

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

USACS PAC

ADDRESS (number and street)

Check if different than previously reported. (ACC)

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

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

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

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

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

Election on / / in the State of

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

Election on / / in the State of

5. Covering Period / / through / /

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

Russell Goman, Dacia, , ,

Type or Print Name of Treasurer

Signature of Treasurer Russell Goman, Dacia, , , [Electronically Filed] Date / /

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

Office Use Only									
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

USACS PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2022"/>		293167.63
(b) Cash on Hand at Beginning of Reporting Period.....	317202.50	
(c) Total Receipts (from Line 19)	18296.65	200831.52
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	335499.15	493999.15
7. Total Disbursements (from Line 31).....	17500.00	176000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	317999.15	317999.15
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

USACS PAC

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 20 / 2022 To: M M / D D / Y Y Y Y 11 / 28 / 2022

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).....	16929.96	175114.56
(ii) Unitemized	1366.69	24716.96
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	18296.65	199831.52
(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)	18296.65	199831.52
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	1000.00
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)).....▶	18296.65	200831.52
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	18296.65	200831.52

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.....	17500.00	73500.00
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).....	0.00	102500.00
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)) ..	17500.00	176000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	17500.00	176000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	18296.65	199831.52
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	18296.65	199831.52
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 58
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Aboutalib, Angela, , ,			Date of Receipt MM / DD / YYYY 11 / 28 / 2022		
Mailing Address 2 East Erie St Apt 3306			Transaction ID : SA11AI.6695		
City Chicago	State IL	Zip Code 60611-3169	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$100/Monthly		
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) National Director of Quality and Educa			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1100.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Albaugh, Chad, , ,			Date of Receipt MM / DD / YYYY 11 / 28 / 2022		
Mailing Address 1602 River Bluff Rd			Transaction ID : SA11AI.6741		
City Morehead City	State NC	Zip Code 28557	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$150/Monthly		
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Medical Director			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1650.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Aldeen, Amer, , ,			Date of Receipt MM / DD / YYYY 11 / 28 / 2022		
Mailing Address 18631 Rue Beauvais			Transaction ID : SA11AI.6760		
City Lutz	State FL	Zip Code 33558-7112	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$150/Monthly		
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Chief Medical Officer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 1650.00			

SUBTOTAL of Receipts This Page (optional).....	400.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Aldred, Brian, , ,		Date of Receipt MM / DD / YYYY 11 / 28 / 2022
Mailing Address 3508 Good Night Trail		Transaction ID : SA11AI.6736
City Leander	State TX	Zip Code 78641-3628
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer (for Individual) Travis County Emergency Physicians, PA	Occupation (for Individual) Director of Telemedicine	<input type="checkbox"/> Memo Item \$150/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1650.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Altmin, Stephen, , ,		Date of Receipt MM / DD / YYYY 11 / 28 / 2022
Mailing Address 2641 4th Street		Transaction ID : SA11AI.6676
City Boulder	State CO	Zip Code 80304-3201
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) Emergency Physician	<input type="checkbox"/> Memo Item \$50/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Ammon, Stefen, , ,		Date of Receipt MM / DD / YYYY 11 / 28 / 2022
Mailing Address 2 Mountain High Ct.		Transaction ID : SA11AI.6674
City Littleton	State CO	Zip Code 80127
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$50/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 58
	<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. Argus, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 198 Barbados Dr
 City Jupiter State FL Zip Code 33458-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Regional Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1650.00

Date of Receipt 11 / 28 / 2022
Transaction ID : SA11AI.6768
 Amount of Each Receipt this Period 150.00
 Memo Item \$150/Monthly

B. Atez, Francisco, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17376 Emerald Chase Drive
 City Tampa State FL Zip Code 33647
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 28 / 2022
Transaction ID : SA11AI.6705
 Amount of Each Receipt this Period 100.00
 Memo Item \$100/Monthly

C. Augustine, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7868 Classics Dr.
 City Naples State FL Zip Code 34113-3063
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Chairman, National Clinical Governance
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1650.00

Date of Receipt 11 / 28 / 2022
Transaction ID : SA11AI.6766
 Amount of Each Receipt this Period 150.00
 Memo Item \$150/Monthly

SUBTOTAL of Receipts This Page (optional).....	400.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 OF 58
	(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. Bagnoli, Dominic, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 East Drive
 City Hartville State OH Zip Code 44632
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Executive Chairman
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4582.93

Date of Receipt
 11 / 28 / 2022
Transaction ID : SA11AI.6799
 Amount of Each Receipt this Period 416.63
 Memo Item
 \$416.63/Monthly

B. Baker, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1209 E Cumberland Ave Unit #1404
 City Tampa State FL Zip Code 33602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Management Group, Ltd. Occupation (for Individual) Regional Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1575.00

Date of Receipt
 11 / 28 / 2022
Transaction ID : SA11AI.6737
 Amount of Each Receipt this Period 150.00
 Memo Item
 \$150/Monthly

C. Balewick, Donna, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 626 Phillips Rd
 City Blairsville State PA Zip Code 15717-4233
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Medical Director of Integrated Acute C
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1650.00

Date of Receipt
 11 / 28 / 2022
Transaction ID : SA11AI.6726
 Amount of Each Receipt this Period 150.00
 Memo Item
 \$150/Monthly

SUBTOTAL of Receipts This Page (optional).....▶	716.63
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 58
	<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. Barquin, Jose, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1011 charles st
 City clearwater State FL Zip Code 33755
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Associate Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 11 / 28 / 2022
Transaction ID : SA11AI.6657
 Amount of Each Receipt this Period 50.00
 Memo Item \$50/Monthly

B. Bedolla, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1000 San Marcos Street Unit 324
 City Austin State TX Zip Code 78702-2667
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Travis County Emergency Physicians, PA Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 28 / 2022
Transaction ID : SA11AI.6710
 Amount of Each Receipt this Period 100.00
 Memo Item \$100/Monthly

C. Bender, Sean, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 520 Elm Street
 City Denver State CO Zip Code 80220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Regional Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1650.00

Date of Receipt 11 / 28 / 2022
Transaction ID : SA11AI.6776
 Amount of Each Receipt this Period 150.00
 Memo Item \$150/Monthly

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 58
<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. Bishop, Sara, , ,			Date of Receipt MM / DD / YYYY 11 / 28 / 2022
Mailing Address P.O. Box 2175			Transaction ID : SA11AI.6686
City Morehead City	State NC	Zip Code 28557-2175	Amount of Each Receipt this Period 75.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$75/Monthly
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) APP Lead	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 787.50	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Blankenship, Robert, , ,			Date of Receipt MM / DD / YYYY 11 / 28 / 2022
Mailing Address 7058 Ravens Run			Transaction ID : SA11AI.6783
City Cincinnati	State OH	Zip Code 45244-3591	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$150/Monthly
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1650.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Blaum, Justin, , ,			Date of Receipt MM / DD / YYYY 11 / 28 / 2022
Mailing Address 312 Biddle Ave Fl 2			Transaction ID : SA11AI.6728
City Pittsburgh	State PA	Zip Code 15221-3436	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$150/Monthly
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 1650.00	

SUBTOTAL of Receipts This Page (optional).....	375.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 58
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Bown, Nicholas, , ,			Date of Receipt
Mailing Address 532 College Blvd			<input type="text" value="11"/> / <input type="text" value="28"/> / <input type="text" value="2022"/>
City San Antonio	State TX	Zip Code 78209	Transaction ID : SA11AI.6771
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="150.00"/>
Name of Employer (for Individual) Travis County Emergency Physicians, PA		Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$150/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1200.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Bradstreet, Jennifer, , ,			Date of Receipt
Mailing Address 8026 Vanity Hill			<input type="text" value="11"/> / <input type="text" value="28"/> / <input type="text" value="2022"/>
City San Antonio	State TX	Zip Code 78256-2509	Transaction ID : SA11AI.6769
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="150.00"/>
Name of Employer (for Individual) Travis County Emergency Physicians, PA		Occupation (for Individual) Regional Vice President	<input type="checkbox"/> Memo Item \$150/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1650.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Brice, Matthew, , ,			Date of Receipt
Mailing Address 17007 Arrowhead Ct			<input type="text" value="11"/> / <input type="text" value="28"/> / <input type="text" value="2022"/>
City College Station	State TX	Zip Code 77845	Transaction ID : SA11AI.6715
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="100.00"/>
Name of Employer (for Individual) Travis County Emergency Physicians, PA		Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$100/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="1100.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="400.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 13 OF 58
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Brill, April, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25537 Prairiewood Ln
 City Shorewood State IL Zip Code 60404-2526
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Site Education Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 11 / 28 / 2022
Transaction ID : SA11AI.6646
 Amount of Each Receipt this Period 50.00
 Memo Item \$50/Monthly

B. Buchanan, Curtis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3608 Shadow Arbor Way
 City Lutz State FL Zip Code 33548
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1650.00

Date of Receipt 11 / 28 / 2022
Transaction ID : SA11AI.6744
 Amount of Each Receipt this Period 150.00
 Memo Item \$150/Monthly

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

Date of Receipt 11 / 28 / 2022
Transaction ID : SA11AI.6727
 Amount of Each Receipt this Period 150.00
 Memo Item \$150/Monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Carney, Bryan, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 28 / 2022
Mailing Address 2408 Marsh Tern Ln		Transaction ID : SA11AI.6739
City Morehead City	State NC	Zip Code 28557-4772
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) Assistant Medical Director	<input type="checkbox"/> Memo Item \$150/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1650.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Carter, Stephen, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 28 / 2022
Mailing Address 161 Glen Eagles Drive		Transaction ID : SA11AI.6675
City Cibolo	State TX	Zip Code 78108-3343
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) Emergency Physician	<input type="checkbox"/> Memo Item \$50/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Casey, John, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 28 / 2022
Mailing Address 5156 Baker Ridge Dr.		Transaction ID : SA11AI.6773
City Columbus	State OH	Zip Code 43228
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) National Director of Scholars	<input type="checkbox"/> Memo Item \$150/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1650.00	

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

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

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

FOR LINE NUMBER: PAGE 15 OF 58
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Cetta, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16 Piney Glen Court
 City Potomac State MD Zip Code 20854-1411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Chief of Integrated Acute Care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4400.00

Date of Receipt 11 / 28 / 2022
Transaction ID : SA11AI.6798
 Amount of Each Receipt this Period 400.00
 Memo Item \$400/Monthly

B. Champeau, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16 Stony Hill Rd
 City Burlington State CT Zip Code 06013-2601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Director of APPs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 11 / 28 / 2022
Transaction ID : SA11AI.6662
 Amount of Each Receipt this Period 50.00
 Memo Item \$50/Monthly

C. Chatfield, Kenneth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5923 W Gable Ridge Ct
 City Hlghland State UT Zip Code 84003-8978
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Management Group, Ltd. Occupation (for Individual) Chief Information Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 11 / 28 / 2022
Transaction ID : SA11AI.6660
 Amount of Each Receipt this Period 50.00
 Memo Item \$50/Monthly

SUBTOTAL of Receipts This Page (optional)..... ▶ 500.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 58
	<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. Cirillo, Louis, , ,		Date of Receipt MM / DD / YYYY 11 / 28 / 2022
Mailing Address 91 Woodridge Drive		Transaction ID : SA11AI.6775
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) Director of Government Affairs	<input type="checkbox"/> Memo Item \$150/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1650.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Cline, Gretchann, , ,		Date of Receipt MM / DD / YYYY 11 / 28 / 2022
Mailing Address 8506 Queen Heights		Transaction ID : SA11AI.6656
City San Antonio	State TX	Zip Code 78254-2329
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) System APP Lead	<input type="checkbox"/> Memo Item \$50/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Colfer, Orion, , ,		Date of Receipt MM / DD / YYYY 11 / 28 / 2022
Mailing Address 2523 Hanover Ave		Transaction ID : SA11AI.6729
City Richmond	State VA	Zip Code 23220
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) National Director of Patient Experienc	<input type="checkbox"/> Memo Item \$150/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1650.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 58
	<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. Conley, Amy, , ,		Date of Receipt MM / DD / YYYY 11 / 28 / 2022
Mailing Address 6419 Renwick Circle		Transaction ID : SA11AI.6694
City Tampa	State FL	Zip Code 33647
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) Emergency Physician	<input type="checkbox"/> Memo Item \$100/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Cook, Alexander, , ,		Date of Receipt MM / DD / YYYY 11 / 28 / 2022
Mailing Address 8780 Surrey Place		Transaction ID : SA11AI.6690
City Maineville	State OH	Zip Code 45039-9519
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) Director of APPs	<input type="checkbox"/> Memo Item \$80/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 840.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Coomes, Justin, , ,		Date of Receipt MM / DD / YYYY 11 / 28 / 2022
Mailing Address 7762 Westwind Lane		Transaction ID : SA11AI.6774
City Montgomery	State OH	Zip Code 45242-5008
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/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1650.00	

SUBTOTAL of Receipts This Page (optional).....▶	330.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 OF 58
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Correll, Bodie, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 28 / 2022
Mailing Address 782 Archie Lane			Transaction ID : SA11AI.6734
City Belton	State TX	Zip Code 76513	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$150/Monthly
Name of Employer (for Individual) Travis County Emergency Physicians, PA		Occupation (for Individual) Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Corrigan, Kevin, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 28 / 2022
Mailing Address 9338 Standerwick Ln			Transaction ID : SA11AI.6761
City Huntersville	State NC	Zip Code 28078	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$150/Monthly
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Assistant Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1650.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Darnell, Mark, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 28 / 2022
Mailing Address 5125 Duffy Rd. SE			Transaction ID : SA11AI.6781
City Lancaster	State OH	Zip Code 43130-9451	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$150/Monthly
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1650.00		

SUBTOTAL of Receipts This Page (optional).....▶	450.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 58
<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. De Angelis, Sydney, , ,			Date of Receipt MM / DD / YYYY 11 / 28 / 2022
Mailing Address 114 E Church St			Transaction ID : SA11AI.6724
City Frederick	State MD	Zip Code 21701	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$100/Monthly
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. DiCaprio, Michael, , ,			Date of Receipt MM / DD / YYYY 11 / 28 / 2022
Mailing Address 3960 N. Monet Ct.			Transaction ID : SA11AI.6663
City Allison Park	State PA	Zip Code 15101	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$50/Monthly
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. DiRando, Jesse, , ,			Date of Receipt MM / DD / YYYY 11 / 28 / 2022
Mailing Address 33531 Royal Saint George Drive			Transaction ID : SA11AI.6755
City Avon	State OH	Zip Code 44011	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$150/Monthly
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Chief Documentation Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1650.00		

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 58
	<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. Domuczicz, Kenneth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3217 Raspberry Rd
 City Austin State TX Zip Code 78748
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Travis County Emergency Physicians, PA Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 11 / 28 / 2022
Transaction ID : SA11AI.6659
 Amount of Each Receipt this Period 50.00
 Memo Item \$50/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: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 11 / 28 / 2022
Transaction ID : SA11AI.6683
 Amount of Each Receipt this Period 50.00
 Memo Item \$50/Monthly

C. Edginton, Simon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28671 Corbara Place
 City Wesley Chapel State FL Zip Code 33543
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Regional Chief Medical Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1650.00

Date of Receipt 11 / 28 / 2022
Transaction ID : SA11AI.6779
 Amount of Each Receipt this Period 150.00
 Memo Item \$150/Monthly

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 21 OF 58
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Eisenberg, Steven, , ,		Date of Receipt
Mailing Address 35590 Michael Drive		<input type="text" value="11"/> / <input type="text" value="28"/> / <input type="text" value="2022"/>
City Solon	State OH	Zip Code 44139
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.6780
Name of Employer (for Individual) USACS Management Group, Ltd.		Amount of Each Receipt this Period <input type="text" value="150.00"/>
Occupation (for Individual) Chief Administrative Officer		<input type="checkbox"/> Memo Item \$150/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1575.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Falcone, Angelo, , ,		Date of Receipt
Mailing Address 2606 Tridelphia Lake Road		<input type="text" value="11"/> / <input type="text" value="28"/> / <input type="text" value="2022"/>
City Brookeville	State MD	Zip Code 20833
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.6764
Name of Employer (for Individual) USACS Medical Group, Ltd.		Amount of Each Receipt this Period <input type="text" value="150.00"/>
Occupation (for Individual) Board Member		<input type="checkbox"/> Memo Item \$150/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1650.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Faulk, Michael, , ,		Date of Receipt
Mailing Address 3951 Fluvanna-Townline Road		<input type="text" value="11"/> / <input type="text" value="28"/> / <input type="text" value="2022"/>
City Jamestown	State NY	Zip Code 14701-9032
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.6665
Name of Employer (for Individual) USACS Medical Group, Ltd.		Amount of Each Receipt this Period <input type="text" value="50.00"/>
Occupation (for Individual) Medical Director of Integrated Acute C		<input type="checkbox"/> Memo Item \$50/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="400.00"/>	

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="350.00"/>
TOTAL This Period (last page this line number only).....	<input type="text" value=""/>

**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 58
	<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. Fearheiley, Corey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2604 Rain Song
 City Leander State TX Zip Code 78641
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 11 / 28 / 2022
Transaction ID : SA11AI.6652
 Amount of Each Receipt this Period 50.00
 Memo Item \$50/Monthly

B. Ferrand, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 193 Bryna Lane
 City Carnegie State PA Zip Code 15106-1473
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Firefighter
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 28 / 2022
Transaction ID : SA11AI.6701
 Amount of Each Receipt this Period 100.00
 Memo Item \$100/Monthly

C. Flanigan, Alan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 195 McGregor Street Apt. 405
 City Manchester State NH Zip Code 03102-3777
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1650.00

Date of Receipt 11 / 28 / 2022
Transaction ID : SA11AI.6759
 Amount of Each Receipt this Period 150.00
 Memo Item \$150/Monthly

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 58
	<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. Fleming, Sean, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 28 / 2022
Mailing Address 2300 Shoreham Circle		Transaction ID : SA11AI.6777
City Lewisville	State TX	Zip Code 75056
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer (for Individual) Travis County Emergency Physicians, PA	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$150/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1650.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Foss, David, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 28 / 2022
Mailing Address 915 Tschoepe Rd		Transaction ID : SA11AI.6746
City Seguin	State TX	Zip Code 78155
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer (for Individual) Travis County Emergency Physicians, PA	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$150/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1650.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Freedman, Scott, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 28 / 2022
Mailing Address 12814 Doe Lane		Transaction ID : SA11AI.6784
City N. Potomac	State MD	Zip Code 20878
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) Pediatric Medical Director	<input type="checkbox"/> Memo Item \$150/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1650.00	

SUBTOTAL of Receipts This Page (optional).....	450.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 58
	<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. 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) USACS Medical Group, Ltd.	Occupation (for Individual) Associate Medical Director
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2022

Transaction ID : SA11AI.6648

Amount of Each Receipt this Period
50.00

Memo Item
\$50/Monthly

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

Mailing Address 7700 Overlook Hills Lane

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2022

Transaction ID : SA11AI.6696

Amount of Each Receipt this Period
100.00

Memo Item
\$100/Monthly

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

Mailing Address 1111 Lancashire Drive

City Indian Land	State SC	Zip Code 29707
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2022

Transaction ID : SA11AI.6650

Amount of Each Receipt this Period
50.00

Memo Item
\$50/Monthly

SUBTOTAL of Receipts This Page (optional).....	200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 58
	<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. Gindlesperger, Krisi, , ,		Date of Receipt MM / DD / YYYY 11 / 28 / 2022
Mailing Address 6203 Renninger Road		Transaction ID : SA11AI.6713
City New Franklin	State OH	
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) Vice President - National Director of	<input type="checkbox"/> Memo Item \$100/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Goen, Paul, , ,		Date of Receipt MM / DD / YYYY 11 / 28 / 2022
Mailing Address 4417 Leonard Road		Transaction ID : SA11AI.6717
City Bryan	State TX	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) Travis County Emergency Physicians, PA	Occupation (for Individual) System Medical Director	<input type="checkbox"/> Memo Item \$100/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Gonzalez, Javier, , ,		Date of Receipt MM / DD / YYYY 11 / 28 / 2022
Mailing Address 4527 Scarlet Loop		Transaction ID : SA11AI.6754
City Wesley Chapel	State FL	
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/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1650.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 58
	<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. 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) USACS Medical Group, Ltd. Occupation (for Individual) Assistant Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 11 / 28 / 2022
Transaction ID : SA11AI.6644
 Amount of Each Receipt this Period 50.00
 Memo Item \$50/Monthly

B. Hall, Timothy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1380 Woodhurst Drive
 City Rock Hill State SC Zip Code 29732-2082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1650.00

Date of Receipt 11 / 28 / 2022
Transaction ID : SA11AI.6786
 Amount of Each Receipt this Period 150.00
 Memo Item \$150/Monthly

C. Hall, Wyatt, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2310B Old Trail Rd.
 City Avon State CO Zip Code 81620
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 11 / 28 / 2022
Transaction ID : SA11AI.6680
 Amount of Each Receipt this Period 50.00
 Memo Item \$50/Monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 58
	<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. Hanlon, Dennis, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 28 / 2022
Mailing Address 200 Windermere Ct.			Transaction ID : SA11AI.6702
City McMurray	State PA	Zip Code 15317	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$100/Monthly
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Hart, Alicia, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 28 / 2022
Mailing Address 24625 Wilderness Oak Apt 1324			Transaction ID : SA11AI.6645
City San Antonio	State TX	Zip Code 78260-7210	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$50/Monthly
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Herndon, Yalonda, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 28 / 2022
Mailing Address 2509 Mill Wright Rd			Transaction ID : SA11AI.6681
City Concord	State NC	Zip Code 28027	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$50/Monthly
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 400.00		

SUBTOTAL of Receipts This Page (optional).....▶	200.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 58
	<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. Hibbs, Nathaniel, , ,		Date of Receipt MM / DD / YYYY 11 / 28 / 2022
Mailing Address 6634 S. Prescott Way		Transaction ID : SA11AI.6692
City Littleton	State CO	Zip Code 80120
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) Emergency Physician	<input type="checkbox"/> Memo Item \$100/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Higginbotham, Eric, , ,		Date of Receipt MM / DD / YYYY 11 / 28 / 2022
Mailing Address 1701B South 2nd Street Unit B		Transaction ID : SA11AI.6750
City Austin	State TX	Zip Code 78704
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 150.00	
Name of Employer (for Individual) Travis County Emergency Physicians, PA	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$150/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1650.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Holt, Douglas, , ,		Date of Receipt MM / DD / YYYY 11 / 28 / 2022
Mailing Address 207 Cabbage Inlet Lane		Transaction ID : SA11AI.6704
City Wilmington	State NC	Zip Code 28409-3004
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) Firefighter	<input type="checkbox"/> Memo Item \$100/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1100.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 29 OF 58
<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. Hummel, Laura, , ,		Date of Receipt MM / DD / YYYY 11 / 28 / 2022
Mailing Address 807 S. Roxmere Road		Transaction ID : SA11AI.6714
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) USACS Medical Group, Ltd.	Occupation (for Individual) Emergency Physician	<input type="checkbox"/> Memo Item \$100/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Hydari, Irfan, , ,		Date of Receipt MM / DD / YYYY 11 / 28 / 2022
Mailing Address 3203 Walnut Ave		Transaction ID : SA11AI.6753
City Austin	State TX	Zip Code 78722-1635
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer (for Individual) Travis County Emergency Physicians, PA	Occupation (for Individual) Regional Vice President	<input type="checkbox"/> Memo Item \$150/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1650.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Iyer, Sujit, , ,		Date of Receipt MM / DD / YYYY 11 / 28 / 2022
Mailing Address 1204 Kinney Avenue		Transaction ID : SA11AI.6721
City Austin	State TX	Zip Code 78704
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) Travis County Emergency Physicians, PA	Occupation (for Individual) Pediatric Emergency Physician	<input type="checkbox"/> Memo Item \$100/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1100.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 30 OF 58
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Janikas, John, , ,			Date of Receipt MM / DD / YYYY 11 / 28 / 2022
Mailing Address 748 Carlton Road			Transaction ID : SA11AI.6691
City Clifton Park	State NY	Zip Code 12065-1023	Amount of Each Receipt this Period 83.33
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$83.33/Monthly
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Regional Vice President of Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 916.63	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Jeffrey, Douglas, , ,			Date of Receipt MM / DD / YYYY 11 / 28 / 2022
Mailing Address 1109 Bluebonnet Lane			Transaction ID : SA11AI.6749
City Austin	State TX	Zip Code 78704-2005	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$150/Monthly
Name of Employer (for Individual) Travis County Emergency Physicians, PA		Occupation (for Individual) Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1650.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Jenis, Andrew, , ,			Date of Receipt MM / DD / YYYY 11 / 28 / 2022
Mailing Address 115 Cayuga Heights Road			Transaction ID : SA11AI.6733
City Ithaca	State NY	Zip Code 14850	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$150/Monthly
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Regional Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 1650.00	

SUBTOTAL of Receipts This Page (optional).....	383.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 58
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Johnston, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1459 Milwaukee St.
 City Denver State CO Zip Code 80206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 11 / 28 / 2022
Transaction ID : SA11AI.6651
 Amount of Each Receipt this Period 50.00
 Memo Item \$50/Monthly

B. Jones, Wayne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6063 Deerfield Drive
 City Fairview State PA Zip Code 16415
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 11 / 28 / 2022
Transaction ID : SA11AI.6679
 Amount of Each Receipt this Period 50.00
 Memo Item \$50/Monthly

C. Jouriles, Nicholas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 398 Bentleyville Road
 City Moreland Hills State OH Zip Code 44022-2433
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Vice Chair of Faculty Development
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 11 / 28 / 2022
Transaction ID : SA11AI.6667
 Amount of Each Receipt this Period 50.00
 Memo Item \$50/Monthly

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Kapadia, Homi, , ,		Date of Receipt
Mailing Address 31281 Island Dr		<input type="text" value="11"/> / <input type="text" value="28"/> / <input type="text" value="2022"/>
City Evergreen	State CO	Zip Code 80439-8966
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.6752
Name of Employer (for Individual) USACS Medical Group, Ltd.		Amount of Each Receipt this Period <input type="text" value="150.00"/>
Occupation (for Individual) Regional Vice President		<input type="checkbox"/> Memo Item \$150/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1650.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Kapur, Girish, , ,		Date of Receipt
Mailing Address 535 Beaver Rd		<input type="text" value="11"/> / <input type="text" value="28"/> / <input type="text" value="2022"/>
City Edgeworth	State PA	Zip Code 15143-1005
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.6706
Name of Employer (for Individual) USACS Medical Group, Ltd.		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Occupation (for Individual) Regional Vice President		<input type="checkbox"/> Memo Item \$100/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1100.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Keller, Noah, , ,		Date of Receipt
Mailing Address 10119 Easterday Court		<input type="text" value="11"/> / <input type="text" value="28"/> / <input type="text" value="2022"/>
City Hagerstown	State MD	Zip Code 21742
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.6772
Name of Employer (for Individual) USACS Medical Group, Ltd.		Amount of Each Receipt this Period <input type="text" value="150.00"/>
Occupation (for Individual) Regional Vice President		<input type="checkbox"/> Memo Item \$150/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="1650.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="400.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 33 OF 58
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Kendall, Jayne, , ,		Date of Receipt MM / DD / YYYY 11 / 28 / 2022
Mailing Address 21710 Parsons Green Row		Transaction ID : SA11AI.6708
City Cornelius	State NC	Zip Code 28031
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) Regional Vice President	<input type="checkbox"/> Memo Item \$100/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Kimmerling, Adam, , ,		Date of Receipt MM / DD / YYYY 11 / 28 / 2022
Mailing Address 19252 Long Lake Ranch Blvd		Transaction ID : SA11AI.6684
City Lutz	State FL	Zip Code 33558-5510
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) APP Lead	<input type="checkbox"/> Memo Item \$75/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 787.50	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Kirtz, Jeremy, , ,		Date of Receipt MM / DD / YYYY 11 / 28 / 2022
Mailing Address 906 S Fremont Ave		Transaction ID : SA11AI.6672
City Tampa	State FL	Zip Code 33606
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$50/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional).....▶	225.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Klein, David, , ,			Date of Receipt MM / DD / YYYY 11 / 28 / 2022
Mailing Address 11736 Gainsborough Road			Transaction ID : SA11AI.6700
City Potomac	State MD	Zip Code 20854	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$100/Monthly
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) National Director of Quality	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1100.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Kolodzik, Joan, , ,			Date of Receipt MM / DD / YYYY 11 / 28 / 2022
Mailing Address 1108 Paxon Court			Transaction ID : SA11AI.6757
City Bellbrook	State OH	Zip Code 45305-8959	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$150/Monthly
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) National Director of Continuing Medica	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1650.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Kornas, Rebecca, , ,			Date of Receipt MM / DD / YYYY 11 / 28 / 2022
Mailing Address 4129 Utica St			Transaction ID : SA11AI.6671
City Denver	State CO	Zip Code 80212-2248	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$50/Monthly
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 58
	<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. Kramer, Olga, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5836 Kinglet Lane
 City Charlotte State NC Zip Code 28269-7115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) APP Lead
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 11 / 28 / 2022
Transaction ID : SA11AI.6669
 Amount of Each Receipt this Period 50.00
 Memo Item \$50/Monthly

B. Land, Larry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10014 Hazelnut Court
 City Tampa State FL Zip Code 33647
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1650.00

Date of Receipt 11 / 28 / 2022
Transaction ID : SA11AI.6763
 Amount of Each Receipt this Period 150.00
 Memo Item \$150/Monthly

C. 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: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 11 / 28 / 2022
Transaction ID : SA11AI.6673
 Amount of Each Receipt this Period 50.00
 Memo Item \$50/Monthly

SUBTOTAL of Receipts This Page (optional).....▶ 250.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 58
	<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. Lewis, Brandon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3648 Calusa Springs Dr
 City College Station State TX Zip Code 77845-4545
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Travis County Emergency Physicians, PA Occupation (for Individual) Regional Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1650.00

Date of Receipt 11 / 28 / 2022
Transaction ID : SA11AI.6735
 Amount of Each Receipt this Period 150.00
 Memo Item \$150/Monthly

B. Lim, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3919 Luz Del Faro
 City San Antonio State TX Zip Code 78261-2765
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 11 / 28 / 2022
Transaction ID : SA11AI.6655
 Amount of Each Receipt this Period 50.00
 Memo Item \$50/Monthly

C. Loar, Jesse, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2554 E. Maplewood Ave.
 City Centennial State CO Zip Code 80121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Co-Medical Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1650.00

Date of Receipt 11 / 28 / 2022
Transaction ID : SA11AI.6756
 Amount of Each Receipt this Period 150.00
 Memo Item \$150/Monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. MacLean, Craig, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 28 / 2022
Mailing Address 64 Newfields Road			Transaction ID : SA11AI.6743
City Exeter	State NH	Zip Code 03833-4542	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$150/Monthly
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Senior Director of Quality	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1650.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. MacLeod, Bruce, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 28 / 2022
Mailing Address 1515 Mohican Dr.			Transaction ID : SA11AI.6738
City Pittsburgh	State PA	Zip Code 15228-1615	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$150/Monthly
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1650.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Mann, Rubeal, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 28 / 2022
Mailing Address 10122 Concord Road			Transaction ID : SA11AI.6719
City Dublin	State OH	Zip Code 43017-9434	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$100/Monthly
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1100.00		

SUBTOTAL of Receipts This Page (optional).....	400.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 58
	<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. Martinez, Anthony, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7897 Broadway St. Unit 1001
 City San Antonio State TX Zip Code 78209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Travis County Emergency Physicians, PA Occupation (for Individual) System Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1650.00

Date of Receipt 11 / 28 / 2022
Transaction ID : SA11AI.6732
 Amount of Each Receipt this Period 150.00
 Memo Item
 \$150/Monthly

B. 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) USACS Medical Group, Ltd. Occupation (for Individual) Firefighter
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1650.00

Date of Receipt 11 / 28 / 2022
Transaction ID : SA11AI.6762
 Amount of Each Receipt this Period 150.00
 Memo Item
 \$150/Monthly

C. McManus, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 3484
 City Durango State CO Zip Code 81302-3484
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1650.00

Date of Receipt 11 / 28 / 2022
Transaction ID : SA11AI.6758
 Amount of Each Receipt this Period 150.00
 Memo Item
 \$150/Monthly

SUBTOTAL of Receipts This Page (optional).....	450.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 58
	<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. Meers, Holley, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24 Quincy Street
 City Chevy Chase State MD Zip Code 20815-4227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Medical Director of Integrated Acute C
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 28 / 2022
Transaction ID : SA11AI.6707
 Amount of Each Receipt this Period 100.00
 Memo Item \$100/Monthly

B. Meyer, Kendra, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 85 Beatty Lane
 City Scenery Hill State PA Zip Code 15360-1537
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Director of APPs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 11 / 28 / 2022
Transaction ID : SA11AI.6658
 Amount of Each Receipt this Period 50.00
 Memo Item \$50/Monthly

C. Miner, D., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2398 S. Garfield St.
 City Denver State CO Zip Code 80210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 11 / 28 / 2022
Transaction ID : SA11AI.6653
 Amount of Each Receipt this Period 50.00
 Memo Item \$50/Monthly

SUBTOTAL of Receipts This Page (optional).....▶	200.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 40 OF 58
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
USACS PAC

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

Mailing Address 1984 Caversham Way

City Folsom State CA Zip Code 95630

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **11 / 28 / 2022**

Transaction ID : SA11AI.6664

Amount of Each Receipt this Period **50.00**

Memo Item \$50/Monthly

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

Mailing Address 9667 Ashley Green Ct NW

City Concord State NC Zip Code 28027

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1650.00**

Date of Receipt **11 / 28 / 2022**

Transaction ID : SA11AI.6782

Amount of Each Receipt this Period **150.00**

Memo Item \$150/Monthly

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

Mailing Address 95 Lane Holler

City Belmont State NC Zip Code 28012-3656

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt **11 / 28 / 2022**

Transaction ID : SA11AI.6796

Amount of Each Receipt this Period **300.00**

Memo Item \$300/Monthly

SUBTOTAL of Receipts This Page (optional)..... **500.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 58
	<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. Natali, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 115 Pheasant Drive
 City Blawnox State PA Zip Code 15238-2207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1650.00

Date of Receipt 11 / 28 / 2022
Transaction ID : SA11AI.6747
 Amount of Each Receipt this Period 150.00
 Memo Item \$150/Monthly

B. Nguyen, Vicky, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 336 E 1st Ave Apt 203
 City Denver State CO Zip Code 80203-4379
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 11 / 28 / 2022
Transaction ID : SA11AI.6678
 Amount of Each Receipt this Period 50.00
 Memo Item \$50/Monthly

C. Osmundson, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 62 East Dr.
 City Hartville State OH Zip Code 44632-8890
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1650.00

Date of Receipt 11 / 28 / 2022
Transaction ID : SA11AI.6725
 Amount of Each Receipt this Period 150.00
 Memo Item \$150/Monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 58
	<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. Palmaer, Patrice, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19533 Pine Drive
 City Bend State OR Zip Code 97702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Management Group, Ltd. Occupation (for Individual) Vice President of Payer Contracting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 775.00

Date of Receipt 11 / 28 / 2022
Transaction ID : SA11AI.6722
 Amount of Each Receipt this Period 100.00
 Memo Item \$100/Monthly

B. Parks, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11533 Sand Stone Rock Dr
 City Riverview State FL Zip Code 33569-8709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Advanced Practice Provider
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 787.50

Date of Receipt 11 / 28 / 2022
Transaction ID : SA11AI.6687
 Amount of Each Receipt this Period 75.00
 Memo Item \$75/Monthly

C. Patlovan, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19938 Terra Canyon
 City San Antonio State TX Zip Code 78255-2344
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Travis County Emergency Physicians, PA Occupation (for Individual) President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1650.00

Date of Receipt 11 / 28 / 2022
Transaction ID : SA11AI.6767
 Amount of Each Receipt this Period 150.00
 Memo Item \$150/Monthly

SUBTOTAL of Receipts This Page (optional).....	325.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 43 OF 58
<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. Percy, Carmella, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6875 Stonebridge Lane
 City Clover State SC Zip Code 29710-9372
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 11 / 28 / 2022
Transaction ID : SA11AI.6670
 Amount of Each Receipt this Period 50.00
 Memo Item \$50/Monthly

B. Perfetti, Joyce, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29470 Picana Lane
 City Wesley Chapel State FL Zip Code 33543-6615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Associate Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 28 / 2022
Transaction ID : SA11AI.6712
 Amount of Each Receipt this Period 100.00
 Memo Item \$100/Monthly

C. Phillips, Donald, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1315 Woodglen Ct
 City Aledo State TX Zip Code 76008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Travis County Emergency Physicians, PA Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1650.00

Date of Receipt 11 / 28 / 2022
Transaction ID : SA11AI.6748
 Amount of Each Receipt this Period 150.00
 Memo Item \$150/Monthly

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 58
	<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. Pines, Jesse, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2424 N Potomac St
 City Arlington State VA Zip Code 22207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) National Director of Clinical Innovati
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 28 / 2022
Transaction ID : SA11AI.6709
 Amount of Each Receipt this Period 100.00
 Memo Item \$100/Monthly

B. Posin, Shawn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 47575 Hidden Springs Dr
 City Saint Clairsville State OH Zip Code 43950-8626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Board Member
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 28 / 2022
Transaction ID : SA11AI.6720
 Amount of Each Receipt this Period 100.00
 Memo Item \$100/Monthly

C. Pyle, Moira, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2220 Valley Oaks Cove
 City Leander State TX Zip Code 78641
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Travis County Emergency Physicians, PA Occupation (for Individual) Regional APP Lead
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 787.50

Date of Receipt 11 / 28 / 2022
Transaction ID : SA11AI.6685
 Amount of Each Receipt this Period 75.00
 Memo Item \$75/Monthly

SUBTOTAL of Receipts This Page (optional).....	275.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 58
	<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. Radford, Shawn, , ,			Date of Receipt MM / DD / YYYY 11 / 28 / 2022		
Mailing Address 8017 Jean Court			Transaction ID : SA11AI.6785		
City Pasadena	State MD	Zip Code 21122-1063	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$150/Monthly		
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Director of Firefighters			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1650.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Reed, Rhett, , ,			Date of Receipt MM / DD / YYYY 11 / 28 / 2022		
Mailing Address 12509 Red Mesa Hollow			Transaction ID : SA11AI.6718		
City Austin	State TX	Zip Code 78739-7535	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$100/Monthly		
Name of Employer (for Individual) Travis County Emergency Physicians, PA		Occupation (for Individual) Emergency Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1100.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Reese, Melissa, , ,			Date of Receipt MM / DD / YYYY 11 / 28 / 2022		
Mailing Address 838 North Rd NE			Transaction ID : SA11AI.6682		
City Warren	State OH	Zip Code 44483	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$50/Monthly		
Name of Employer (for Individual) USACS Management Group, Ltd.		Occupation (for Individual) Senior Director, Site Operations			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 400.00			

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 58
	<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. Ricciardi, Daniel, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 736 Cole Street

City Charlottesville	State VA	Zip Code 22901-3210
-------------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2022

Transaction ID : SA11AI.6654

Amount of Each Receipt this Period
50.00

Memo Item
\$50/Monthly

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

Mailing Address 4516 Tuscana Drive

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2022

Transaction ID : SA11AI.6751

Amount of Each Receipt this Period
150.00

Memo Item
\$150/Monthly

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

Mailing Address 1089 S. Williams St.

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2022

Transaction ID : SA11AI.6668

Amount of Each Receipt this Period
50.00

Memo Item
\$50/Monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 58
	<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. Roy, Neil, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2408 Henslowe Drive
 City Potomac State MD Zip Code 20854
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) System Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 11 / 28 / 2022
Transaction ID : SA11AI.6666
 Amount of Each Receipt this Period 50.00
 Memo Item \$50/Monthly

B. Russell Goman, Dacia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6611 Marshview Dr
 City Hilliard State OH Zip Code 43026-2108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 28 / 2022
Transaction ID : SA11AI.6698
 Amount of Each Receipt this Period 100.00
 Memo Item \$100/Monthly

C. Rutherford, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3502 Quitman St.
 City Denver State CO Zip Code 80212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Senior Director of Quality
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 28 / 2022
Transaction ID : SA11AI.6699
 Amount of Each Receipt this Period 100.00
 Memo Item \$100/Monthly

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

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

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

FOR LINE NUMBER: PAGE 48 OF 58
(check only one)

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

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NAME OF COMMITTEE (In Full)
USACS PAC

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

Mailing Address 6286 E Long Circle N

City Centennial	State CO	Zip Code 80112
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		28		2022

Transaction ID : SA11AI.6716

Amount of Each Receipt this Period
100.00

Memo Item
\$100/Monthly

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

Mailing Address 749 Bentwater Circle
Unit 102

City Naples	State FL	Zip Code 34108-6762
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1650.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		28		2022

Transaction ID : SA11AI.6740

Amount of Each Receipt this Period
150.00

Memo Item
\$150/Monthly

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

Mailing Address 1221 1st St S
Unit 3A

City Jacksonville Beach	State FL	Zip Code 32250-6446
----------------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1650.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		28		2022

Transaction ID : SA11AI.6745

Amount of Each Receipt this Period
150.00

Memo Item
\$150/Monthly

SUBTOTAL of Receipts This Page (optional).....	400.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 58
	<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. Shelat, Chandresh, , ,			Date of Receipt MM / DD / YYYY 11 / 28 / 2022		
Mailing Address 2144 Grant Farm Court			Transaction ID : SA11AI.6742		
City Marriottsville	State MD	Zip Code 21104	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$150/Monthly		
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Associate Medical Director			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1650.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Shellenbarger, David, , ,			Date of Receipt MM / DD / YYYY 11 / 28 / 2022		
Mailing Address 912 Camelot Dr.			Transaction ID : SA11AI.6731		
City Hermitage	State PA	Zip Code 16148-9100	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$150/Monthly		
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Medical Director of Integrated Acute C			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Slabinski, Mark, , ,			Date of Receipt MM / DD / YYYY 11 / 28 / 2022		
Mailing Address 3004 Edison St. NW			Transaction ID : SA11AI.6778		
City Uniontown	State OH	Zip Code 44685-7212	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$150/Monthly		
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Regional Vice President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 1650.00			

SUBTOTAL of Receipts This Page (optional).....▶	450.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 50 OF 58
	(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. Somers, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 503 Neuse Harbour Blvd
 City New Bern State NC Zip Code 28560-8958
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2022
Transaction ID : SA11AI.6770
 Amount of Each Receipt this Period
 150.00
 Memo Item
 \$150/Monthly

B. Sullivan, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 117 James Place
 City Pittsburgh State PA Zip Code 15228-1021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2022
Transaction ID : SA11AI.6693
 Amount of Each Receipt this Period
 100.00
 Memo Item
 \$100/Monthly

C. Tamkin, Gary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 Valley High
 City Lafayette State CA Zip Code 94549
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group of California Occupation (for Individual) Vice President of Provider Development
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2022
Transaction ID : SA11AI.6797
 Amount of Each Receipt this Period
 300.00
 Memo Item
 \$300/Monthly

SUBTOTAL of Receipts This Page (optional).....	550.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 58
	<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. Thompson, Donovan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4408 Lake Shore Road North
 City Denver State NC Zip Code 28037-9198
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 28 / 2022
Transaction ID : SA11AI.6703
 Amount of Each Receipt this Period 100.00
 Memo Item \$100/Monthly

B. Townsend, Martha, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16220 W 84th Drive
 City Arvada State CO Zip Code 80007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Advanced Practice Provider
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 11 / 28 / 2022
Transaction ID : SA11AI.6661
 Amount of Each Receipt this Period 50.00
 Memo Item \$50/Monthly

C. Tully, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8345 Rolling Acres Trail
 City Fair Oaks Ranch State TX Zip Code 78015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Travis County Emergency Physicians, PA Occupation (for Individual) System Medical Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 28 / 2022
Transaction ID : SA11AI.6711
 Amount of Each Receipt this Period 100.00
 Memo Item \$100/Monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Ulmer, Travis, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 28 / 2022
Mailing Address 1240 Broadview Ave			Transaction ID : SA11AI.6787
City Columbus	State OH	Zip Code 43212-3344	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$150/Monthly
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Chief Clinical Recruiting Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1650.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Venkat, Arvind, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 28 / 2022
Mailing Address 105 Breckenridge Dr.			Transaction ID : SA11AI.6789
City Wexford	State PA	Zip Code 15090-9400	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$150/Monthly
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) National Director of Research	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1650.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Vock, Tracie, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 28 / 2022
Mailing Address 7911 Fingerboard Road			Transaction ID : SA11AI.6677
City Frederick	State MD	Zip Code 21704-7628	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$50/Monthly
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Director of APPs, IAC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 375.00	

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

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

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

FOR LINE NUMBER: PAGE 53 OF 58
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Watson, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2158 W 5th Street
 Up Unit
 City Cleveland State OH Zip Code 44113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Management Group, Ltd. Occupation (for Individual) Chief Development Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1525.00

Date of Receipt 11 / 28 / 2022
Transaction ID : SA11AI.6730
 Amount of Each Receipt this Period 150.00
 Memo Item \$150/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) USACS Medical Group, Ltd. Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 11 / 28 / 2022
Transaction ID : SA11AI.6647
 Amount of Each Receipt this Period 50.00
 Memo Item \$50/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) USACS Medical Group, Ltd. Occupation (for Individual) Firefighter
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1650.00

Date of Receipt 11 / 28 / 2022
Transaction ID : SA11AI.6765
 Amount of Each Receipt this Period 150.00
 Memo Item \$150/Monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 58
	<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. West, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 441 Carnoustie
 City Highland State MI Zip Code 48357-4754
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Quality Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 11 / 28 / 2022
Transaction ID : SA11AI.6649
 Amount of Each Receipt this Period 50.00
 Memo Item \$50/Monthly

B. Wirtz, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Highgate NE
 City Ithaca State NY Zip Code 14850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1650.00

Date of Receipt 11 / 28 / 2022
Transaction ID : SA11AI.6788
 Amount of Each Receipt this Period 150.00
 Memo Item \$150/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) Travis County Emergency Physicians, PA Occupation (for Individual) Firefighter
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 28 / 2022
Transaction ID : SA11AI.6723
 Amount of Each Receipt this Period 100.00
 Memo Item \$100/Monthly

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 55 OF 58
(check only one)

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

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ziebell, Christopher, , ,

Mailing Address 4014 Greystone Drive

City Austin	State TX	Zip Code 78731
----------------	-------------	-------------------

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

Name of Employer (for Individual) Travis County Emergency Physicians, PA	Occupation (for Individual) Medical Director
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		28		2022

Transaction ID : SA11AI.6697

Amount of Each Receipt this Period
100.00

Memo Item
\$100/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
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	100.00
TOTAL This Period (last page this line number only).....	16929.96

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
USACS PAC

A. BENNET COLORADO VICTORY FUND

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 122 C STREET NW
SUITE 360

M M M	/	D D D	/	Y Y Y Y Y
10		25		2022

City WASHINGTON State DC Zip Code 20001

FEC Identification Number

Purpose of Disbursement

C

Candidate Name
Bennet, Michael, , ,

Category/
Type

Transaction ID : SB23.6806

Amount of Each Disbursement this Period

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

5000.00

State: District:

Memo Item

B. CONOR LAMB FOR SENATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 10381

M M M	/	D D D	/	Y Y Y Y Y
11		28		2022

City PITTSBURGH State PA Zip Code 15234

FEC Identification Number

Purpose of Disbursement
Void Check 1409

C

Candidate Name
CONOR LAMB FOR SENATE

Category/
Type

Transaction ID : SB23.6821

Amount of Each Disbursement this Period

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify)

- 2500.00

State: District:

Memo Item

C. CRAPO VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 228 S. WASHINGTON ST.
STE. 115

M M M	/	D D D	/	Y Y Y Y Y
11		17		2022

City ALEXANDRIA State VA Zip Code 22314

FEC Identification Number

Purpose of Disbursement

C

Candidate Name
Crapo, Mike, , ,

Category/
Type

Transaction ID : SB23.6810

Amount of Each Disbursement this Period

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

5000.00

State: District:

Memo Item

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

7500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name (Last, First, Middle Initial)
A. DR. RAUL RUIZ FOR CONGRESS

Mailing Address PO BOX 3433

City PALM DESERT State CA Zip Code 92261

Purpose of Disbursement

Candidate Name
Ruiz, Paul, , ,

Office Sought: House Senate President

Disbursement For: 2022
 Primary General Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y Y Y
11 / 03 / 2022

FEC Identification Number
C C00502575
Transaction ID : SB23.6809

Amount of Each Disbursement this Period
5000.00

Memo Item

Full Name (Last, First, Middle Initial)
B. DR. RAUL RUIZ FOR CONGRESS

Mailing Address PO BOX 3433

City PALM DESERT State CA Zip Code 92261

Purpose of Disbursement
Void Check #1399

Candidate Name
Ruiz, Paul, , ,

Office Sought: House Senate President

Disbursement For: 2022
 Primary General Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y Y Y
11 / 28 / 2022

FEC Identification Number
C C00502575
Transaction ID : SB23.6822

Amount of Each Disbursement this Period
- 5000.00

Memo Item

Full Name (Last, First, Middle Initial)
C. JOE NEGUSE FOR CONGRESS

Mailing Address PO BOX 7142

City BOULDER State CO Zip Code 80306

Purpose of Disbursement

Candidate Name
Neguse, Joe, , ,

Office Sought: House Senate President

Disbursement For: 2022
 Primary General Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y Y Y
10 / 25 / 2022

FEC Identification Number
C C00648253
Transaction ID : SB23.6800

Amount of Each Disbursement this Period
2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
USACS PAC

A. KATHERINE CLARK FOR CONGRESS

Full Name (Last, First, Middle Initial)
KATHERINE CLARK FOR CONGRESS

Date of Disbursement: MM / DD / YYYY
10 / 25 / 2022

Mailing Address PO BOX 159

City: BELMONT State: MA Zip Code: 02478

Purpose of Disbursement: Category/Type

Candidate Name: Clark, Katherine, , ,

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

State: District:

FEC Identification Number: **C** C00541888
Transaction ID : **SB23.6803**
Amount of Each Disbursement this Period: 2500.00

Memo Item

B. MADISON PAC; THE

Full Name (Last, First, Middle Initial)
MADISON PAC; THE

Date of Disbursement: MM / DD / YYYY
11 / 08 / 2022

Mailing Address 235 STATE STREET #206

City: SPRINGFIELD State: MA Zip Code: 01103

Purpose of Disbursement: Category/Type

Candidate Name: MADISON PAC; THE

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

State: District:

FEC Identification Number: **C** C00426809
Transaction ID : **SB23.6817**
Amount of Each Disbursement this Period: 5000.00

Memo Item

C.

Full Name (Last, First, Middle Initial)

Date of Disbursement: MM / DD / YYYY

Mailing Address

City State Zip Code

Purpose of Disbursement: Category/Type

Candidate Name

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

State: District:

FEC Identification Number: **C**

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	7500.00
TOTAL This Period (last page this line number only).....▶	17500.00