

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

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

Election on / / in the State of

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

Election on / / in the State of

5. Covering Period / / through / /

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

Orlee, Panitch, , ,

Type or Print Name of Treasurer

Signature of Treasurer Orlee, Panitch, , , [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="2020"/>		131501.78
(b) Cash on Hand at Beginning of Reporting Period.....	154578.46	
(c) Total Receipts (from Line 19)	64726.72	136503.40
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	219305.18	268005.18
7. Total Disbursements (from Line 31).....	26550.00	75250.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	192755.18	192755.18
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

Write or Type Committee Name

USACS PAC

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2020 To: M M / D D / Y Y Y Y 06 / 30 / 2020

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).....	60548.24	114463.11
(ii) Unitemized	4178.48	17540.29
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	64726.72	132003.40
(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)	64726.72	132003.40
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	2500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	2000.00
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)).....▶	64726.72	136503.40
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	64726.72	136503.40

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.....	15000.00	50500.00
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).....	11550.00	24750.00
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)) ..	26550.00	75250.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	26550.00	75250.00

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)	64726.72	132003.40
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	64726.72	132003.40
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 80
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
USACS PAC

A. Aboutalib, Angela, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 East Erie St
 Apt 3306
 City Chicago State IL Zip Code 60611-3169
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Senior Director of Quality and Educati
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.11986
 Amount of Each Receipt this Period
300.00
 Memo Item
 \$100.00/Monthly

B. Albaugh, Chad, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1602 River Bluff Rd
 City Morehead City State NC Zip Code 28557
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.12039
 Amount of Each Receipt this Period
450.00
 Memo Item
 \$150.00/Monthly

C. Aldeen, Amer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17327 Ladera Estates Blvd
 City Lutz State FL Zip Code 33548-4817
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Chief Medical Officer
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.11957
 Amount of Each Receipt this Period
450.00
 Memo Item
 \$150.00/Monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 80
<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. Aldred, Brian, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3508 Good Night Trail

City Leander	State TX	Zip Code 78641-3628
-----------------	-------------	------------------------

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

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

Receipt For: 2020
 Primary General
 Other (specify) Other

Aggregate Year-to-Date ▼
900.00

Date of Receipt
06 / 30 / 2020
Transaction ID : SA11AI.12126

Amount of Each Receipt this Period
450.00

Memo Item
\$150.00/Monthly

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

Mailing Address 2641 4th Street

City Boulder	State CO	Zip Code 80304-3201
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FEC ID number of contributing federal political committee. **C**

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

Receipt For: 2020
 Primary General
 Other (specify) Other

Aggregate Year-to-Date ▼
300.00

Date of Receipt
06 / 30 / 2020
Transaction ID : SA11AI.11928

Amount of Each Receipt this Period
150.00

Memo Item
\$50.00/Monthly

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

Mailing Address 2 Mountain High Ct.

City Littleton	State CO	Zip Code 80127
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Colorado Emergency Service Physicians,	Occupation (for Individual) Medical Director
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Receipt For: 2020
 Primary General
 Other (specify) Other

Aggregate Year-to-Date ▼
300.00

Date of Receipt
06 / 30 / 2020
Transaction ID : SA11AI.11929

Amount of Each Receipt this Period
150.00

Memo Item
\$50.00/Monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 80
	<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. Anderson, Britney, , ,

Mailing Address 637 Ruby Trust Way

City Castle Rock	State CO	Zip Code 80108
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FEC ID number of contributing federal political committee. **C**

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

Receipt For: 2020
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2020

Transaction ID : SA11AI.11930

Amount of Each Receipt this Period
100.00

Memo Item
\$100.00/Monthly

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

Mailing Address 17376 Emerald Chase Drive

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

Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC	Occupation (for Individual) Regional Director of Risk Management
--	---

Receipt For: 2020
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2020

Transaction ID : SA11AI.11958

Amount of Each Receipt this Period
300.00

Memo Item
\$100.00/Monthly

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

Mailing Address 7868 Classics Dr.

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

Name of Employer (for Individual) Virtual Locations	Occupation (for Individual) Chairman, National Clinical Governance
--	---

Receipt For: 2020
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2020

Transaction ID : SA11AI.11959

Amount of Each Receipt this Period
450.00

Memo Item
\$150.00/Monthly

SUBTOTAL of Receipts This Page (optional).....	850.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 80
	<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. Bagnoli, Dominic, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 East Drive
 City Hartville State OH Zip Code 44632
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Management Group Occupation (for Individual) Executive Chairman
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 2083.15

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.12065
 Amount of Each Receipt this Period 833.26
 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) Tampa Bay Emergency Physicians, LLC Occupation (for Individual) Regional Vice President
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.11960
 Amount of Each Receipt this Period 450.00
 Memo Item
 \$150.00/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) AHN Medical Group, LLC Occupation (for Individual) Medical Director of Integrated Acute C
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.12097
 Amount of Each Receipt this Period 450.00
 Memo Item
 \$150.00/Monthly

SUBTOTAL of Receipts This Page (optional).....▶ 1733.26
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 80
	<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Barquin, Jose, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2020 Transaction ID : SA11AI.11961
Mailing Address 1011 charles st		Amount of Each Receipt this Period 150.00
City clearwater	State FL	Zip Code 33755
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$50.00/Monthly
Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC	Occupation (for Individual) Associate Medical Director	
Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Bedolla, John, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2020 Transaction ID : SA11AI.12127
Mailing Address 1000 San Marcos Street Unit 324		Amount of Each Receipt this Period 300.00
City Austin	State TX	Zip Code 78702-2667
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$100.00/Monthly
Name of Employer (for Individual) Emergency Service Partners, LLC	Occupation (for Individual) Emergency Physician	
Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 600.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Bender, Sean, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2020 Transaction ID : SA11AI.11931
Mailing Address 520 Elm Street		Amount of Each Receipt this Period 450.00
City Denver	State CO	Zip Code 80220
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$150.00/Monthly
Name of Employer (for Individual) Virtual Locations	Occupation (for Individual) Regional Vice President	
Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 900.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 80
	<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. Biersbach, Raymond, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 234 Lakeshore Dr
 City Mooresville State NC Zip Code 28117-7535
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Quality Director
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.12040
 Amount of Each Receipt this Period
 300.00
 Memo Item
 \$100.00/Monthly

B. Bishop, Sara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 2175
 City Morehead City State NC Zip Code 28557
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) APP Lead
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.12041
 Amount of Each Receipt this Period
 225.00
 Memo Item
 \$75.00/Monthly

C. Bissell, Brad, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3535 Selwyn Farms Ln.
 City Charlotte State NC Zip Code 28209-4082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.12042
 Amount of Each Receipt this Period
 150.00
 Memo Item
 \$150.00/Monthly

SUBTOTAL of Receipts This Page (optional).....	675.00
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 80
	<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. Blankenship, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7058 Ravens Run
 City Cincinnati State OH Zip Code 45244-3591
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **900.00**

Date of Receipt **06 / 30 / 2020**
Transaction ID : SA11AI.12066
 Amount of Each Receipt this Period **450.00**
 Memo Item
 \$150.00/Monthly

B. Bown, Nicholas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 532 College Blvd
 City San Antonio State TX Zip Code 78209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **900.00**

Date of Receipt **06 / 30 / 2020**
Transaction ID : SA11AI.12128
 Amount of Each Receipt this Period **450.00**
 Memo Item
 \$150.00/Monthly

C. Bradstreet, Jennifer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8026 Vanity Hill
 City San Antonio State TX Zip Code 78256-2509
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Regional Vice President
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **900.00**

Date of Receipt **06 / 30 / 2020**
Transaction ID : SA11AI.12129
 Amount of Each Receipt this Period **450.00**
 Memo Item
 \$150.00/Monthly

SUBTOTAL of Receipts This Page (optional).....	1350.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 80
	<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. Brice, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17007 Arrowhead Ct
 City College Station State TX Zip Code 77845
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Svc Partners, LLC Occupation (for Individual) Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.12130
 Amount of Each Receipt this Period
 300.00
 Memo Item
 \$100.00/Monthly

B. 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: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.11987
 Amount of Each Receipt this Period
 150.00
 Memo Item
 \$50.00/Monthly

C. Buchanan, Curtis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3608 Shadow Arbor Way
 City Lutz State FL Zip Code 33548
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Emergency Physician
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.11962
 Amount of Each Receipt this Period
 450.00
 Memo Item
 \$150.00/Monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 80
	<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. Burke, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1010 Gapter Road
 City Boulder State CO Zip Code 80303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Colorado Emergency Service Physicians, Occupation (for Individual) Emergency Physician
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **300.00**

Date of Receipt **06 / 30 / 2020**
Transaction ID : SA11AI.11932
 Amount of Each Receipt this Period **150.00**
 Memo Item
 \$50.00/Monthly

B. Caceres, Camilo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2419 Smallman Street Unit 401
 City Pittsburgh State PA Zip Code 15222-5643
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AHN Medical Group, LLC Occupation (for Individual) Quality Director
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **900.00**

Date of Receipt **06 / 30 / 2020**
Transaction ID : SA11AI.12099
 Amount of Each Receipt this Period **450.00**
 Memo Item
 \$150.00/Monthly

C. Carney, Bryan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2408 Marsh Tern Ln
 City Morehead City State NC Zip Code 28557-4772
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Assistant Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **900.00**

Date of Receipt **06 / 30 / 2020**
Transaction ID : SA11AI.12046
 Amount of Each Receipt this Period **450.00**
 Memo Item
 \$150.00/Monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 80
	<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. Carter, Stephen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 161 Glen Eagles Drive
 City Cibolo State TX Zip Code 78108-3343
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) Emergency Physician
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **300.00**

Date of Receipt
 06 / 30 / 2020
Transaction ID : SA11AI.12131
 Amount of Each Receipt this Period
 150.00
 Memo Item
 \$50.00/Monthly

B. Casey, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5156 Baker Ridge Dr.
 City Columbus State OH Zip Code 43228
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) National Director of Scholars
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **900.00**

Date of Receipt
 06 / 30 / 2020
Transaction ID : SA11AI.12067
 Amount of Each Receipt this Period
 450.00
 Memo Item
 \$150.00/Monthly

C. Cetta, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16 Piney Glen Court
 City Potomac State MD Zip Code 20854
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Management Group Occupation (for Individual) Chief of Integrated Acute Care
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **2400.00**

Date of Receipt
 06 / 30 / 2020
Transaction ID : SA11AI.11995
 Amount of Each Receipt this Period
 1200.00
 Memo Item
 \$400.00/Monthly

SUBTOTAL of Receipts This Page (optional).....	1800.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 80
	<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. Chatfield, Kenneth, , ,			Date of Receipt MM / DD / YYYY 06 / 30 / 2020 Transaction ID : SA11AI.12170
Mailing Address 142 Isle of Venice Dr			Amount of Each Receipt this Period 150.00
City Ft Lauderdale	State FL	Zip Code 33301	<input type="checkbox"/> Memo Item \$50.00/Monthly
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: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 300.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Cirillo, Louis, , ,			Date of Receipt MM / DD / YYYY 06 / 30 / 2020 Transaction ID : SA11AI.12119
Mailing Address 91 Woodridge Drive			Amount of Each Receipt this Period 450.00
City Saunderstown	State RI	Zip Code 02874-1943	<input type="checkbox"/> Memo Item \$150.00/Monthly
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Virtual Locations		Occupation (for Individual) Director of Government Affairs	
Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 900.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Cline, Gretchann, , ,			Date of Receipt MM / DD / YYYY 06 / 30 / 2020 Transaction ID : SA11AI.12132
Mailing Address 8506 Queen Heights			Amount of Each Receipt this Period 150.00
City San Antonio	State TX	Zip Code 78254-2329	<input type="checkbox"/> Memo Item \$50.00/Monthly
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Emergency Service Partners, LLC		Occupation (for Individual) System APP Lead	
Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 300.00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 80
	<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. Colfer, Orion, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2523 Hanover Ave
 City Richmond State VA Zip Code 23220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) National Director of Patient Experienc
 Receipt For: 2020
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **900.00**

Date of Receipt **06 / 30 / 2020**
Transaction ID : SA11AI.12172
 Amount of Each Receipt this Period **450.00**
 Memo Item
\$150.00/Monthly

B. Conley, Amy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6419 Renwick Circle
 City Tampa State FL Zip Code 33647
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC Occupation (for Individual) Regional Transfer Center Director
 Receipt For: 2020
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **600.00**

Date of Receipt **06 / 30 / 2020**
Transaction ID : SA11AI.11963
 Amount of Each Receipt this Period **300.00**
 Memo Item
\$100.00/Monthly

C. Cook, Alexander, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8780 Surrey Place
 City Maineville State OH Zip Code 45039-9519
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Director of APPs
 Receipt For: 2020
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **480.00**

Date of Receipt **06 / 30 / 2020**
Transaction ID : SA11AI.12068
 Amount of Each Receipt this Period **240.00**
 Memo Item
\$80.00/Monthly

SUBTOTAL of Receipts This Page (optional).....	990.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 80
	<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. Coomes, Justin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7762 Westwind Lane
 City Montgomery State OH Zip Code 45242-5008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **900.00**

Date of Receipt
 06 / 30 / 2020
Transaction ID : SA11AI.12069
 Amount of Each Receipt this Period
 450.00
 Memo Item
 \$150.00/Monthly

B. Correll, Bodie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 782 Archie Lane
 City Belton State TX Zip Code 76513
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **900.00**

Date of Receipt
 06 / 30 / 2020
Transaction ID : SA11AI.12133
 Amount of Each Receipt this Period
 450.00
 Memo Item
 \$150.00/Monthly

C. Corrigan, Kevin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9338 Standerwick Ln
 City Huntersville State NC Zip Code 28078
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Interim Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **900.00**

Date of Receipt
 06 / 30 / 2020
Transaction ID : SA11AI.12047
 Amount of Each Receipt this Period
 450.00
 Memo Item
 \$150.00/Monthly

SUBTOTAL of Receipts This Page (optional).....	1350.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 80
	<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. Darnell, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5125 Duffy Rd. SE
 City Lancaster State OH Zip Code 43130-9451
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.12070
 Amount of Each Receipt this Period
 450.00
 Memo Item
 \$150.00/Monthly

B. Dayton, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1914 E Gray Fox Drive
 City Draper State UT Zip Code 84020-5630
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Firefighter
 Receipt For: 2020
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.12171
 Amount of Each Receipt this Period
 300.00
 Memo Item
 \$100.00/Monthly

C. De Angelis, Sydney, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 114 E Church St
 City Frederick State MD Zip Code 21701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) Emergency Physician
 Receipt For: 2020
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.11996
 Amount of Each Receipt this Period
 300.00
 Memo Item
 \$100.00/Monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 20 OF 80
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Denmark, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13122 S Yorktown Ave
 City Bixby State OK Zip Code 74008-7665
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Chairman
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **300.00**

Date of Receipt
 06 / 30 / 2020
Transaction ID : SA11AI.12095
 Amount of Each Receipt this Period
 150.00
 Memo Item
 \$50.00/Monthly

B. DiCaprio, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3960 N. Monet Ct.
 City Allison Park State PA Zip Code 15101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Quality Director
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **300.00**

Date of Receipt
 06 / 30 / 2020
Transaction ID : SA11AI.12100
 Amount of Each Receipt this Period
 150.00
 Memo Item
 \$50.00/Monthly

C. DiRando, Jesse, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 33531 Royal Saint George Drive
 City Avon State OH Zip Code 44011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Vice President, Clinical Resource Grou
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **900.00**

Date of Receipt
 06 / 30 / 2020
Transaction ID : SA11AI.12071
 Amount of Each Receipt this Period
 450.00
 Memo Item
 \$150.00/Monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 80
	<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. 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) Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.12134
 Amount of Each Receipt this Period
 150.00
 Memo Item
 \$50.00/Monthly

B. Dorai, Suprina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7911 El Dorado Drive
 City Austin State TX Zip Code 78737-3010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.12135
 Amount of Each Receipt this Period
 150.00
 Memo Item
 \$50.00/Monthly

C. Doss, Belinda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1344 County Road 3552
 City Queen City State TX Zip Code 75572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) APP Lead
 Receipt For: 2020
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **450.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.12136
 Amount of Each Receipt this Period
 225.00
 Memo Item
 \$75.00/Monthly

SUBTOTAL of Receipts This Page (optional).....	525.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 80
	<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. Dschaak, Tyler, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 585 Paisley Dr
 City Colorado Springs State CO Zip Code 80906
 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: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 06 / 30 / 2020
Transaction ID : SA11AI.11934
 Amount of Each Receipt this Period 450.00
 Memo Item
 \$150.00/Monthly

B. Eakin, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1455 Hunakai St. Apt. 1
 City Honolulu State HI Zip Code 96816-5526
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Associate Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2020
Transaction ID : SA11AI.11984
 Amount of Each Receipt this Period 150.00
 Memo Item
 \$50.00/Monthly

C. Edginton, Simon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28671 Corbara Place
 City Wesley Chapel State FL Zip Code 33543
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC Occupation (for Individual) Regional Chief Medical Officer
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 06 / 30 / 2020
Transaction ID : SA11AI.11964
 Amount of Each Receipt this Period 450.00
 Memo Item
 \$150.00/Monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 80
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Eisenberg, Steven, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35590 Michael Drive
 City Solon State OH Zip Code 44139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Management Group Occupation (for Individual) General Counsel
 Receipt For: 2020
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **900.00**

Date of Receipt **06 / 30 / 2020**
Transaction ID : SA11AI.12072
 Amount of Each Receipt this Period **450.00**
 Memo Item
 \$150.00/Monthly

B. Falcone, Angelo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2606 Tridelphia Lake Road
 City Brookeville State MD Zip Code 20833
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Management Group Occupation (for Individual) President
 Receipt For: 2020
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **900.00**

Date of Receipt **06 / 30 / 2020**
Transaction ID : SA11AI.11997
 Amount of Each Receipt this Period **450.00**
 Memo Item
 \$150.00/Monthly

C. Faulk, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3951 Fluvanna-Townline Road
 City Jamestown State NY Zip Code 14701-9032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AHN Medical Group, LLC Occupation (for Individual) Medical Director of Integrated Acute C
 Receipt For: 2020
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **300.00**

Date of Receipt **06 / 30 / 2020**
Transaction ID : SA11AI.12034
 Amount of Each Receipt this Period **150.00**
 Memo Item
 \$50.00/Monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 80
	<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. 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) Emergency Service Partners, LLC Occupation (for Individual) Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.12137
 Amount of Each Receipt this Period
 150.00
 Memo Item
 \$50.00/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) Virtual Locations Occupation (for Individual) Firefighter
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.12101
 Amount of Each Receipt this Period
 300.00
 Memo Item
 \$100.00/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: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.12031
 Amount of Each Receipt this Period
 450.00
 Memo Item
 \$150.00/Monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 25 OF 80
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Fleming, Sean, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2300 Shoreham Circle
 City Lewisville State TX Zip Code 75056
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **900.00**

Date of Receipt
 06 / 30 / 2020
Transaction ID : SA11AI.12138
 Amount of Each Receipt this Period
 450.00
 Memo Item
 \$150.00/Monthly

B. Flores, Anna, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2608 Del Curto Rd, Unit 3
 City Austin State TX Zip Code 78704-6014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) APP Lead
 Receipt For: 2020
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **300.00**

Date of Receipt
 06 / 30 / 2020
Transaction ID : SA11AI.12139
 Amount of Each Receipt this Period
 150.00
 Memo Item
 \$50.00/Monthly

C. Forcada-Lowrie, Raymundo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 775 Potters Ave
 City Providence State RI Zip Code 02907-3075
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Firefighter
 Receipt For: 2020
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **600.00**

Date of Receipt
 06 / 30 / 2020
Transaction ID : SA11AI.12120
 Amount of Each Receipt this Period
 300.00
 Memo Item
 \$100.00/Monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 26 OF 80
<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. Foss, David, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 915 Tschoepe Rd

City Seguin	State TX	Zip Code 78155
----------------	-------------	-------------------

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

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

Receipt For: 2020
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date **900.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2020

Transaction ID : SA11AI.12140

Amount of Each Receipt this Period

450.00

Memo Item
\$150.00/Monthly

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

Mailing Address 4009 Grassmere Lane

City Dallas	State TX	Zip Code 75205
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) USACS Management Group	Occupation (for Individual) Chief Executive Officer
---	--

Receipt For: 2020
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date **900.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2020

Transaction ID : SA11AI.12141

Amount of Each Receipt this Period

450.00

Memo Item
\$150.00/Monthly

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

Mailing Address 12814 Doe Lane

City N. Potomac	State MD	Zip Code 20878
--------------------	-------------	-------------------

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

Name of Employer (for Individual) MEP Health, LLC	Occupation (for Individual) Pediatric Medical Director
--	---

Receipt For: 2020
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date **900.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2020

Transaction ID : SA11AI.11998

Amount of Each Receipt this Period

450.00

Memo Item
\$150.00/Monthly

SUBTOTAL of Receipts This Page (optional).....	1350.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 80
	<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) MEP Health, LLC Occupation (for Individual) Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **300.00**

Date of Receipt **06 / 30 / 2020**
Transaction ID : SA11AI.12000
 Amount of Each Receipt this Period **150.00**
 Memo Item
 \$50.00/Monthly

B. Garber, Suzanne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7700 Overlook Hills Lane
 City Cincinnati State OH Zip Code 45244-3289
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Regional Quality Director
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **600.00**

Date of Receipt **06 / 30 / 2020**
Transaction ID : SA11AI.12073
 Amount of Each Receipt this Period **300.00**
 Memo Item
 \$100.00/Monthly

C. Garcia-Gonzalez, Alexander, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19916 Bluff Oak Blvd
 City Tampa State FL Zip Code 33647-2973
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC Occupation (for Individual) Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **300.00**

Date of Receipt **06 / 30 / 2020**
Transaction ID : SA11AI.11965
 Amount of Each Receipt this Period **150.00**
 Memo Item
 \$50.00/Monthly

SUBTOTAL of Receipts This Page (optional).....	600.00
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 80
	<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. Garfinkel, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2821 Grand Lake Dr
 City Lafayette State CO Zip Code 80026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Emergency Physician
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 433.34

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.11935
 Amount of Each Receipt this Period 300.00
 Memo Item
 \$100.00/Monthly

B. Geary, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7265 Hidden Lake Estate dr
 City Mechanicsville State VA Zip Code 23111-6274
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.12173
 Amount of Each Receipt this Period 249.99
 Memo Item
 \$83.33/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
 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: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.12121
 Amount of Each Receipt this Period 150.00
 Memo Item
 \$50.00/Monthly

SUBTOTAL of Receipts This Page (optional).....	699.99
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 80
	<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Gibson, George, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2020 Transaction ID : SA11AI.12142
Mailing Address 4100 Wallace Shire Dr.		Amount of Each Receipt this Period 150.00
City College Station	State TX	Zip Code 77845
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$50.00/Monthly
Name of Employer (for Individual) Travis County Emergency Physicians, PA	Occupation (for Individual) Medical Director	
Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Goen, Paul, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2020 Transaction ID : SA11AI.12143
Mailing Address 4417 Leonard Road		Amount of Each Receipt this Period 300.00
City Bryan	State TX	Zip Code 77807
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$100.00/Monthly
Name of Employer (for Individual) Emergency Service Partners, LLC	Occupation (for Individual) System Medical Director	
Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 600.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Gonzalez, Javier, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2020 Transaction ID : SA11AI.11966
Mailing Address 4527 Scarlet Loop		Amount of Each Receipt this Period 450.00
City Wesley Chapel	State FL	Zip Code 33544
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$150.00/Monthly
Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC	Occupation (for Individual) Medical Director	
Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 900.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 80
	<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. Groomes, Roderick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 417 Edgewood Drive
 City Sarver State PA Zip Code 16055-9266
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AHN Medical Group, LLC Occupation (for Individual) Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **300.00**

Date of Receipt **06 / 30 / 2020**
Transaction ID : SA11AI.12103
 Amount of Each Receipt this Period **150.00**
 Memo Item
 \$50.00/Monthly

B. Guyton, Steven, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 Stillwater Lane
 City Pittsburgh State PA Zip Code 15143-8899
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AHN Medical Group, LLC Occupation (for Individual) Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **900.00**

Date of Receipt **06 / 30 / 2020**
Transaction ID : SA11AI.12104
 Amount of Each Receipt this Period **450.00**
 Memo Item
 \$150.00/Monthly

C. Hall, Timothy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1380 Woodhurst Drive
 City Rock Hill State SC Zip Code 29732-2082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Emergency Physician
 Receipt For: 2020
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **900.00**

Date of Receipt **06 / 30 / 2020**
Transaction ID : SA11AI.12122
 Amount of Each Receipt this Period **450.00**
 Memo Item
 \$150.00/Monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 80
	<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. 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) Colorado Emergency Service Physicians, Occupation (for Individual) Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **300.00**

Date of Receipt **06 / 30 / 2020**
Transaction ID : SA11AI.11936
 Amount of Each Receipt this Period **150.00**
 Memo Item
 \$50.00/Monthly

B. Hanlon, Dennis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 Windermere Ct.
 City McMurray State PA Zip Code 15317
 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: 2020
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **600.00**

Date of Receipt **06 / 30 / 2020**
Transaction ID : SA11AI.12105
 Amount of Each Receipt this Period **300.00**
 Memo Item
 \$100.00/Monthly

C. Hanson, Kim, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2503 Whispering Oaks Circle
 City Bryan State TX Zip Code 77802-2024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) APP Lead
 Receipt For: 2020
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **300.00**

Date of Receipt **06 / 30 / 2020**
Transaction ID : SA11AI.12145
 Amount of Each Receipt this Period **150.00**
 Memo Item
 \$50.00/Monthly

SUBTOTAL of Receipts This Page (optional).....	600.00
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 80
	<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. Harris, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 785 Joe Tyl Road
 City Texarkana State TX Zip Code 75501-5105
 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: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **900.00**

Date of Receipt **06 / 30 / 2020**
Transaction ID : SA11AI.12147
 Amount of Each Receipt this Period **450.00**
 Memo Item
 \$150.00/Monthly

B. Hart, Alicia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8005 Villefranche
 City Corpus Christi State TX Zip Code 78414-6024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) Assistant Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **300.00**

Date of Receipt **06 / 30 / 2020**
Transaction ID : SA11AI.12148
 Amount of Each Receipt this Period **150.00**
 Memo Item
 \$50.00/Monthly

C. Henry, Androni, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 241 Sweet Gum Road
 City Pittsburgh State PA Zip Code 15238-1353
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AHN Medical Group, LLC Occupation (for Individual) Medical Director of Integrated Acute C
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **900.00**

Date of Receipt **06 / 30 / 2020**
Transaction ID : SA11AI.12106
 Amount of Each Receipt this Period **450.00**
 Memo Item
 \$150.00/Monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 80
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Herndon, Yalonda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2509 Mill Wright Rd
 City Concord State NC Zip Code 28027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Quality Director
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **300.00**

Date of Receipt **06 / 30 / 2020**
Transaction ID : SA11AI.12051
 Amount of Each Receipt this Period **150.00**
 Memo Item
 \$50.00/Monthly

B. Hibbs, Nathaniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6634 S. Prescott Way
 City Littleton State CO Zip Code 80120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Colorado Emergency Service Physicians, Occupation (for Individual) Emergency Physician
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **600.00**

Date of Receipt **06 / 30 / 2020**
Transaction ID : SA11AI.11937
 Amount of Each Receipt this Period **300.00**
 Memo Item
 \$100.00/Monthly

C. Higginbotham, Eric, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1701B South 2nd Street Unit B
 City Austin State TX Zip Code 78704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **900.00**

Date of Receipt **06 / 30 / 2020**
Transaction ID : SA11AI.12149
 Amount of Each Receipt this Period **450.00**
 Memo Item
 \$150.00/Monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 80
	<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. Holt, Douglas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 207 Cabbage Inlet Lane
 City Wilmington State NC Zip Code 28409-3004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Firefighter
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **600.00**

Date of Receipt **06 / 30 / 2020**
Transaction ID : SA11AI.12052
 Amount of Each Receipt this Period **300.00**
 Memo Item
 \$100.00/Monthly

B. Hummel, Laura, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 807 S. Roxmere Road
 City Tampa State FL Zip Code 33609-4235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC Occupation (for Individual) Regional Education Director
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **600.00**

Date of Receipt **06 / 30 / 2020**
Transaction ID : SA11AI.11967
 Amount of Each Receipt this Period **300.00**
 Memo Item
 \$100.00/Monthly

C. Hydari, Irfan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3203 Walnut Ave
 City Austin State TX Zip Code 78722-1635
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Regional Vice President
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **900.00**

Date of Receipt **06 / 30 / 2020**
Transaction ID : SA11AI.12150
 Amount of Each Receipt this Period **450.00**
 Memo Item
 \$150.00/Monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 80
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Iyer, Sujit, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1204 Kinney Avenue
 City Austin State TX Zip Code 78704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) Emergency Physician
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 06 / 30 / 2020
Transaction ID : SA11AI.12151
 Amount of Each Receipt this Period
 300.00
 Memo Item
 \$100.00/Monthly

B. Janikas, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 748 Carlton Road
 City Clifton Park State NY Zip Code 12065-1023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 499.98

Date of Receipt
 06 / 30 / 2020
Transaction ID : SA11AI.12036
 Amount of Each Receipt this Period
 249.99
 Memo Item
 \$83.33/Monthly

C. Jeffrey, Douglas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1109 Bluebonnet Lane
 City Austin State TX Zip Code 78704-2005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) Emergency Physician
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 06 / 30 / 2020
Transaction ID : SA11AI.12152
 Amount of Each Receipt this Period
 450.00
 Memo Item
 \$150.00/Monthly

SUBTOTAL of Receipts This Page (optional).....	999.99
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 36 OF 80
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Jenis, Andrew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 115 Cayuga Heights Road
 City Ithaca State NY Zip Code 14850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Regional Vice President
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **900.00**

Date of Receipt
 06 / 30 / 2020
Transaction ID : SA11AI.12037
 Amount of Each Receipt this Period
 450.00
 Memo Item
 \$150.00/Monthly

B. 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) Colorado Emergency Service Physicians, Occupation (for Individual) Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **300.00**

Date of Receipt
 06 / 30 / 2020
Transaction ID : SA11AI.11938
 Amount of Each Receipt this Period
 150.00
 Memo Item
 \$50.00/Monthly

C. Jones, Bruce, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4187 Colister Drive
 City Dublin State OH Zip Code 43016-6162
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **900.00**

Date of Receipt
 06 / 30 / 2020
Transaction ID : SA11AI.12075
 Amount of Each Receipt this Period
 450.00
 Memo Item
 \$150.00/Monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 80
	<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. Jones, Wayne, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2020
Mailing Address 6063 Deerfield Drive		Transaction ID : SA11AI.12107
City Fairview	State PA	Zip Code 16415
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer (for Individual) AHN Medical Group, LLC	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$50.00/Monthly
Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Jouriles, Nicholas, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2020
Mailing Address 398 Bentleyville Road		Transaction ID : SA11AI.12076
City Moreland Hills	State OH	Zip Code 44022-2433
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) Vice Chair of Faculty Development	<input type="checkbox"/> Memo Item \$50.00/Monthly
Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Kapadia, Homi, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2020
Mailing Address 31281 Island Dr		Transaction ID : SA11AI.11939
City Evergreen	State CO	Zip Code 80439-8966
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 450.00
Name of Employer (for Individual) Virtual Locations	Occupation (for Individual) Regional Vice President	<input type="checkbox"/> Memo Item \$150.00/Monthly
Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 900.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 80
	<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. Keller, Noah, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2020 Transaction ID : SA11AI.12004
Mailing Address 10119 Easterday Court		Amount of Each Receipt this Period 450.00
City Hagerstown	State MD	Zip Code 21742
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$150.00/Monthly
Name of Employer (for Individual) Virtual Locations	Occupation (for Individual) Regional Vice President	
Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 900.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Kendall, Jayne, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2020 Transaction ID : SA11AI.12053
Mailing Address 21710 Parsons Green Row		Amount of Each Receipt this Period 300.00
City Cornelius	State NC	Zip Code 28031
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$100.00/Monthly
Name of Employer (for Individual) Virtual Locations	Occupation (for Individual) Regional Vice President	
Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 600.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Kirtz, Jeremy, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2020 Transaction ID : SA11AI.11968
Mailing Address 906 S Fremont Ave		Amount of Each Receipt this Period 150.00
City Tampa	State FL	Zip Code 33606
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$50.00/Monthly
Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC	Occupation (for Individual) Medical Director	
Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 300.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 80
	<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. Klein, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11736 Gainsborough Road
 City Potomac State MD Zip Code 20854
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Management Group Occupation (for Individual) National Director of Quality
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2020
Transaction ID : SA11AI.12006
 Amount of Each Receipt this Period 300.00
 Memo Item
 \$100.00/Monthly

B. Kleinman, Jacob, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 Marvelwood Place
 City Pittsburgh State PA Zip Code 15215-1569
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AHN Medical Group, LLC Occupation (for Individual) Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2020
Transaction ID : SA11AI.12108
 Amount of Each Receipt this Period 150.00
 Memo Item
 \$50.00/Monthly

C. Kolodzik, Joan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1108 Paxon Court
 City Bellbrook State OH Zip Code 45305-8959
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) National Director of Continuing Medica
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 06 / 30 / 2020
Transaction ID : SA11AI.12077
 Amount of Each Receipt this Period 450.00
 Memo Item
 \$150.00/Monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 OF 80 (check only one)
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Kornas, Rebecca, , ,			Date of Receipt MM / DD / YYYY 06 / 30 / 2020 Transaction ID : SA11AI.11941		
Mailing Address 4338 Wyandot St			Amount of Each Receipt this Period 150.00		
City Denver	State CO	Zip Code 80211-1761	<input type="checkbox"/> Memo Item \$50.00/Monthly		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) Colorado Emergency Service Physicians,		Occupation (for Individual) Emergency Physician			
Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other		Aggregate Year-to-Date ▼ 300.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Kramer, Olga, , ,			Date of Receipt MM / DD / YYYY 06 / 30 / 2020 Transaction ID : SA11AI.12054		
Mailing Address 5836 Kinglet Lane			Amount of Each Receipt this Period 150.00		
City Charlotte	State NC	Zip Code 28269-7115	<input type="checkbox"/> Memo Item \$50.00/Monthly		
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: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other		Aggregate Year-to-Date ▼ 300.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Kuchinski, Joseph, , ,			Date of Receipt MM / DD / YYYY 06 / 30 / 2020 Transaction ID : SA11AI.12023		
Mailing Address 5869 Heaven View Drive			Amount of Each Receipt this Period 550.00		
City Las Vegas	State NV	Zip Code 89135-1296	<input type="checkbox"/> Memo Item \$150.00/Monthly		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) USACS Medical Group, LTD		Occupation (for Individual) Medical Director			
Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other		Aggregate Year-to-Date ▼ 1300.00			

SUBTOTAL of Receipts This Page (optional).....▶	850.00
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 80
<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. Laberge, Anne-Marie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 114 Nazarene Ct
 City Fombell State PA Zip Code 16123-2420
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AHN Medical Group, LLC Occupation (for Individual) Quality Director
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **300.00**

Date of Receipt **06 / 30 / 2020**
Transaction ID : SA11AI.12109
 Amount of Each Receipt this Period **150.00**
 Memo Item
 \$50.00/Monthly

B. Land, Larry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10014 Hazelnut Court
 City Tampa State FL Zip Code 33647
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC Occupation (for Individual) Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **900.00**

Date of Receipt **06 / 30 / 2020**
Transaction ID : SA11AI.11969
 Amount of Each Receipt this Period **450.00**
 Memo Item
 \$150.00/Monthly

C. LeBlanc, Louis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1428 Lacy Lane
 City Rock Hill State SC Zip Code 29732-7723
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Firefighter
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **300.00**

Date of Receipt **06 / 30 / 2020**
Transaction ID : SA11AI.12123
 Amount of Each Receipt this Period **150.00**
 Memo Item
 \$50.00/Monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 80
	<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. Lee, Sidney, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2020 Transaction ID : SA11AI.11985
Mailing Address 1200 Queen Emma Street Apt 2001		Amount of Each Receipt this Period 150.00
City Honolulu	State HI	Zip Code 96813-6311
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$50.00/Monthly
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Medical Director	
Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Lewis, Brandon, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2020 Transaction ID : SA11AI.12154
Mailing Address 3648 Calusa Springs Dr		Amount of Each Receipt this Period 450.00
City College Station	State TX	Zip Code 77845-4545
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$150.00/Monthly
Name of Employer (for Individual) Virtual Locations	Occupation (for Individual) Regional Vice President	
Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 900.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Lim, David, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2020 Transaction ID : SA11AI.12155
Mailing Address 3919 Luz del faro		Amount of Each Receipt this Period 150.00
City San Antonio	State TX	Zip Code 78261-2765
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$50.00/Monthly
Name of Employer (for Individual) Travis County Emergency Physicians, PA	Occupation (for Individual) Medical Director	
Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 300.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 80
	<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. Little, Andrew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5514 Ayrshire Dr
 City Dublin State OH Zip Code 43017-9428
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Emergency Physician
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 06 / 30 / 2020
Transaction ID : SA11AI.12078
 Amount of Each Receipt this Period
 300.00
 Memo Item
 \$100.00/Monthly

B. Loar, Jesse, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2554 E. Maplewood Ave.
 City Centennial State CO Zip Code 80121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Colorado Emergency Service Physicians, Occupation (for Individual) Co-Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 06 / 30 / 2020
Transaction ID : SA11AI.11942
 Amount of Each Receipt this Period
 450.00
 Memo Item
 \$150.00/Monthly

C. MacLean, Craig, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 64 Newfields Road
 City Exeter State NH Zip Code 03833-4542
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Director of Quality
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 06 / 30 / 2020
Transaction ID : SA11AI.12032
 Amount of Each Receipt this Period
 450.00
 Memo Item
 \$150.00/Monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 80
	<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. MacLeod, Bruce, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1515 Mohican Dr
 City Pittsburgh State PA Zip Code 15228-1615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Regional Vice President
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **900.00**

Date of Receipt
 06 / 30 / 2020
Transaction ID : SA11AI.12111
 Amount of Each Receipt this Period
 450.00
 Memo Item
 \$150.00/Monthly

B. Mann, Rubeal, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10122 Concord Road
 City Dublin State OH Zip Code 43017-9434
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **600.00**

Date of Receipt
 06 / 30 / 2020
Transaction ID : SA11AI.12081
 Amount of Each Receipt this Period
 300.00
 Memo Item
 \$100.00/Monthly

C. 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) Emergency Service Partners, LLC Occupation (for Individual) System Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **900.00**

Date of Receipt
 06 / 30 / 2020
Transaction ID : SA11AI.12156
 Amount of Each Receipt this Period
 450.00
 Memo Item
 \$150.00/Monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 80
	<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. Mattke, Angela, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1080 Pebblebrook Rd. SE
 City Mableton State GA Zip Code 30126-5612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Firefighter
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **900.00**

Date of Receipt
 06 / 30 / 2020
Transaction ID : SA11AI.11981
 Amount of Each Receipt this Period
 450.00
 Memo Item
 \$150.00/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) Virtual Locations Occupation (for Individual) Firefighter
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **900.00**

Date of Receipt
 06 / 30 / 2020
Transaction ID : SA11AI.11989
 Amount of Each Receipt this Period
 450.00
 Memo Item
 \$150.00/Monthly

C. McAtee, Jill, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8112 Sweet Dreams Court
 City Las Vegas State NV Zip Code 89131-1537
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Advanced Practice Provider
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **450.00**

Date of Receipt
 06 / 30 / 2020
Transaction ID : SA11AI.12024
 Amount of Each Receipt this Period
 225.00
 Memo Item
 \$75.00/Monthly

SUBTOTAL of Receipts This Page (optional).....	1125.00
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 80
	<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. McManus, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 3484
 City Durango State CO Zip Code 81302-3484
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Colorado Emergency Service Physicians, Occupation (for Individual) Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.11943
 Amount of Each Receipt this Period 300.00
 Memo Item
 \$100.00/Monthly

B. Meers, Holley, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24 Quincy Street
 City Chevy Chase State MD Zip Code 20815-4227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.12008
 Amount of Each Receipt this Period 300.00
 Memo Item
 \$100.00/Monthly

C. Meyer, Kendra, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 85 Beatty Lane
 City Scenery Hill State PA Zip Code 15360-1537
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AHN Medical Group, LLC Occupation (for Individual) Director of APPs
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.12112
 Amount of Each Receipt this Period 150.00
 Memo Item
 \$50.00/Monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 80
	<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. 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) Colorado Emergency Service Physicians, Occupation (for Individual) Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **300.00**

Date of Receipt
 06 / 30 / 2020
Transaction ID : SA11AI.11945
 Amount of Each Receipt this Period
 150.00
 Memo Item
 \$50.00/Monthly

B. Mirhadi, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1984 Caversham Way
 City Folsom State CA Zip Code 95630
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **300.00**

Date of Receipt
 06 / 30 / 2020
Transaction ID : SA11AI.11922
 Amount of Each Receipt this Period
 150.00
 Memo Item
 \$50.00/Monthly

C. Misra, Swarup, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9667 Ashley Green Ct NW
 City Concord State NC Zip Code 28027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Quality Director
 Receipt For: 2020
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **900.00**

Date of Receipt
 06 / 30 / 2020
Transaction ID : SA11AI.12056
 Amount of Each Receipt this Period
 450.00
 Memo Item
 \$150.00/Monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 48 OF 80
<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. Natali, David, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2020 Transaction ID : SA11AI.12113
Mailing Address 115 Pheasant Drive		Amount of Each Receipt this Period 450.00
City Blawnox	State PA	Zip Code 15238-2207
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$150.00/Monthly
Name of Employer (for Individual) AHN Medical Group, LLC	Occupation (for Individual) Emergency Physician	
Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 900.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Nguyen, Vicky, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2020 Transaction ID : SA11AI.11946
Mailing Address 336 E 1st Ave Apt 203		Amount of Each Receipt this Period 150.00
City Denver	State CO	Zip Code 80203-4379
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$50.00/Monthly
Name of Employer (for Individual) Colorado Emergency Service Physicians,	Occupation (for Individual) Medical Director	
Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Osmundson, Michael, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2020 Transaction ID : SA11AI.12084
Mailing Address 62 East Dr.		Amount of Each Receipt this Period 450.00
City Hartville	State OH	Zip Code 44632-8890
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$150.00/Monthly
Name of Employer (for Individual) USACS Management Group	Occupation (for Individual) President	
Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 900.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 80
	<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Otwell, Justin, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2020 Transaction ID : SA11AI.11982
Mailing Address 1736 Oakview Rd		Amount of Each Receipt this Period 150.00
City Decatur	State GA	Zip Code 30030
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$50.00/Monthly
Name of Employer (for Individual) USACS Management Group	Occupation (for Individual) Vice President of Claims and Risk Man	
Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Panitch, Orlee, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2020 Transaction ID : SA11AI.12010
Mailing Address 11753 Gainsborough Road		Amount of Each Receipt this Period 450.00
City Potomac	State MD	Zip Code 20854
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$150.00/Monthly
Name of Employer (for Individual) USACS Management Group	Occupation (for Individual) Regional Chief Administrative Officer	
Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 900.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Parks, Thomas, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2020 Transaction ID : SA11AI.11972
Mailing Address 11533 Sand Stone Rock Dr		Amount of Each Receipt this Period 225.00
City Riverview	State FL	Zip Code 33569-8709
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$75.00/Monthly
Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC	Occupation (for Individual) Advanced Practice Provider	
Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 450.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 80
	<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. Patlovany, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19938 Terra Canyon
 City San Antonio State TX Zip Code 78255-2344
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) President
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.12158
 Amount of Each Receipt this Period
 450.00
 Memo Item
 \$150.00/Monthly

B. 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: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.12124
 Amount of Each Receipt this Period
 150.00
 Memo Item
 \$50.00/Monthly

C. Perfetti, Joyce, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29470 Picana Lane
 City Wesley Chapel State FL Zip Code 33543
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LLC Occupation (for Individual) Associate Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.11973
 Amount of Each Receipt this Period
 300.00
 Memo Item
 \$100.00/Monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 51 OF 80
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Phillips, Donald, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2020 Transaction ID : SA11AI.12159
Mailing Address 1315 Woodglen Ct		Amount of Each Receipt this Period 450.00
City Aledo	State TX	Zip Code 76008
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$150.00/Monthly
Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) Firefighter	
Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 900.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Phillips, Todd, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2020 Transaction ID : SA11AI.12026
Mailing Address 2407 Motif Ct		Amount of Each Receipt this Period 150.00
City Henderson	State NV	Zip Code 89052-5531
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$50.00/Monthly
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) APP Lead	
Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Pines, Jesse, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2020 Transaction ID : SA11AI.12175
Mailing Address 2424 N Potomac St		Amount of Each Receipt this Period 300.00
City Arlington	State VA	Zip Code 22207
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$100.00/Monthly
Name of Employer (for Individual) Virtual Locations	Occupation (for Individual) National Director of Clinical Innovati	
Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 600.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 52 OF 80
<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. Posin, Shawn, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 229 Washington Ave.

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

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

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

Receipt For: 2020
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date ▼
600.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2020

Transaction ID : SA11AI.12177

Amount of Each Receipt this Period
300.00

Memo Item
\$100.00/Monthly

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

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

Receipt For: 2020
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date ▼
450.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2020

Transaction ID : SA11AI.12160

Amount of Each Receipt this Period
225.00

Memo Item
\$75.00/Monthly

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

Mailing Address 210 N Wells St
Apt 4101

City Chicago	State IL	Zip Code 60606-1352
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FEC ID number of contributing federal political committee. **C**

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

Receipt For: 2020
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date ▼
1900.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2020

Transaction ID : SA11AI.11990

Amount of Each Receipt this Period
450.00

Memo Item
\$150.00/Monthly

SUBTOTAL of Receipts This Page (optional).....	975.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 53 OF 80
<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. Reed, Rhett, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12509 Red Mesa Hollow
 City Austin State TX Zip Code 78739
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2020
Transaction ID : SA11AI.12161
 Amount of Each Receipt this Period 300.00
 Memo Item
 \$100.00/Monthly

B. 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: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2020
Transaction ID : SA11AI.12176
 Amount of Each Receipt this Period 150.00
 Memo Item
 \$50.00/Monthly

C. Rihter, Sasha, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1000 South Clark St. Unit 1614
 City Chicago State IL Zip Code 60605-2194
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Accelerated Firefighter
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2020
Transaction ID : SA11AI.11991
 Amount of Each Receipt this Period 150.00
 Memo Item
 \$50.00/Monthly

SUBTOTAL of Receipts This Page (optional).....▶ 600.00
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 80
	<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. Roberts, Sam, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3806 Bonnell Drive
 City Austin State TX Zip Code 78731
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Chief Medical Officer
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.12162
 Amount of Each Receipt this Period
450.00
 Memo Item
 \$150.00/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) Virtual Locations Occupation (for Individual) Firefighter
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.11974
 Amount of Each Receipt this Period
450.00
 Memo Item
 \$150.00/Monthly

C. Rooks, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1663 Parkdale Circle S.
 City Erie State CO Zip Code 80516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Colorado Emergency Service Physicians, Occupation (for Individual) Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.11948
 Amount of Each Receipt this Period
300.00
 Memo Item
 \$100.00/Monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 80
	<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. Rosen, Nicholas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1089 S. Williams St.
 City Denver State CO Zip Code 80209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Colorado Emergency Service Physicians, Occupation (for Individual) Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.11949
 Amount of Each Receipt this Period
 150.00
 Memo Item
 \$50.00/Monthly

B. Roy, Neil, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6700 Applewood Place
 City Rockville State MD Zip Code 20855
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.12011
 Amount of Each Receipt this Period
 150.00
 Memo Item
 \$50.00/Monthly

C. Russell Goman, Dacia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2076 Atterbury Ave
 City Columbus State OH Zip Code 43229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LLC Occupation (for Individual) Emergency Physician
 Receipt For: 2020
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.12086
 Amount of Each Receipt this Period
 300.00
 Memo Item
 \$100.00/Monthly

SUBTOTAL of Receipts This Page (optional)..... **600.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 80
	<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. Rutherford, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3502 Quitman St.
 City Denver State CO Zip Code 80212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Senior Director of Quality
 Receipt For: 2020
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **600.00**

Date of Receipt **06 / 30 / 2020**
Transaction ID : SA11AI.11950
 Amount of Each Receipt this Period **300.00**
 Memo Item
 \$100.00/Monthly

B. Scheer, Ronald, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 285 Elder View Drive
 City Las Vegas State NV Zip Code 89138
 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: 2020
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **350.00**

Date of Receipt **06 / 30 / 2020**
Transaction ID : SA11AI.12027
 Amount of Each Receipt this Period **200.00**
 Memo Item
 \$100.00/Monthly

C. 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Colorado Emergency Service Physicians, Occupation (for Individual) Emergency Physician
 Receipt For: 2020
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **600.00**

Date of Receipt **06 / 30 / 2020**
Transaction ID : SA11AI.11952
 Amount of Each Receipt this Period **300.00**
 Memo Item
 \$100.00/Monthly

SUBTOTAL of Receipts This Page (optional).....	800.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 80
	<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. Scott, David, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 30 / 2020 Transaction ID : SA11AI.12088
Mailing Address 4733 North Ridge Drive			Amount of Each Receipt this Period 300.00
City Akron	State OH	Zip Code 44333	<input type="checkbox"/> Memo Item \$150.00/Monthly
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) USACS Management Group		Occupation (for Individual) Chief Clinical Officer	
Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other		Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Seaberg, David, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 30 / 2020 Transaction ID : SA11AI.11975
Mailing Address 1221 1st St S Unit 3A			Amount of Each Receipt this Period 450.00
City Jacksonville Beach	State FL	Zip Code 32250-6446	<input type="checkbox"/> Memo Item \$150.00/Monthly
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: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other		Aggregate Year-to-Date ▼ 900.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Shelat, Chandresh, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 30 / 2020 Transaction ID : SA11AI.12012
Mailing Address 2144 Grant Farm Court			Amount of Each Receipt this Period 450.00
City Marriottsville	State MD	Zip Code 21104	<input type="checkbox"/> Memo Item \$150.00/Monthly
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: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other		Aggregate Year-to-Date ▼ 900.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 80
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Shellenbarger, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 912 Camelot Dr.
 City Hermitage State PA Zip Code 16148-9100
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director of Integrated Acute C
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **900.00**

Date of Receipt **06 / 30 / 2020**
Transaction ID : SA11AI.12115
 Amount of Each Receipt this Period **450.00**
 Memo Item
 \$150.00/Monthly

B. Sinnott, Annie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1335 N. Bosworth Ave. #3
 City Chicago State IL Zip Code 60642-2341
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **900.00**

Date of Receipt **06 / 30 / 2020**
Transaction ID : SA11AI.11992
 Amount of Each Receipt this Period **450.00**
 Memo Item
 \$150.00/Monthly

C. Slabinski, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3004 Edison St. NW
 City Uniontown State OH Zip Code 44685-7212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Management Group Occupation (for Individual) Regional Vice President
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **900.00**

Date of Receipt **06 / 30 / 2020**
Transaction ID : SA11AI.12089
 Amount of Each Receipt this Period **450.00**
 Memo Item
 \$150.00/Monthly

SUBTOTAL of Receipts This Page (optional)..... **1350.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 59 OF 80
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Snyder, Aaron, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 30 / 2020
Mailing Address 9925 Silver Brook Drive		Transaction ID : SA11AI.12013
City Rockville	State MD	Zip Code 20850
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 450.00
Name of Employer (for Individual) Virtual Locations	Occupation (for Individual) Regional Vice President	<input type="checkbox"/> Memo Item \$150.00/Monthly
Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 900.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Snyder, Mary Jo, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 30 / 2020
Mailing Address 1800 Gulf Drive N Unit # 111		Transaction ID : SA11AI.11977
City Bradenton Beach	State FL	Zip Code 34217
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer (for Individual) Virtual Locations	Occupation (for Individual) President Echo Consulting Group	<input type="checkbox"/> Memo Item \$100.00/Monthly
Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 450.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Somers, Michael, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 30 / 2020
Mailing Address 503 Neuse Harbour Blvd		Transaction ID : SA11AI.12060
City New Bern	State NC	Zip Code 28560-8958
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 450.00
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$150.00/Monthly
Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 750.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 80
	<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. 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: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **600.00**

Date of Receipt **06 / 30 / 2020**
Transaction ID : SA11AI.12117
 Amount of Each Receipt this Period **300.00**
 Memo Item
 \$100.00/Monthly

B. 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: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **600.00**

Date of Receipt **06 / 30 / 2020**
Transaction ID : SA11AI.12061
 Amount of Each Receipt this Period **300.00**
 Memo Item
 \$100.00/Monthly

C. Tirheimer, Wenzel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13404 Golf Crest Way
 City Tampa State FL Zip Code 33618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC Occupation (for Individual) Emergency Physician
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **900.00**

Date of Receipt **06 / 30 / 2020**
Transaction ID : SA11AI.11978
 Amount of Each Receipt this Period **450.00**
 Memo Item
 \$150.00/Monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 80
	<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. 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
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Colorado Emergency Service Physicians,	Occupation (for Individual) APP Lead
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Receipt For: 2020
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date ▼
300.00

Date of Receipt
06 / 30 / 2020
Transaction ID : SA11AI.11953

Amount of Each Receipt this Period
150.00

Memo Item
\$50.00/Monthly

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

Mailing Address 5401 South Ingleside Avenue

City Chicago	State IL	Zip Code 60615-5013
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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: 2020
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date ▼
900.00

Date of Receipt
06 / 30 / 2020
Transaction ID : SA11AI.11993

Amount of Each Receipt this Period
450.00

Memo Item
\$150.00/Monthly

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

Mailing Address 23959 Meredith Court

City Hollywood	State MD	Zip Code 20636
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Virtual Locations	Occupation (for Individual) National Director of Patient Safety
--	--

Receipt For: 2020
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date ▼
900.00

Date of Receipt
06 / 30 / 2020
Transaction ID : SA11AI.12014

Amount of Each Receipt this Period
450.00

Memo Item
\$150.00/Monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 62 OF 80
<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. Tucker, William, , ,			Date of Receipt MM / DD / YYYY 06 / 30 / 2020 Transaction ID : SA11AI.12090
Mailing Address 136 Hickory Flats Dr			Amount of Each Receipt this Period 300.00
City Harrison	State OH	Zip Code 45030	<input type="checkbox"/> Memo Item \$100.00/Monthly
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00	
Name of Employer (for Individual) USACS Medical Group, LTD		Occupation (for Individual) Emergency Physician	<input type="checkbox"/> Memo Item \$100.00/Monthly
Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 600.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Tully, John, , ,			Date of Receipt MM / DD / YYYY 06 / 30 / 2020 Transaction ID : SA11AI.12164
Mailing Address 8345 Rolling Acres Trail			Amount of Each Receipt this Period 300.00
City Fair Oaks Ranch	State TX	Zip Code 78015	<input type="checkbox"/> Memo Item \$100.00/Monthly
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00	
Name of Employer (for Individual) Emergency Service Partners, LLC		Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$100.00/Monthly
Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 600.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Ulmer, Travis, , ,			Date of Receipt MM / DD / YYYY 06 / 30 / 2020 Transaction ID : SA11AI.12091
Mailing Address 1240 Broadview Ave			Amount of Each Receipt this Period 450.00
City Columbus	State OH	Zip Code 43212-3344	<input type="checkbox"/> Memo Item \$150.00/Monthly
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 450.00	
Name of Employer (for Individual) USACS Management Group		Occupation (for Individual) Vice President of Marketing and Recrui	<input type="checkbox"/> Memo Item \$150.00/Monthly
Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 900.00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 80
	<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. Venkat, Arvind, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 105 Breckenridge Dr.
 City Wexford State PA Zip Code 15090-9400
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AHN Medical Group, LLC Occupation (for Individual) National Director of Research
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.12118
 Amount of Each Receipt this Period
 450.00
 Memo Item
 \$150.00/Monthly

B. Vock, Tracie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1826 Free Terrace
 City Frederick State MD Zip Code 21702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) Director of APPs, Observation and Hos
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.12015
 Amount of Each Receipt this Period
 150.00
 Memo Item
 \$50.00/Monthly

C. Warwick-Heckman, Kelley, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 303 Four T Ranch Rd
 City Georgetown State TX Zip Code 78633
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) Emergency Physician
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.12165
 Amount of Each Receipt this Period
 300.00
 Memo Item
 \$100.00/Monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 64 OF 80
	(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. Watkins, Angela, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3128 Persimmon Tree Ct
 City Woodstock State MD Zip Code 21163-1150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.12016
 Amount of Each Receipt this Period
 450.00
 Memo Item
 \$150.00/Monthly

B. Watling, Bradley, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 109 Viewpoint Lane
 City Mooresville State NC Zip Code 28117-7558
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Regional Vice President
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.12062
 Amount of Each Receipt this Period
 450.00
 Memo Item
 \$150.00/Monthly

C. 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 Occupation (for Individual) Chief Development Officer
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.12092
 Amount of Each Receipt this Period
 450.00
 Memo Item
 \$150.00/Monthly

SUBTOTAL of Receipts This Page (optional)..... **1350.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 65 OF 80
	(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. Watt, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3909 Fox Glen Drive
 City Irving State TX Zip Code 75062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Management Group Occupation (for Individual) Chief Accounting Officer
 Receipt For: 2020
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.12166
 Amount of Each Receipt this Period
 300.00
 Memo Item
 \$100.00/Monthly

B. Wellock, Austin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2439 Clydesdale St NW
 City North Canton State OH Zip Code 44720-9818
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.12093
 Amount of Each Receipt this Period
 150.00
 Memo Item
 \$50.00/Monthly

C. Wellock, Kathleen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3430 Ashton Drive
 City Uniontown State OH Zip Code 44685
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Management Group Occupation (for Individual) Vice President, Account Management
 Receipt For: 2020
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.12094
 Amount of Each Receipt this Period
 150.00
 Memo Item
 \$50.00/Monthly

SUBTOTAL of Receipts This Page (optional).....	600.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 66 OF 80
<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. Welsh, Ian, , ,			Date of Receipt MM / DD / YYYY 06 / 30 / 2020 Transaction ID : SA11AI.12125
Mailing Address 1027 Gardenia Street			Amount of Each Receipt this Period 450.00
City Fort Mill	State SC	Zip Code 29708	<input type="checkbox"/> Memo Item \$150.00/Monthly
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 900.00	
Name of Employer (for Individual) Virtual Locations		Occupation (for Individual) Assistant Medical Director of Firefigh	
Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. West, Brian, , ,			Date of Receipt MM / DD / YYYY 06 / 30 / 2020 Transaction ID : SA11AI.12020
Mailing Address 441 Carnoustie			Amount of Each Receipt this Period 150.00
City Highland	State MI	Zip Code 48357-4754	<input type="checkbox"/> Memo Item \$50.00/Monthly
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 300.00	
Name of Employer (for Individual) USACS Medical Group, LTD		Occupation (for Individual) Quality Director	
Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Wirtz, David, , ,			Date of Receipt MM / DD / YYYY 06 / 30 / 2020 Transaction ID : SA11AI.12038
Mailing Address 1 Highgate NE			Amount of Each Receipt this Period 450.00
City Ithaca	State NY	Zip Code 14850	<input type="checkbox"/> Memo Item \$150.00/Monthly
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 900.00	
Name of Employer (for Individual) USACS Medical Group, LTD		Occupation (for Individual) Medical Director	
Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other			

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 80
	<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. Wisniewski, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2813 Elmira St.
 City Denver State CO Zip Code 80238
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Colorado Emergency Service Physicians, Occupation (for Individual) Emergency Physician
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **600.00**

Date of Receipt **06 / 30 / 2020**
Transaction ID : SA11AI.11954
 Amount of Each Receipt this Period **300.00**
 Memo Item
 \$100.00/Monthly

B. Wyatt, Cheryl, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 48252 Leachburg Road
 City Lexington Park State MD Zip Code 20653
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) Director of APPs
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **300.00**

Date of Receipt **06 / 30 / 2020**
Transaction ID : SA11AI.12017
 Amount of Each Receipt this Period **150.00**
 Memo Item
 \$50.00/Monthly

C. Zayac, Carl, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5901 Velasco Ave
 City Dallas State TX Zip Code 75206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Firefighter
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **600.00**

Date of Receipt **06 / 30 / 2020**
Transaction ID : SA11AI.12167
 Amount of Each Receipt this Period **300.00**
 Memo Item
 \$100.00/Monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 80
	<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. Ziebell, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4014 Greystone Drive
 City Austin State TX Zip Code 78731
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.12168
 Amount of Each Receipt this Period
 300.00
 Memo Item
 \$100.00/Monthly

B. Zimmerman, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1913 Buffalo Speedway
 City Leander State TX Zip Code 78641
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) Emergency Physician
 Receipt For: 2020
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2020
Transaction ID : SA11AI.12169
 Amount of Each Receipt this Period
 300.00
 Memo Item
 \$100.00/Monthly

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

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

SUBTOTAL of Receipts This Page (optional).....	600.00
TOTAL This Period (last page this line number only).....	60548.24

**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. FRIENDS OF JAMES ST. GEORGE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	2	0

Mailing Address PO BOX 10313

FEC Identification Number

C C00733873

Transaction ID : SB23.11390
Amount of Each Disbursement this Period

2000.00

Memo Item

City FLEMING ISLAND State FL Zip Code 32006

Purpose of Disbursement

Category/Type

Candidate Name
St. George, James, , Dr,

Office Sought: House Senate President
Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)
B. FRIENDS OF MCCORMICK

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	2	0

Mailing Address 4410 LAUREL GROVE TRACE

FEC Identification Number

C C00706747

Transaction ID : SB23.11393
Amount of Each Disbursement this Period

5000.00

Memo Item

City SUWANEE State GA Zip Code 30024

Purpose of Disbursement

Category/Type

Candidate Name
MCCORMICK, RICHARD DEAN DR., , ,

Office Sought: House Senate President
Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: GA District: 07

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	2	0

Mailing Address PO BOX 2165

FEC Identification Number

C C00393629

Transaction ID : SB23.11391
Amount of Each Disbursement this Period

5000.00

Memo Item

City GASTONIA State NC Zip Code 28053

Purpose of Disbursement

Category/Type

Candidate Name
McHenry, Patrick, , ,

Office Sought: House Senate President
Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: District:

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

12000.00

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. SUSIE LEE FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 5130 S FORT APACHE RD
STE. 215-382

M M M	/	D D D	/	Y Y Y Y Y
06		11		2020

City LAS VEGAS State NV Zip Code 89148

FEC Identification Number

Purpose of Disbursement

C	C00655613
---	-----------

Candidate Name
LEE, SUSIE, , ,

Category/
Type

Transaction ID : SB23.11392

Amount of Each Disbursement this Period

Office Sought: House
 Senate
 President
State: NV District: 03

Disbursement For: 2020
 Primary General
 Other (specify) ▼

Amount of Each Disbursement this Period	5000.00
---	---------

Memo Item

B. TEAM MCHENRY

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
06		11		2020

City ALEXANDRIA State VA Zip Code 22314

FEC Identification Number

Purpose of Disbursement
Void check 1226

C	C00544650
---	-----------

Transaction ID : SB23.12192

Amount of Each Disbursement this Period

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify)

Amount of Each Disbursement this Period	- 2000.00
---	-----------

Memo Item

C.

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

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

City State Zip Code

FEC Identification Number

Purpose of Disbursement

C	
---	--

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Memo Item

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

Amount of Each Disbursement this Period	3000.00
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TOTAL This Period (last page this line number only)..... ▶

Amount of Each Disbursement this Period	15000.00
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name (Last, First, Middle Initial) A. Benninghoff for Representative Committee		Date of Disbursement MM / DD / YYYY 06 / 11 / 2020	
Mailing Address 225 State St 2nd Flr		FEC Identification Number C [] Transaction ID : SB29.11359 Amount of Each Disbursement this Period [] 1000.00	
City Harrisburg	State PA	Zip Code 17101	Category/ Type []
Purpose of Disbursement Reissue Check 1220		Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name Benninghoff, Kerry, , ,			Amount of Each Disbursement this Period [] 1000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	<input type="checkbox"/> Memo Item	
Full Name (Last, First, Middle Initial) B. Benninghoff for Representative Committee		Date of Disbursement MM / DD / YYYY 06 / 11 / 2020	
Mailing Address 225 State St 2nd Flr		FEC Identification Number C [] Transaction ID : SB29.12185 Amount of Each Disbursement this Period [] - 1000.00	
City Harrisburg	State PA	Zip Code 17101	Category/ Type []
Purpose of Disbursement Void check 1220		Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name Benninghoff, Kerry, , ,			Amount of Each Disbursement this Period [] - 1000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="checkbox"/> Memo Item	
State: District:			
Full Name (Last, First, Middle Initial) C. Callender for Ohio		Date of Disbursement MM / DD / YYYY 06 / 25 / 2020	
Mailing Address 4679 Winterset Drive		FEC Identification Number C [] Transaction ID : SB29.11368 Amount of Each Disbursement this Period [] 1000.00	
City Columbus	State OH	Zip Code 43220	Category/ Type []
Purpose of Disbursement		Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name Callender, Jamie, , ,			Amount of Each Disbursement this Period [] 1000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="checkbox"/> Memo Item	
State: District:			
SUBTOTAL of Disbursements This Page (optional)..... ▶		[] 1000.00	
TOTAL This Period (last page this line number only)..... ▶		[]	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name (Last, First, Middle Initial) A. Citizens for Blessing		Date of Disbursement MM / DD / YYYY 06 / 25 / 2020
Mailing Address 3378 Dolomar Drive		FEC Identification Number C [] Transaction ID : SB29.11369 Amount of Each Disbursement this Period [] 500.00
City Cincinnati	State OH	Zip Code 45239
Purpose of Disbursement		Category/Type []
Candidate Name Blessing, Bill, , ,		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Citizens for Gavarone		Date of Disbursement MM / DD / YYYY 06 / 25 / 2020
Mailing Address 1537 Cedar Lane		FEC Identification Number C [] Transaction ID : SB29.11371 Amount of Each Disbursement this Period [] 500.00
City Bowling Green	State OH	Zip Code 43402
Purpose of Disbursement		Category/Type []
Candidate Name Gavarone, Theresa, , ,		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Citizens for Hottinger		Date of Disbursement MM / DD / YYYY 06 / 25 / 2020
Mailing Address 2135 Horns Hill Road		FEC Identification Number C [] Transaction ID : SB29.11372 Amount of Each Disbursement this Period [] 500.00
City Newark	State OH	Zip Code 43055
Purpose of Disbursement		Category/Type []
Candidate Name Hottinger, Jay, , ,		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name (Last, First, Middle Initial) A. Citizens for Stephanie Kunze		Date of Disbursement MM / DD / YYYY 06 / 25 / 2020
Mailing Address 865 Macon Alley		FEC Identification Number C [] Transaction ID : SB29.11373 Amount of Each Disbursement this Period [] 1000.00
City Columbus	State OH	Zip Code 43206
Purpose of Disbursement	Category/Type []	
Candidate Name Kunze, Stephanie, , ,	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Citizens to Elect Allison Russo		Date of Disbursement MM / DD / YYYY 06 / 25 / 2020
Mailing Address 545 E. Town Street		FEC Identification Number C [] Transaction ID : SB29.11374 Amount of Each Disbursement this Period [] 500.00
City Columbus	State OH	Zip Code 43215
Purpose of Disbursement	Category/Type []	
Candidate Name Russo, Allison, , ,	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. Dr. Terry Johnson for Ohio		Date of Disbursement MM / DD / YYYY 06 / 25 / 2020
Mailing Address 1609 Offnere Street PO Box 595		FEC Identification Number C [] Transaction ID : SB29.11383 Amount of Each Disbursement this Period [] 500.00
City Portsmouth	State OH	Zip Code 45662
Purpose of Disbursement	Category/Type []	
Candidate Name Johnson, Terry, , ,	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	[] 2000.00
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name (Last, First, Middle Initial) A. Friends of Beth Liston		Date of Disbursement MM / DD / YYYY 06 / 25 / 2020
Mailing Address 2193 Stratingham Dr		FEC Identification Number C Transaction ID : SB29.11380 Amount of Each Disbursement this Period 500.00
City Dublin	State OH	
Zip Code 43016	Purpose of Disbursement	Memo Item <input type="checkbox"/>
Candidate Name Liston, Beth, , ,	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Friends of Bryan Cutler		Date of Disbursement MM / DD / YYYY 06 / 11 / 2020
Mailing Address PO Box 412		FEC Identification Number C Transaction ID : SB29.11361 Amount of Each Disbursement this Period 5000.00
City Harrisburg	State PA	
Zip Code 17101	Purpose of Disbursement Reissue Check 1221	Memo Item <input type="checkbox"/>
Candidate Name Cutler, Bryan, , ,	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District:		

Full Name (Last, First, Middle Initial) C. Friends of Bryan Cutler		Date of Disbursement MM / DD / YYYY 06 / 11 / 2020
Mailing Address PO Box 412		FEC Identification Number C Transaction ID : SB29.12187 Amount of Each Disbursement this Period - 5000.00
City Harrisburg	State PA	
Zip Code 17101	Purpose of Disbursement Void check 1221	Memo Item <input type="checkbox"/>
Candidate Name Cutler, Bryan, , ,	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA District:		

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name (Last, First, Middle Initial) A. FRIENDS OF FRANK DERMODY		Date of Disbursement MM / DD / YYYY 06 / 11 / 2020
Mailing Address P.O. BOX 274		FEC Identification Number C [REDACTED] Transaction ID : SB29.11362
City TARENTUM	State PA	Zip Code 15084
Purpose of Disbursement Reissue Check 1222		Amount of Each Disbursement this Period [REDACTED] 1000.00
Candidate Name Dermody, Frank, , ,		Category/Type [REDACTED]
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: PA	District: 33	

Full Name (Last, First, Middle Initial) B. FRIENDS OF FRANK DERMODY		Date of Disbursement MM / DD / YYYY 06 / 11 / 2020
Mailing Address P.O. BOX 274		FEC Identification Number C [REDACTED] Transaction ID : SB29.12188
City TARENTUM	State PA	Zip Code 15084
Purpose of Disbursement Void check 1222		Amount of Each Disbursement this Period [REDACTED] - 1000.00
Candidate Name Dermody, Frank, , ,		Category/Type [REDACTED]
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Memo Item
State: PA	District: 33	

Full Name (Last, First, Middle Initial) C. Friends of Greg Rothman		Date of Disbursement MM / DD / YYYY 06 / 11 / 2020
Mailing Address PO Box 412		FEC Identification Number C [REDACTED] Transaction ID : SB29.11363
City Harrisburg	State PA	Zip Code 17101
Purpose of Disbursement Reissue Check 1223		Amount of Each Disbursement this Period [REDACTED] 1000.00
Candidate Name Rothman, Greg, , ,		Category/Type [REDACTED]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State:	District:	

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Friends of Greg Rothman

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 412

City
Harrisburg

State
PA

Zip Code
17101

Purpose of Disbursement
Void check 1223

Candidate Name

Rothman, Greg, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 11 / 2020

FEC Identification Number

C

Transaction ID : SB29.12189

Amount of Each Disbursement this Period

- 1000.00

Memo Item

B. Friends of Hearcel F. Craig

Full Name (Last, First, Middle Initial)

Mailing Address 545 E. Town Street

City
Columbus

State
OH

Zip Code
43215

Purpose of Disbursement

Candidate Name

Craig, Hearcel, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify)

State: District:

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 25 / 2020

FEC Identification Number

C

Transaction ID : SB29.11375

Amount of Each Disbursement this Period

350.00

Memo Item

C. Friends of Jay Edwards

Full Name (Last, First, Middle Initial)

Mailing Address 35950 Union Ridge Rd

City
Albany

State
OH

Zip Code
45710

Purpose of Disbursement

Candidate Name

Edwards, Jay, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 25 / 2020

FEC Identification Number

C

Transaction ID : SB29.11377

Amount of Each Disbursement this Period

350.00

Memo Item

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

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

- 300.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name (Last, First, Middle Initial) A. Friends of Matt Dolan		Date of Disbursement MM / DD / YYYY 06 / 25 / 2020
Mailing Address 2226 Edgeview Drive		FEC Identification Number C Transaction ID : SB29.11376 Amount of Each Disbursement this Period 1000.00
City Hudson	State OH Zip Code 44236	
Purpose of Disbursement		Memo Item <input type="checkbox"/>
Candidate Name Dolan, Matt, , ,		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Friends of Scott Lipps		Date of Disbursement MM / DD / YYYY 06 / 25 / 2020
Mailing Address 3757 McLean Road		FEC Identification Number C Transaction ID : SB29.11379 Amount of Each Disbursement this Period 1000.00
City Franklin	State OH Zip Code 45005	
Purpose of Disbursement		Memo Item <input type="checkbox"/>
Candidate Name Lipps, Scott, , ,		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Hackett for Ohio		Date of Disbursement MM / DD / YYYY 06 / 25 / 2020
Mailing Address 2050 Palouse Drive		FEC Identification Number C Transaction ID : SB29.11381 Amount of Each Disbursement this Period 1000.00
City London	State OH Zip Code 43140	
Purpose of Disbursement		Memo Item <input type="checkbox"/>
Candidate Name Hackett, Bob, , ,		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

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

3000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name (Last, First, Middle Initial)
A. KATHY RAPP FOR REP

Mailing Address 3780 FOLLETT RUN RD

City WARREN State PA Zip Code 16365

Purpose of Disbursement
Reissue Check 1225

Candidate Name
Rapp, Kathy, , ,

Office Sought: House Senate President
State: PA District: 65

Disbursement For: 2020
 Primary General
 Other (specify) ▼

Date of Disbursement: 06 / 11 / 2020

FEC Identification Number: **C**
Transaction ID : **SB29.11367**
Amount of Each Disbursement this Period: 1000.00

Memo Item

Full Name (Last, First, Middle Initial)
B. KATHY RAPP FOR REP

Mailing Address 3780 FOLLETT RUN RD

City WARREN State PA Zip Code 16365

Purpose of Disbursement
Void check 1225

Candidate Name
Rapp, Kathy, , ,

Office Sought: House Senate President
State: PA District: 65

Disbursement For: 2020
 Primary General
 Other (specify) ▼

Date of Disbursement: 06 / 11 / 2020

FEC Identification Number: **C**
Transaction ID : **SB29.12191**
Amount of Each Disbursement this Period: - 1000.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Kaufer Now Committee

Mailing Address PO Box 412

City Harrisburg State PA Zip Code 17101

Purpose of Disbursement
Reissue Check 1224

Candidate Name
Kaufer, Aaron, , ,

Office Sought: House Senate President
State: District:

Disbursement For: 2020
 Primary General
 Other (specify) ▼

Date of Disbursement: 06 / 11 / 2020

FEC Identification Number: **C**
Transaction ID : **SB29.11365**
Amount of Each Disbursement this Period: 1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1000.00

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

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

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FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Kaufer Now Committee

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

City Harrisburg State PA Zip Code 17101

Purpose of Disbursement
Void check 1224

Candidate Name
Kaufer, Aaron, , ,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 11 / 2020

FEC Identification Number: **C**
Transaction ID : **SB29.12190**
Amount of Each Disbursement this Period: - 1000.00

Memo Item

B. Lanese for Ohio

Full Name (Last, First, Middle Initial)
Mailing Address 260 N Cassady Avenue

City Columbus State OH Zip Code 43209

Purpose of Disbursement

Candidate Name
Lanese, Laura, , ,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 25 / 2020

FEC Identification Number: **C**
Transaction ID : **SB29.11384**
Amount of Each Disbursement this Period: 350.00

Memo Item

C. Matt Huffman for Ohio

Full Name (Last, First, Middle Initial)
Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220

Purpose of Disbursement

Candidate Name
Huffman, Matt, , ,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 25 / 2020

FEC Identification Number: **C**
Transaction ID : **SB29.11385**
Amount of Each Disbursement this Period: 1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 350.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Peterson for Good Government

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 5564 Grassy Branch Road

M M M	/	D D D	/	Y Y Y Y Y
06		25		2020

City Sabina State OH Zip Code 45169

FEC Identification Number

Purpose of Disbursement

C

Transaction ID : SB29.11386

Amount of Each Disbursement this Period

500.00

Candidate Name

Peterson, Bob, , ,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

Memo Item

State: District:

B. Seitz for Ohio

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 4401 Abby Court

M M M	/	D D D	/	Y Y Y Y Y
06		25		2020

City Cincinnati State OH Zip Code 45248

FEC Identification Number

Purpose of Disbursement

C

Transaction ID : SB29.11387

Amount of Each Disbursement this Period

1000.00

Candidate Name

Seitz, Bill, , ,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

Memo Item

State: District:

C.

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

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

City State Zip Code

FEC Identification Number

Purpose of Disbursement

C

Amount of Each Disbursement this Period

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

Memo Item

State: District:

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

1500.00

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

11550.00