthly

**B. Misra, Swarup, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9667 Ashley Green Ct NW  
 City Concord State NC Zip Code 28027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Quality Director  
 Receipt For: 2018  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **200.04**

Date of Receipt  
 12 / 31 / 2018  
**Transaction ID : SA11AI.9040**  
 Amount of Each Receipt this Period  
 16.67  
 Memo Item  
 \$16.67/monthly

**C. Mittleman, Craig, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25 Equestrian Ridge  
 City Newtown State CT Zip Code 06470  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) Medical Director  
 Receipt For: 2018  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **600.00**

Date of Receipt  
 12 / 31 / 2018  
**Transaction ID : SA11AI.8944**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 \$50.00/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	141.67
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 35 OF 51
<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 <b>A. Natapraya, Kent, , ,</b>		Date of Receipt 12 / 31 / 2018 <b>Transaction ID : SA11AI.8990</b>
Mailing Address 6433 Empty Song Road		Amount of Each Receipt this Period 30.00
City Columbia	State MD	Zip Code 21044
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$20.00/monthly
Name of Employer (for Individual) MEP Health, LLC	Occupation (for Individual) APP Lead	
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 240.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Norris, Donald, , ,</b>		Date of Receipt 12 / 31 / 2018 <b>Transaction ID : SA11AI.8955</b>
Mailing Address 401 S Main St Apt 211		Amount of Each Receipt this Period 16.67
City Akron	State OH	Zip Code 44311-1113
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$16.67/monthly
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Core Faculty for Summa Health System	
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 200.04	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Osmundson, Michael, , ,</b>		Date of Receipt 12 / 31 / 2018 <b>Transaction ID : SA11AI.9008</b>
Mailing Address 62 East Dr.		Amount of Each Receipt this Period 100.00
City Hartville	State OH	Zip Code 44632-8890
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) President	
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 1200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	146.67
<b>TOTAL</b> 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 51
	<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. Pacitti, Andrew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 80 Windom Ln  
 City Nicholasville State KY Zip Code 40356-8112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **240.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2018  
**Transaction ID : SA11AI.8922**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item  
 \$20.00/monthly

**B. Panitch, Orlee, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11753 Gainsborough Road  
 City Potomac State MD Zip Code 20854  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) Regional Chief Administrative Officer  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **1800.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2018  
**Transaction ID : SA11AI.9019**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 \$150.00/monthly

**C. Percy, Carmella, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6875 Stonebridge Lane  
 City Clover State SC Zip Code 29710-9372  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director  
 Receipt For: 2018  
 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  
 12 / 31 / 2018  
**Transaction ID : SA11AI.8937**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 \$50.00/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>220.00</b>
<b>TOTAL</b> 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 51
	<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. Phillips, Miranda, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7122 S. Sheridan Rd.  
 Ste. 2-335  
 City Tulsa State OK Zip Code 74133-2748  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) System Medical Director  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2018  
**Transaction ID : SA11AI.9012**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 \$50.00/monthly

**B. Pollack, Henry, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 42348 John Muir Drive  
 City Coarsegold State CA Zip Code 93614-9619  
 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: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 200.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2018  
**Transaction ID : SA11AI.8967**  
 Amount of Each Receipt this Period 16.67  
 Memo Item  
 \$16.67/monthly

**C. Powers, Evelyn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15 Deerfield Dr  
 City Richmond State RI Zip Code 02898-1220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) System APP Lead  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2018  
**Transaction ID : SA11AI.8960**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 \$20.00/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	96.67
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 51
	<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 <b>A. Radford, Shawn, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2018
Mailing Address 210 N Wells St Apt 4101		<b>Transaction ID : SA11AI.9032</b>
City Chicago	State IL	Zip Code 60606-1352
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) Virtual Locations	Occupation (for Individual) Director of Firefighters	<input type="checkbox"/> Memo Item \$100.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 1200.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Roberts, Matthew, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2018
Mailing Address 7826 Eglington Ct		<b>Transaction ID : SA11AI.9006</b>
City Cincinnati	State OH	Zip Code 45255-2413
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Education Director-Mercy Cincinnati Ea	<input type="checkbox"/> Memo Item \$20.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 240.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Romano, Frederick, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2018
Mailing Address 4516 Tuscana Drive		<b>Transaction ID : SA11AI.8963</b>
City Sarasota	State FL	Zip Code 34241-4201
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) Virtual Locations	Occupation (for Individual) Firefighter	<input type="checkbox"/> Memo Item \$100.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 1200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	220.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 51
	<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 <b>A. Rosen, Nicholas, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2018
Mailing Address 1089 S. Williams St.		<b>Transaction ID : SA11AI.9016</b>
City Denver	State CO	Zip Code 80209
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer (for Individual) Colorado Emergency Service Physicians,	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$20.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 240.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Ross, Sanford, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2018
Mailing Address 5318 Wyndam Ln.		<b>Transaction ID : SA11AI.9031</b>
City Brighton	State MI	Zip Code 48116
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Assistant Medical Director	<input type="checkbox"/> Memo Item \$20.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 240.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Roy, Neil, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2018
Mailing Address 6700 Applewood Place		<b>Transaction ID : SA11AI.9015</b>
City Rockville	State MD	Zip Code 20855
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer (for Individual) MEP Health, LLC	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$20.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 240.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	60.00
<b>TOTAL</b> 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 51
	<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. Satkowiak, Lawrence, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5175 Raintree Dr  
 City Parker State CO Zip Code 80134-5233  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Director of Clinical Operations  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **240.00**

Date of Receipt **12 / 31 / 2018**  
**Transaction ID : SA11AI.8997**  
 Amount of Each Receipt this Period **20.00**  
 Memo Item  
 \$20.00/monthly

**B. Savitch, Benjamin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1030 N State St 38B  
 City Chicago State IL Zip Code 60610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Assistant Medical Director  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **240.00**

Date of Receipt **12 / 31 / 2018**  
**Transaction ID : SA11AI.8930**  
 Amount of Each Receipt this Period **20.00**  
 Memo Item  
 \$20.00/monthly

**C. Scott, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4733 North Ridge Drive  
 City Akron State OH Zip Code 44333  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Management Group Occupation (for Individual) Chief Clinical Officer  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **200.04**

Date of Receipt **12 / 31 / 2018**  
**Transaction ID : SA11AI.8949**  
 Amount of Each Receipt this Period **16.67**  
 Memo Item  
 \$16.67/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>56.67</b>
<b>TOTAL</b> 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 51
	<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. Scott, John, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1384 Leslie NE Ln.

City Lancaster	State OH	Zip Code 43130
-------------------	-------------	-------------------

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

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

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

Aggregate Year-to-Date **200.04**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2018

**Transaction ID : SA11AI.8982**

Amount of Each Receipt this Period  

16.67
-------

Memo Item  
\$16.67/monthly

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

Mailing Address 912 Camelot Dr.

City Hermitage	State PA	Zip Code 16148-9100
-------------------	-------------	------------------------

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

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

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

Aggregate Year-to-Date **200.04**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2018

**Transaction ID : SA11AI.8952**

Amount of Each Receipt this Period  

16.67
-------

Memo Item  
\$16.67/monthly

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

Mailing Address 705 Rosemary Circle

City Bradenton	State FL	Zip Code 34212-5015
-------------------	-------------	------------------------

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

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

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

Aggregate Year-to-Date **200.04**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2018

**Transaction ID : SA11AI.9039**

Amount of Each Receipt this Period  

16.67
-------

Memo Item  
\$16.67/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>50.01</b>
<b>TOTAL</b> 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 51
	<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. Sinnott, Annie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1335 N. Bosworth Ave.  
 #3  
 City Chicago State IL Zip Code 60642-2341  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **200.04**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2018  
**Transaction ID : SA11AI.8927**  
 Amount of Each Receipt this Period  
 16.67  
 Memo Item  
 \$16.67/monthly

**B. Slabinski, Mark, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3004 Edison St. NW  
 City Uniontown State OH Zip Code 44685-7212  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Regional Vice President  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **999.96**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2018  
**Transaction ID : SA11AI.9003**  
 Amount of Each Receipt this Period  
 83.33  
 Memo Item  
 \$83.33/monthly

**C. Smitek, Rachel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 234 Lakeshore Dr  
 City Mooresville State NC Zip Code 28117-7535  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Assistant Medical Director  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **240.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2018  
**Transaction ID : SA11AI.9021**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item  
 \$20.00/monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 51
	<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. Snyder, Aaron, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9925 Silver Brook Drive  
 City Rockville State MD Zip Code 20850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Regional Vice President  
 Receipt For: 2018  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **1700.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2018  
**Transaction ID : SA11AI.8915**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 \$150.00/monthly

**B. Snyder, Eric, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 311 East Carroll Street PO Box 384  
 City Carrolltown State PA Zip Code 15722-0384  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AHN Medical Group, LLC Occupation (for Individual) APP Lead  
 Receipt For: 2018  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **240.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2018  
**Transaction ID : SA11AI.8959**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item  
 \$20.00/monthly

**C. Srivastava, Geetanjali, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5447 N Sequoia Ave  
 City Fresno State CA Zip Code 93711-2849  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director  
 Receipt For: 2018  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **450.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2018  
**Transaction ID : SA11AI.8965**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 \$50.00/monthly

**SUBTOTAL** of Receipts This Page (optional)..... **105.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 44 OF 51
	(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. Thomas, Frank, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7432 S. 107 E. Avenue  
 City Tulsa State OK Zip Code 74133  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Director of APPs  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2018  
**Transaction ID : SA11AI.8962**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 \$20.00/monthly

**B. Tirheimer, Wenzel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13404 Golf Crest Way  
 City Tampa State FL Zip Code 33618  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC Occupation (for Individual) Emergency Physician  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2018  
**Transaction ID : SA11AI.9050**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 \$150.00/monthly

**C. Toole, Timothy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2547 E 26th Pl  
 City Tulsa State OK Zip Code 74114-4303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Emergency Physician  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2018  
**Transaction ID : SA11AI.9045**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 \$20.00/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	200.00
<b>TOTAL</b> 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 51
	<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. Trotter, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5401 South Ingleside Avenue  
 City Chicago State IL Zip Code 60615-5013  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **200.04**

Date of Receipt **12 / 31 / 2018**  
**Transaction ID : SA11AI.8950**  
 Amount of Each Receipt this Period **16.67**  
 Memo Item  
 \$16.67/monthly

**B. Tucker, Cynthia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 Warwick Terrace  
 City Waterford State CT Zip Code 06385  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Assistant Medical Director  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **240.00**

Date of Receipt **12 / 31 / 2018**  
**Transaction ID : SA11AI.8945**  
 Amount of Each Receipt this Period **20.00**  
 Memo Item  
 \$20.00/monthly

**C. Tucker, Jeremy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 23959 Meredith Court  
 City Hollywood State MD Zip Code 20636  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) National Director of Patient Safety  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **1200.00**

Date of Receipt **12 / 31 / 2018**  
**Transaction ID : SA11AI.8977**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item  
 \$100.00/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>136.67</b>
<b>TOTAL</b> 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 51
	<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 <b>A. Ulmer, Travis, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2018
Mailing Address 1240 Broadview Ave		<b>Transaction ID : SA11AI.9047</b>
City Columbus	State OH	Zip Code 43212-3344
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 16.67
Name of Employer (for Individual) USACS Management Group	Occupation (for Individual) Vice President of Marketing and Recruit	<input type="checkbox"/> Memo Item \$16.67/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 200.04	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Vaill, Samuel, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2018
Mailing Address 315 Bridge Street		<b>Transaction ID : SA11AI.9030</b>
City South Hamilton	State MA	Zip Code 01982
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer (for Individual) USACS Management Group	Occupation (for Individual) Chief Development Officer	<input type="checkbox"/> Memo Item \$50.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 600.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Vock, Tracie, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2018
Mailing Address 1826 Free Terrace		<b>Transaction ID : SA11AI.9046</b>
City Frederick	State MD	Zip Code 21702
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer (for Individual) MEP Health, LLC	Occupation (for Individual) Director of APPs, Observation Medicine	<input type="checkbox"/> Memo Item \$50.00/monthly
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	166.67
<b>TOTAL</b> 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 51
	<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. Watling, Bradley, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 101 E. W.T. Harris Blvd  
 Suite 3109  
 City Mooresville State NC Zip Code 28117-7558  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Regional Vice President  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **1800.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2018  
**Transaction ID : SA11AI.8932**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 \$150.00/monthly

**B. Wellock, Austin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2439 Clydesdale St NW  
 City North Canton State OH Zip Code 44720-9818  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Medical Director  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **200.04**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2018  
**Transaction ID : SA11AI.8929**  
 Amount of Each Receipt this Period  
 16.67  
 Memo Item  
 \$16.67/monthly

**C. Welsh, Ian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1027 Gardenia Street  
 City Fort Mill State SC Zip Code 29708  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Assistant Medical Director of Firefigh  
 Receipt For: 2018  
 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  
 12 / 31 / 2018  
**Transaction ID : SA11AI.8969**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 \$50.00/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>216.67</b>
<b>TOTAL</b> 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 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**USACS PAC**

**A. White, Jeremy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4844 Jewell Terrace  
 City Palm Harbor State FL Zip Code 34685  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC Occupation (for Individual) Medical Director  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **240.00**

Date of Receipt **12 / 31 / 2018**  
**Transaction ID : SA11AI.8978**  
 Amount of Each Receipt this Period **20.00**  
 Memo Item  
 \$20.00/monthly

**B. Wirtz, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Highgate NE  
 City Ithaca State NY Zip Code 14850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **200.04**

Date of Receipt **12 / 31 / 2018**  
**Transaction ID : SA11AI.8948**  
 Amount of Each Receipt this Period **16.67**  
 Memo Item  
 \$16.67/monthly

**C. Wisniewski, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2813 Elmira St.  
 City Denver State CO Zip Code 80238  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Colorado Emergency Service Physicians, Occupation (for Individual) Emergency Physician  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **1100.00**

Date of Receipt **12 / 31 / 2018**  
**Transaction ID : SA11AI.9054**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item  
 \$100.00/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>136.67</b>
<b>TOTAL</b> 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 51
	<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. Wyatt, Cheryl, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 141  
 City Lexington Park State MD Zip Code 20653-0141  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 MEP Health, LLC Director of APPs  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 12 / 31 / 2018  
**Transaction ID : SA11AI.8938**  
 Amount of Each Receipt this Period  
 75.00  
 Memo Item  
 \$50.00/monthly

**B. Yonteck, Frederick, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 27518 Pine Point Drive  
 City Wesley Chapel State FL Zip Code 33544-8756  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Tampa Bay Emergency Physicians, LLC Emergency Physician  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 12 / 31 / 2018  
**Transaction ID : SA11AI.8964**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item  
 \$20.00/monthly

**C. Zayac, Carl, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5901 Velasco Ave  
 City Dallas State TX Zip Code 75206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 USACS Medical Group, LTD Firefighter  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date ▼  
 900.00

Date of Receipt  
 12 / 31 / 2018  
**Transaction ID : SA11AI.8936**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 \$100.00/monthly

**SUBTOTAL** of Receipts This Page (optional).....▶ 195.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 51
	<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.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Zimmerman, David, , ,

Mailing Address 319 Vine St  
Apt 205

City Philadelphia State PA Zip Code 19106

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

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

Receipt For: 2018  
 Primary  General  
 Other (specify)  Other

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 31 / 2018

**Transaction ID : SA11AI.9051**

Amount of Each Receipt this Period  
100.00

Memo Item  
\$100.00/monthly

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

Mailing Address

City State Zip Code

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
M M / 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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	100.00
<b>TOTAL</b> This Period (last page this line number only).....	7170.04

**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. Bonnen Campaign**

Full Name (Last, First, Middle Initial)  
Mailing Address 122 E Myrtle Street

City Angleton State TX Zip Code 77515

Purpose of Disbursement Nonfederal Contribution

Candidate Name Bonnen, Dennis, , ,

Office Sought:  House  Senate  President  
State: TX District: 25

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

Date of Disbursement: 12 / 06 / 2018

FEC Identification Number: C  
Transaction ID : SB29.9091  
Amount of Each Disbursement this Period: 5000.00

Memo Item

**B. State Board of Elections and Ethics Enforcement**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 27255

City Raleigh State NC Zip Code 27611

Purpose of Disbursement Civil Penalty and Forfeiture Fund

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement: 12 / 19 / 2018

FEC Identification Number: C  
Transaction ID : SB29.9072  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**C.**

Full Name (Last, First, Middle Initial)  
Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement: / /

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	6000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	6000.00