

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

USACS PAC

ADDRESS (number and street) 4535 Dressler Rd NW

Check if different than previously reported. (ACC) Canton OH 44718

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

C C00544957

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

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

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

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

Election on M M / D D / Y Y Y Y Y Y in the State of

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

Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y Y Y 07 / 01 / 2023 through M M / D D / Y Y Y Y Y Y 12 / 31 / 2023

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

Type or Print Name of Treasurer Russell Goman, Dacia, , ,

Signature of Treasurer Russell Goman, Dacia, , , Date M M / D D / Y Y Y Y Y Y 01 / 19 / 2024

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)

Page 2

Write or Type Committee Name

USACS PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2023"/>	<input type="text" value="313415.80"/>	<input type="text" value="313415.80"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="308715.70"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="105430.75"/>	<input type="text" value="210480.65"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="414146.45"/>	<input type="text" value="523896.45"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="78700.00"/>	<input type="text" value="188450.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="335446.45"/>	<input type="text" value="335446.45"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

USACS PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	99007.40	197449.66
(ii) Unitemized	1423.35	8030.99
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	100430.75	205480.65
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	100430.75	205480.65
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	5000.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	105430.75	210480.65
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	105430.75	210480.65

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	46000.00	98500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	32700.00	89950.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	78700.00	188450.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	78700.00	188450.00

DETAILED SUMMARY PAGE
of Disbursements

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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)	100430.75	205480.65
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	100430.75	205480.65
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 84
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

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

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

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

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

SUBTOTAL of Receipts This Page (optional).....	2100.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 84
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
USACS PAC

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Altmin, Stephen, , ,			Date of Receipt 12 / 31 / 2023 Transaction ID : SA11AI.8617
Mailing Address 2641 4th Street			Amount of Each Receipt this Period 100.00
City Boulder	State CO	Zip Code 80304-3201	<input type="checkbox"/> Memo Item \$50/Monthly
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Ammon, Stefen, , ,			Date of Receipt 12 / 31 / 2023 Transaction ID : SA11AI.8679
Mailing Address 2 Mountain High Ct.			Amount of Each Receipt this Period 300.00
City Littleton	State CO	Zip Code 80127	<input type="checkbox"/> Memo Item \$50/Monthly
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 600.00		

SUBTOTAL of Receipts This Page (optional).....▶	1300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 OF 84
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 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. Argus, Michael, , ,			Date of Receipt
Mailing Address 9544 Union Cemetery Rd.			<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2023"/>
City Loveland	State OH	Zip Code 45140	Transaction ID : SA11AI.8798
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="900.00"/>
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Regional Vice President	<input type="checkbox"/> Memo Item \$150/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1800.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Atez, Francisco, , ,			Date of Receipt
Mailing Address 17376 Emerald Chase Drive			<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2023"/>
City Tampa	State FL	Zip Code 33647	Transaction ID : SA11AI.8724
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="600.00"/>
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Emergency Physician	<input type="checkbox"/> Memo Item \$100/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1200.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Augustine, James, , ,			Date of Receipt
Mailing Address 7868 Classics Dr.			<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2023"/>
City Naples	State FL	Zip Code 34113-3063	Transaction ID : SA11AI.8788
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="900.00"/>
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) National Director Prehospital Strategy	<input type="checkbox"/> Memo Item \$150/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="1800.00"/>		

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="2400.00"/>
TOTAL This Period (last page this line number only).....	<input type="text"/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 84
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Bagnoli, Dominic, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 East Drive
 City Hartville State OH Zip Code 44632
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Executive Chairman
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4999.56

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8806
 Amount of Each Receipt this Period 2499.78
 Memo Item
 \$416.63/Monthly

B. Balewick, Donna, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 626 Phillips Rd
 City Blairsville State PA Zip Code 15717-4233
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8765
 Amount of Each Receipt this Period 900.00
 Memo Item
 \$150/Monthly

C. Barquin, Jose, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1011 charles st
 City clearwater State FL Zip Code 33755
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8695
 Amount of Each Receipt this Period 300.00
 Memo Item
 \$50/Monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 84
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Bedolla, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1000 San Marcos Street, Unit 324
 City Austin State TX Zip Code 78702-2667
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group of Texas, PLLC Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

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

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

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

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

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

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

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

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

FOR LINE NUMBER: PAGE 11 OF 84
(check only one)

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

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NAME OF COMMITTEE (In Full)
USACS PAC

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

Mailing Address 7058 Ravens Run

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1800.00

Date of Receipt

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

Transaction ID : SA11AI.8766

Amount of Each Receipt this Period
900.00

Memo Item
\$150/Monthly

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

Mailing Address 916 E End Ave

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1800.00

Date of Receipt

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

Transaction ID : SA11AI.8777

Amount of Each Receipt this Period
900.00

Memo Item
\$150/Monthly

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

Mailing Address 3011 Rock Springs Road

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
200.04

Date of Receipt

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

Transaction ID : SA11AI.8625

Amount of Each Receipt this Period
100.02

Memo Item
\$16.67/Monthly

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

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

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

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NAME OF COMMITTEE (In Full)
USACS PAC

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

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

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

SUBTOTAL of Receipts This Page (optional).....▶	1920.00
TOTAL This Period (last page this line number only).....▶	

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

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

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NAME OF COMMITTEE (In Full)
USACS PAC

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

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

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

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

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

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

SUBTOTAL of Receipts This Page (optional).....	1650.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
USACS PAC

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

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

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

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

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

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

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

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

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

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NAME OF COMMITTEE (In Full)
USACS PAC

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

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

B. Casey, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5156 Baker Ridge Dr.
 City Columbus State OH Zip Code 43228
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Residency Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

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

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

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

SUBTOTAL of Receipts This Page (optional).....▶	3300.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 16 OF 84
(check only one)	
<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. Champeau, Matthew, , ,

Mailing Address 16 Stony Hill Rd

City Burlington	State CT	Zip Code 06013-2601
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

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

Transaction ID : SA11AI.8677

Amount of Each Receipt this Period
300.00

Memo Item
\$50/Monthly

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

Mailing Address 11628 N Saltaire Drive

City Highland	State UT	Zip Code 84003-5559
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

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

Transaction ID : SA11AI.8604

Amount of Each Receipt this Period
150.00

Memo Item
\$50/Monthly

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

Mailing Address 91 Woodridge Drive

City Saunderstown	State RI	Zip Code 02874-1943
----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1800.00

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

Transaction ID : SA11AI.8760

Amount of Each Receipt this Period
900.00

Memo Item
\$150/Monthly

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

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

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

FOR LINE NUMBER: PAGE 17 OF 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
USACS PAC

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

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11Al.8701
 Amount of Each Receipt this Period 300.00
 Memo Item
 \$50/Monthly

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

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11Al.8787
 Amount of Each Receipt this Period 900.00
 Memo Item
 \$150/Monthly

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

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11Al.8706
 Amount of Each Receipt this Period 300.00
 Memo Item
 \$100/Monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 84
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 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. 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: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 960.00

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

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

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

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

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

SUBTOTAL of Receipts This Page (optional).....▶	1080.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 84
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Dabkowski, Tabitha, , ,		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2023
Mailing Address 12728 Westmoreland Rd		Transaction ID : SA11AI.8655
City Huntersville	State NC	Zip Code 28078-5962
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) Director of APPs	<input type="checkbox"/> Memo Item \$25/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Darnell, Mark, , ,		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2023
Mailing Address 5125 Duffy Rd. SE		Transaction ID : SA11AI.8781
City Lancaster	State OH	Zip Code 43130-9451
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 900.00
Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$150/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Davis, Jaclyn, , ,		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2023
Mailing Address 10611 Moss Mill Lane		Transaction ID : SA11AI.8623
City Charlotte	State NC	Zip Code 28277-1674
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.02
Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) Emergency Physician	<input type="checkbox"/> Memo Item \$16.67/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 200.04	

SUBTOTAL of Receipts This Page (optional).....▶	1150.02
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 20 OF 84
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

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

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

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) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

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

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) USACS Medical Group, Ltd. Occupation (for Individual) Chief Documentation Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8756
 Amount of Each Receipt this Period 900.00
 Memo Item
 \$150/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 21 OF 84
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Doucette, Marc, , ,		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2023
Mailing Address 16692 W. 55th Pl.		Transaction ID : SA11AI.8640
City Golden	State CO	Zip Code 80403-1269
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 120.00
Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$20/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Downes, Cynthia, , ,		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2023
Mailing Address 1804 River Dr		Transaction ID : SA11AI.8669
City New Bern	State NC	Zip Code 28560-3041
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) Assistant Medical Director	<input type="checkbox"/> Memo Item \$50/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

SUBTOTAL of Receipts This Page (optional).....▶	670.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 22 OF 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Eakin, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1455 Hunakai St., Apt. 1
 City Honolulu State HI Zip Code 96816-5526
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Associate Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8675
 Amount of Each Receipt this Period 300.00
 Memo Item
 \$50/Monthly

B. Edginton, Simon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28671 Corbara Place
 City Wesley Chapel State FL Zip Code 33543
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Regional Chief Medical Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8796
 Amount of Each Receipt this Period 900.00
 Memo Item
 \$150/Monthly

C. Eisenberg, Steven, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35590 Michael Drive
 City Solon State OH Zip Code 44139-5668
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Management Group, Ltd. Occupation (for Individual) Chief Administrative Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8752
 Amount of Each Receipt this Period 900.00
 Memo Item
 \$150/Monthly

SUBTOTAL of Receipts This Page (optional).....▶ 2100.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 84
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. 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 Medical Group, Ltd. Occupation (for Individual) Board Member
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8751
 Amount of Each Receipt this Period 900.00
 Memo Item
 \$150/Monthly

B. 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) USACS Medical Group, Ltd. Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8699
 Amount of Each Receipt this Period 300.00
 Memo Item
 \$50/Monthly

C. Fearheiley, Corey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2604 Rain Song
 City Leander State TX Zip Code 78641
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group of Texas, PLLC Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8696
 Amount of Each Receipt this Period 300.00
 Memo Item
 \$50/Monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 84
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

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

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Flanigan, Alan, , ,		Date of Receipt 12 / 31 / 2023 Transaction ID : SA11AI.8775
Mailing Address 1 Erwin Rd		Amount of Each Receipt this Period 900.00
City North Reading	State MA	Zip Code 01864-2915
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$150/Monthly
Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1800.00	

SUBTOTAL of Receipts This Page (optional).....	1650.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 84
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8786
 Amount of Each Receipt this Period 900.00
 Memo Item
 \$150/Monthly

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

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8769
 Amount of Each Receipt this Period 900.00
 Memo Item
 \$150/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) USACS Medical Group, Ltd. Occupation (for Individual) Pediatric Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1725.00

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

SUBTOTAL of Receipts This Page (optional).....	2625.00
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 84
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
USACS PAC

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

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

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

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

C. Gamma, Brett, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14930 Finegan Farm Drive
 City Darnestown State MD Zip Code 20874
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Associate Medical Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8660
 Amount of Each Receipt this Period 200.00
 Memo Item
 \$50/Monthly

SUBTOTAL of Receipts This Page (optional).....▶	700.00
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 84
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
USACS PAC

A. 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) Firefighter
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8731
 Amount of Each Receipt this Period 600.00
 Memo Item
 \$100/Monthly

B. Garcia-Gonzalez, Alexander, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13510 Dogtrack Rd
 City Dover State FL Zip Code 33527-3506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8673
 Amount of Each Receipt this Period 300.00
 Memo Item
 \$50/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) Medical Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 28 OF 84
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Glotfelty, Danielle, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2023
Mailing Address 409 Shady Lane			Transaction ID : SA11AI.8648
City Berlin	State PA	Zip Code 15530	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$25/Monthly
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) APP Salary	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Goen, Paul, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2023
Mailing Address 4417 Leonard Road			Transaction ID : SA11AI.8743
City Bryan	State TX	Zip Code 77807	Amount of Each Receipt this Period 600.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$100/Monthly
Name of Employer (for Individual) USACS Medical Group of Texas, PLLC		Occupation (for Individual) Regional Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Gonzalez, Javier, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2023
Mailing Address 4527 Scarlet Loop			Transaction ID : SA11AI.8784
City Wesley Chapel	State FL	Zip Code 33544	Amount of Each Receipt this Period 900.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$150/Monthly
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1800.00		

SUBTOTAL of Receipts This Page (optional).....▶	1650.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 29 OF 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
USACS PAC

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

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

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

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8670
 Amount of Each Receipt this Period 300.00
 Memo Item
 \$50/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: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8764
 Amount of Each Receipt this Period 900.00
 Memo Item
 \$150/Monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 84
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Hall, Wyatt, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2023 Transaction ID : SA11AI.8694		
Mailing Address 2310B Old Trail Rd.			Amount of Each Receipt this Period 300.00		
City Avon	State CO	Zip Code 81620	Memo Item <input type="checkbox"/> \$50/Monthly		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 600.00		
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Medical Director	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Hanlon, Dennis, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2023 Transaction ID : SA11AI.8735		
Mailing Address 200 Windermere Ct.			Amount of Each Receipt this Period 600.00		
City McMurray	State PA	Zip Code 15317	Memo Item <input type="checkbox"/> \$100/Monthly		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 1200.00		
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Medical Director	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Herndon, Yalonda, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2023 Transaction ID : SA11AI.8690		
Mailing Address 2509 Mill Wright Rd			Amount of Each Receipt this Period 300.00		
City Concord	State NC	Zip Code 28027	Memo Item <input type="checkbox"/> \$50/Monthly		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 600.00		
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Medical Director	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 31 OF 84
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Hicken, Wesley, , ,		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2023
Mailing Address 1029 Wintergreen Terrace		Transaction ID : SA11AI.8616
City Rockville	State MD	Zip Code 20850
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 87.50
Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) Advanced Practice Provider	<input type="checkbox"/> Memo Item \$25/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 237.50	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Higginbotham, Eric, , ,		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2023
Mailing Address 1701B South 2nd Street Unit B		Transaction ID : SA11AI.8789
City Austin	State TX	Zip Code 78704
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 900.00
Name of Employer (for Individual) USACS Medical Group of Texas, PLLC	Occupation (for Individual) Pediatric Emergency Physician	<input type="checkbox"/> Memo Item \$150/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Hinedi, Kareem, , ,		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2023
Mailing Address 501 Old Orchard Trail		Transaction ID : SA11AI.8717
City Pittsburgh	State PA	Zip Code 15238-1157
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) National Director of Hospital Medicine	<input type="checkbox"/> Memo Item \$100/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	1587.50
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 84
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
USACS PAC

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: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8666
 Amount of Each Receipt this Period 300.00
 Memo Item
 \$100/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) USACS Medical Group, Ltd. Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8727
 Amount of Each Receipt this Period 600.00
 Memo Item
 \$100/Monthly

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 33 OF 84
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Hydari, Irfan, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2023
Mailing Address 3203 Walnut Ave			Transaction ID : SA11AI.8644
City Austin	State TX	Zip Code 78722-1635	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$150/Monthly
Name of Employer (for Individual) USACS Medical Group of Texas, PLLC		Occupation (for Individual) Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Iyer, Sujit, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2023
Mailing Address 1204 Kinney Avenue			Transaction ID : SA11AI.8739
City Austin	State TX	Zip Code 78704	Amount of Each Receipt this Period 600.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$100/Monthly
Name of Employer (for Individual) USACS Medical Group of Texas, PLLC		Occupation (for Individual) National Director of Pediatric Service	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Janikas, John, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2023
Mailing Address 748 Carlton Road			Transaction ID : SA11AI.8714
City Clifton Park	State NY	Zip Code 12065-1023	Amount of Each Receipt this Period 499.98
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$83.33/Monthly
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Regional Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 999.96		

SUBTOTAL of Receipts This Page (optional).....▶	1249.98
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 34 OF 84
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

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

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

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

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

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

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

SUBTOTAL of Receipts This Page (optional).....	2100.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 35 OF 84
(check only one)

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

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Jones, Bruce, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4187 Colister Drive

City Dublin	State OH	Zip Code 43016-6162
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

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

Transaction ID : SA11AI.8643

Amount of Each Receipt this Period
150.00

Memo Item
\$150/Monthly

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

Mailing Address 398 Bentleyville Road

City Moreland Hills	State OH	Zip Code 44022-2433
------------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

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

Transaction ID : SA11AI.8704

Amount of Each Receipt this Period
300.00

Memo Item
\$50/Monthly

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

Mailing Address 12201 Hanson Farm Dr

City North Potomac	State MD	Zip Code 20878-2476
-----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
240.00

Date of Receipt

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

Transaction ID : SA11AI.8641

Amount of Each Receipt this Period
120.00

Memo Item
\$20/Monthly

SUBTOTAL of Receipts This Page (optional).....▶	570.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 84
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

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

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Karber, Nathan, , ,		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2023
Mailing Address 8525 E. 50th Dr.		Transaction ID : SA11AI.8646
City Denver	State CO	Zip Code 80238
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$25/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	1650.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 37 OF 84
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 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. Kendall, Jayne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21710 Parsons Green Row
 City Cornelius State NC Zip Code 28031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Chief of Clinician Engagement
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

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

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

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

C. Kirkpatrick, Kyle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16360 Hawkstone Place
 City Parker State CO Zip Code 80134
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Director of APPs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8632
 Amount of Each Receipt this Period 120.00
 Memo Item
 \$20/Monthly

SUBTOTAL of Receipts This Page (optional).....▶ 1170.00
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 84
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Kirtz, Jeremy, , ,		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2023
Mailing Address 906 S Fremont Ave		Transaction ID : SA11AI.8682
City Tampa	State FL	Zip Code 33606
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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	\$50/Monthly

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Kolodzik, Joan, , ,		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2023
Mailing Address 1108 Paxon Court		Transaction ID : SA11AI.8747
City Bellbrook	State OH	Zip Code 45305-8959
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 750.00	
Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) Chairman, National Clinical Governance	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1650.00	\$150/Monthly

SUBTOTAL of Receipts This Page (optional).....▶	1650.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 39 OF 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Kornas, Rebecca, , ,

Mailing Address 4129 Utica St

City Denver State CO Zip Code 80212-2248

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

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

Transaction ID : SA11AI.8692

Amount of Each Receipt this Period **300.00**

Memo Item
\$50/Monthly

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

Mailing Address 523 Bowline Drive

City Denver State NC Zip Code 28037-0596

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

Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Advanced Practice Provider

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

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

Transaction ID : SA11AI.8674

Amount of Each Receipt this Period **300.00**

Memo Item
\$50/Monthly

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

Mailing Address 197 Trixie Ln

City Grottoes State VA Zip Code 24441-4900

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

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

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ **200.04**

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

Transaction ID : SA11AI.8620

Amount of Each Receipt this Period **100.02**

Memo Item
\$16.67/Monthly

SUBTOTAL of Receipts This Page (optional)..... **700.02**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 40 OF 84
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Land, Larry, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 19865 Augusta Preserve Drive

City Lutz	State FL	Zip Code 33549-5745
--------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1800.00

Date of Receipt

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

Transaction ID : SA11AI.8762

Amount of Each Receipt this Period
900.00

Memo Item
\$150/Monthly

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

Mailing Address 1050 Preservation Road

City Midlothian	State VA	Zip Code 23113
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1800.00

Date of Receipt

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

Transaction ID : SA11AI.8793

Amount of Each Receipt this Period
900.00

Memo Item
\$150/Monthly

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

Mailing Address 6 Old Farm Rd

City Carnegie	State PA	Zip Code 15106
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
240.00

Date of Receipt

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

Transaction ID : SA11AI.8639

Amount of Each Receipt this Period
120.00

Memo Item
\$20/Monthly

SUBTOTAL of Receipts This Page (optional).....	1920.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 41 OF 84
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Lavina, Jay, , ,		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2023
Mailing Address 11651 Renaissance View Ct.		Transaction ID : SA11AI.8654
City Tampa	State FL	Zip Code 33626
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 150.00	
Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) Director of APPs	<input type="checkbox"/> Memo Item \$25/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Lee, Sidney, , ,		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2023
Mailing Address 66 Queen Street, Apt 3103		Transaction ID : SA11AI.8688
City Honolulu	State HI	Zip Code 96813-4417
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00	
Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$50/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Lewis, Brandon, , ,		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2023
Mailing Address 4911 Firestone Dr.		Transaction ID : SA11AI.8792
City College Station	State TX	Zip Code 77845-8927
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 900.00	
Name of Employer (for Individual) USACS Medical Group of Texas, PLLC	Occupation (for Individual) President	<input type="checkbox"/> Memo Item \$150/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1800.00	

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

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

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

FOR LINE NUMBER: PAGE 42 OF 84
(check only one)

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

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

Mailing Address 3919 Luz Del Faro

City San Antonio	State TX	Zip Code 78261-2765
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

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

Transaction ID : SA11AI.8697

Amount of Each Receipt this Period
300.00

Memo Item
\$50/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) USACS Medical Group, Ltd.	Occupation (for Individual) Medical Director
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1800.00

Date of Receipt

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

Transaction ID : SA11AI.8783

Amount of Each Receipt this Period
900.00

Memo Item
\$150/Monthly

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

Mailing Address 23453 Country Club Lane

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
220.00

Date of Receipt

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

Transaction ID : SA11AI.8618

Amount of Each Receipt this Period
100.00

Memo Item
\$20/Monthly

SUBTOTAL of Receipts This Page (optional).....	1300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 43 OF 84
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Long, Alexis, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2023
Mailing Address 5761 Reservoir Rd			Transaction ID : SA11Al.8634
City Georgetown	State CA	Zip Code 95634	Amount of Each Receipt this Period 120.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Emergency Physician	\$20/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. MacLean, Craig, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2023
Mailing Address 64 Newfields Road			Transaction ID : SA11Al.8795
City Exeter	State NH	Zip Code 03833-4542	Amount of Each Receipt this Period 900.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Quality Director	\$150/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Madar, Merc, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2023
Mailing Address 7805 Valderrama Way			Transaction ID : SA11Al.8622
City Bradenton	State FL	Zip Code 34202-5651	Amount of Each Receipt this Period 100.02
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Emergency Physician	\$16.67/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 200.04		

SUBTOTAL of Receipts This Page (optional).....▶	1120.02
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 44 OF 84
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

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

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

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

SUBTOTAL of Receipts This Page (optional).....	1600.02
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 45 OF 84
(check only one)

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

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Mattke, Angela, , ,

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) USACS Medical Group, Ltd.	Occupation (for Individual) Emergency Physician - Regional Travel
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

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

Transaction ID : SA11AI.8707

Amount of Each Receipt this Period
300.00

Memo Item
\$150/Monthly

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

Mailing Address 420 E Archer St. Apt. 405

City Tulsa	State OK	Zip Code 74120-1483
---------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1800.00

Date of Receipt

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

Transaction ID : SA11AI.8776

Amount of Each Receipt this Period
900.00

Memo Item
\$150/Monthly

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

Mailing Address PO Box 3484

City Durango	State CO	Zip Code 81302-3484
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1800.00

Date of Receipt

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

Transaction ID : SA11AI.8770

Amount of Each Receipt this Period
900.00

Memo Item
\$150/Monthly

SUBTOTAL of Receipts This Page (optional).....▶	2100.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 46 OF 84
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Meers, Holley, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2023
Mailing Address 24 Quincy Street			Transaction ID : SA11AI.8738
City Chevy Chase	State MD	Zip Code 20815-4227	Amount of Each Receipt this Period 600.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$100/Monthly
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) System Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Mehta, Nishit, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2023
Mailing Address 2268 Pendelton Ct			Transaction ID : SA11AI.8658
City Avon	State OH	Zip Code 44011-2645	Amount of Each Receipt this Period 180.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$30/Monthly
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Quality Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Meyer, Kendra, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2023
Mailing Address 85 Beatty Lane			Transaction ID : SA11AI.8676
City Scenery Hill	State PA	Zip Code 15360-1537	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$50/Monthly
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Director of APPs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 600.00		

SUBTOTAL of Receipts This Page (optional).....▶	1080.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 84
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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) USACS Medical Group, Ltd. Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

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

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) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

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

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: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 48 OF 84
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

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

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

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

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

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 84
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

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

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

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

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

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

SUBTOTAL of Receipts This Page (optional).....	570.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 50 OF 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
USACS PAC

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

Mailing Address 6638 Gebser Court

City Reno State NV Zip Code 89511-5079

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8790

Amount of Each Receipt this Period 900.00

Memo Item \$150/Monthly

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

Mailing Address 19533 Pine Drive

City Bend State OR Zip Code 97702

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

Name of Employer (for Individual) USACS Management Group, Ltd. Occupation (for Individual) Vice President of Payer Contracting

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8746

Amount of Each Receipt this Period 600.00

Memo Item \$100/Monthly

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

Mailing Address 11533 Sand Stone Rock Dr

City Riverview State FL Zip Code 33569-8709

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

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

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8711

Amount of Each Receipt this Period 450.00

Memo Item \$75/Monthly

SUBTOTAL of Receipts This Page (optional)..... ▶ 1950.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 84
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Patlovany, Matthew, , ,		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2023
Mailing Address 19938 Terra Canyon		Transaction ID : SA11AI.8753
City San Antonio	State TX	Zip Code 78255-2344
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 900.00
Name of Employer (for Individual) USACS Medical Group of Texas, PLLC	Occupation (for Individual) Chief Clinical Officer	<input type="checkbox"/> Memo Item \$150/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Perfetti, Joyce, , ,		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2023
Mailing Address 29470 Picana Lane		Transaction ID : SA11AI.8736
City Wesley Chapel	State FL	Zip Code 33543-6615
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$100/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

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

SUBTOTAL of Receipts This Page (optional).....	2400.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 84
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Pines, Jesse, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2424 N Potomac St
 City Arlington State VA Zip Code 22207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Chief of Clinical Innovation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8720
 Amount of Each Receipt this Period 600.00
 Memo Item
 \$100/Monthly

B. Posin, Shawn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 47575 Hidden Springs Dr
 City Saint Clairsville State OH Zip Code 43950-8626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Board Member
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8718
 Amount of Each Receipt this Period 600.00
 Memo Item
 \$100/Monthly

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

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

SUBTOTAL of Receipts This Page (optional).....	1650.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 84
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

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

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

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

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

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

SUBTOTAL of Receipts This Page (optional).....▶	1650.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 84
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

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

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

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

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 84
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

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

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

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

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

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

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

SUBTOTAL of Receipts This Page (optional).....	1320.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 56 OF 84
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 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. Ross, Sanford, , ,		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2023
Mailing Address 1451 Tranquility Drive		Transaction ID : SA11AI.8631
City Milford	State MI	Zip Code 48381-4809
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 120.00
Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) Assistant Medical Director	<input type="checkbox"/> Memo Item \$20/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Roy, Neil, , ,		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2023
Mailing Address 2408 Henslowe Drive		Transaction ID : SA11AI.8683
City Potomac	State MD	Zip Code 20854
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) Emergency Physician	<input type="checkbox"/> Memo Item \$50/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Russell Goman, Dacia, , ,		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2023
Mailing Address 6611 Marshview Dr		Transaction ID : SA11AI.8730
City Hilliard	State OH	Zip Code 43026-2108
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) Emergency Physician Nocturnist	<input type="checkbox"/> Memo Item \$100/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1200.00	

SUBTOTAL of Receipts This Page (optional).....▶	1020.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 57 OF 84
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Rutherford, David, , ,		Date of Receipt
Mailing Address 3502 Quitman St.		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2023"/>
City Denver	State CO	Zip Code 80212
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.8742
Name of Employer (for Individual) USACS Medical Group, Ltd.		Amount of Each Receipt this Period <input type="text" value="600.00"/>
Occupation (for Individual) Senior Director of Quality		<input type="checkbox"/> Memo Item \$100/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1200.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Scherer, Nathan, , ,		Date of Receipt
Mailing Address 6286 E Long Circle N		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2023"/>
City Centennial	State CO	Zip Code 80112
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.8725
Name of Employer (for Individual) USACS Medical Group, Ltd.		Amount of Each Receipt this Period <input type="text" value="600.00"/>
Occupation (for Individual) Emergency Physician		<input type="checkbox"/> Memo Item \$100/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1200.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Scott, David, , ,		Date of Receipt
Mailing Address 749 Bentwater Circle, Unit 102		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2023"/>
City Naples	State FL	Zip Code 34108-6762
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.8709
Name of Employer (for Individual) USACS Medical Group, Ltd.		Amount of Each Receipt this Period <input type="text" value="450.00"/>
Occupation (for Individual) Emergency Physician		<input type="checkbox"/> Memo Item \$150/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="1050.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1650.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 84
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Scott, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1384 Leslie NE Ln.

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.04

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

Transaction ID : SA11AI.8624

Amount of Each Receipt this Period
100.02

Memo Item
\$16.67/Monthly

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

Mailing Address 1221 1st St S, Unit 3A

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1800.00

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

Transaction ID : SA11AI.8772

Amount of Each Receipt this Period
900.00

Memo Item
\$150/Monthly

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

Mailing Address 2821 Lakeview Drive

City Sebring	State FL	Zip Code 33870-7900
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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) Associate Medical Director
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
600.00

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

Transaction ID : SA11AI.8681

Amount of Each Receipt this Period
300.00

Memo Item
\$50/Monthly

SUBTOTAL of Receipts This Page (optional).....▶	1300.02
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 84
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Shelat, Chandresh, , ,		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2023
Mailing Address 2144 Grant Farm Court		Transaction ID : SA11AI.8750
City Marriottsville	State MD	Zip Code 21104
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 900.00
Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) Associate Medical Director	<input type="checkbox"/> Memo Item \$150/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Shellenbarger, David, , ,		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2023
Mailing Address 912 Camelot Dr.		Transaction ID : SA11AI.8797
City Hermitage	State PA	Zip Code 16148-9100
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 900.00
Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$150/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	

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

SUBTOTAL of Receipts This Page (optional).....▶	1887.50
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 60 OF 84
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Slabinski, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3004 Edison St. NW
 City Uniontown State OH Zip Code 44685-7212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Regional Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8799
 Amount of Each Receipt this Period 900.00
 Memo Item
 \$150/Monthly

B. Smith, Wade, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2045 Oak Knoll Dr
 City Springfield State OH Zip Code 45504-1162
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8645
 Amount of Each Receipt this Period 150.00
 Memo Item
 \$25/Monthly

C. Snyder, Eric, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 311 East Carroll Street, PO Box 38
 City Carrolltown State PA Zip Code 15722-0384
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) APP Salary
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8630
 Amount of Each Receipt this Period 120.00
 Memo Item
 \$20/Monthly

SUBTOTAL of Receipts This Page (optional).....	1170.00
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 84
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

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

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Sullivan, Richard, , ,		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2023 Transaction ID : SA11AI.8737
Mailing Address 117 James Place		Amount of Each Receipt this Period 600.00
City Pittsburgh	State PA	Zip Code 15228-1021
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$100/Monthly
Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1200.00	

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

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

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

FOR LINE NUMBER: PAGE 62 OF 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Tamkin, Gary, , ,

Mailing Address 4 Valley High

City Lafayette State CA Zip Code 94549

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

Name of Employer (for Individual) USACS Medical Group of California, Inc Occupation (for Individual) Regional Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8804

Amount of Each Receipt this Period 900.00

Memo Item \$150/Monthly

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

Mailing Address 4408 Lake Shore Road North

City Denver State NC Zip Code 28037-9198

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8719

Amount of Each Receipt this Period 600.00

Memo Item \$100/Monthly

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

Mailing Address 2140 E 30th St

City Tulsa State OK Zip Code 74114-5426

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8633

Amount of Each Receipt this Period 120.00

Memo Item \$20/Monthly

SUBTOTAL of Receipts This Page (optional).....▶ 1620.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 63 OF 84
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Tully, John, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2023
Mailing Address 111 W. Jones Ave, #522			Transaction ID : SA11AI.8745
City San Antonio	State TX	Zip Code 78215-1387	Amount of Each Receipt this Period 600.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$100/Monthly
Name of Employer (for Individual) USACS Medical Group of Texas, PLLC		Occupation (for Individual) Regional Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1200.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Ulmer, Travis, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2023
Mailing Address 1240 Broadview Ave			Transaction ID : SA11AI.8754
City Columbus	State OH	Zip Code 43212-3344	Amount of Each Receipt this Period 900.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$150/Monthly
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Chief Clinical Recruiting Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1800.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Ventura, Ivan, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2023
Mailing Address 1976 Summerglen Dr			Transaction ID : SA11AI.8708
City Atwater	State CA	Zip Code 95301	Amount of Each Receipt this Period 337.50
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$75/Monthly
Name of Employer (for Individual) USACS Medical Group of California, Inc		Occupation (for Individual) Director of APPs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 787.50	

SUBTOTAL of Receipts This Page (optional).....▶	1837.50
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 64 OF 84
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Vock, Tracie, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2023
Mailing Address 7911 Fingerboard Road			Transaction ID : SA11AI.8700
City Frederick	State MD	Zip Code 21704-7628	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$50/Monthly
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Senior Director of Advanced Practice,	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Walker, Jonathan, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2023
Mailing Address 115 Oak Ridge Road			Transaction ID : SA11AI.8671
City Gatesville	State TX	Zip Code 76528-3569	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$50/Monthly
Name of Employer (for Individual) USACS Medical Group of Texas, PLLC		Occupation (for Individual) Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Watson, James, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2023
Mailing Address 3000 Forest Drive			Transaction ID : SA11AI.8755
City Pepper Pike	State OH	Zip Code 44124	Amount of Each Receipt this Period 900.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$150/Monthly
Name of Employer (for Individual) USACS Management Group, Ltd.		Occupation (for Individual) Chief Financial Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1800.00		

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

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

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

FOR LINE NUMBER: PAGE 65 OF 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
USACS PAC

A. 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) System Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8703
 Amount of Each Receipt this Period 300.00
 Memo Item
 \$50/Monthly

B. Welsh, Ian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1027 Gardenia Street
 City Fort Mill State SC Zip Code 29708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8780
 Amount of Each Receipt this Period 900.00
 Memo Item
 \$150/Monthly

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

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 1450.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 66 OF 84
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

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

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

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

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

C. Wirtz, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Highgate NE
 City Ithaca State NY Zip Code 14850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8778
 Amount of Each Receipt this Period 900.00
 Memo Item
 \$150/Monthly

SUBTOTAL of Receipts This Page (optional).....▶	1170.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 67 OF 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
USACS PAC

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

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8638
 Amount of Each Receipt this Period 120.00
 Memo Item
 \$20/Monthly

B. Yost, Jason, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1318 Peony Street NW
 City Hartville State OH Zip Code 44632
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Management Group, Ltd. Occupation (for Individual) Vice President, Employment and Litigat
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8672
 Amount of Each Receipt this Period 300.00
 Memo Item
 \$50/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) USACS Medical Group of Texas, PLLC Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1200.00

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

SUBTOTAL of Receipts This Page (optional).....▶ 1020.00
TOTAL This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 68 OF 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
USACS PAC

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

Mailing Address 4014 Greystone Drive

City Austin State TX Zip Code 78731

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.8722

Amount of Each Receipt this Period 600.00

Memo Item \$100/Monthly

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

Mailing Address

City State Zip Code

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

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

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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).....▶	99007.40

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 69 OF 84
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" 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. SINEMA FOR ARIZONA

Mailing Address **PO BOX 7586**

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

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

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

Receipt For: 2023
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
09 / 13 / 2023

Transaction ID : SA16.8870

Amount of Each Receipt this Period
5000.00

Memo Item
Refund of Check#1550

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
USACS PAC

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

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

Full Name (Last, First, Middle Initial) C. JOBS, EDUCATION, & FAMILIES FIRST JEFF PAC		Date of Disbursement MM / DD / YYYY 08 / 03 / 2023
Mailing Address PO BOX 65322		FEC Identification Number C C00617803 Transaction ID : SB23.8809 Amount of Each Disbursement this Period 2500.00
City WASHINGTON	State DC	
Purpose of Disbursement		Memo Item <input type="checkbox"/>
Candidate Name JOBS, EDUCATION, & FAMILIES FIRST JEFF PAC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

USACS PAC

Full Name (Last, First, Middle Initial)

A. KEVIN MCCARTHY FOR CONGRESS

Mailing Address PO BOX 12667

City
BAKERSFIELD

State
CA

Zip Code
93389

Purpose of Disbursement

Candidate Name

MCCARTHY, KEVIN, , ,

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: CA District: 20

Date of Disbursement

/ /

FEC Identification Number

C C00420935

Transaction ID : SB23.8810

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. LISA BLUNT ROCHESTER FOR CONGRESS

Mailing Address PO BOX 9767

City
WILMINGTON

State
DE

Zip Code
19809

Purpose of Disbursement

Candidate Name

Blunt-Rochester, Lisa, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify)

State: District:

Date of Disbursement

/ /

FEC Identification Number

C C00590778

Transaction ID : SB23.8815

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. MADISON PAC; THE

Mailing Address 235 STATE STREET #206

City
SPRINGFIELD

State
MA

Zip Code
01103

Purpose of Disbursement

Candidate Name

MADISON PAC; THE

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

FEC Identification Number

C C00426809

Transaction ID : SB23.8816

Amount of Each Disbursement this Period

Memo Item

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

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)

Form for line numbers 21b-28c, 22-29, 26-30b with checkboxes.

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NAME OF COMMITTEE (In Full)
USACS PAC

Form A: MIKE JOHNSON FOR LOUISIANA. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, and Amount of Each Disbursement.

Form B: Mr Southern Missourian in the House PAC. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, and Amount of Each Disbursement.

Form C: RICHARD E NEAL FOR CONGRESS COMMITTEE. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, and Amount of Each Disbursement.

SUBTOTAL of Disbursements This Page (optional) 10000.00
TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
USACS PAC

A. **RON ESTES FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 782952

City WICHITA State KS Zip Code 67278

Purpose of Disbursement

Candidate Name

Estes, Ron, , ,

Office Sought: House Senate President

State: District:

Disbursement For: 2024
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement
MM / DD / YYYY
09 / 14 / 2023

FEC Identification Number

C C00632067

Transaction ID : SB23.8820

Amount of Each Disbursement this Period

2500.00

Memo Item

B. **Ruiz Victory Fund**

Full Name (Last, First, Middle Initial)

Mailing Address 77933 Las Montanas Road
#103

City Palm Desert State CA Zip Code 92211

Purpose of Disbursement

Candidate Name

Ruiz Victory Fund

Office Sought: House Senate President

State: District:

Disbursement For:
 Primary General
 Other (specify)

Category/
Type

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

FEC Identification Number

C

Transaction ID : SB23.8821

Amount of Each Disbursement this Period

5000.00

Memo Item

C. **SINEMA FOR ARIZONA**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 7586

City PHOENIX State AZ Zip Code 85011

Purpose of Disbursement

Candidate Name

Sinema, Krysten, , ,

Office Sought: House Senate President

State: District:

Disbursement For: 2024
 Primary General
 Other (specify) ▼

Category/
Type

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

FEC Identification Number

C C00508804

Transaction ID : SB23.8822

Amount of Each Disbursement this Period

5000.00

Memo Item

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

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

12500.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
USACS PAC

A. TAMMY BALDWIN FOR SENATE

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 696

City MADISON State WI Zip Code 53701

Purpose of Disbursement Category/Type

Candidate Name Baldwin, Tammy, . . .

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 03 / 2023

FEC Identification Number: C C00326801

Transaction ID : SB23.8825

Amount of Each Disbursement this Period: 1000.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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. Aruna Miller for Maryland

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 50123

City Baltimore State MD Zip Code 21211

Purpose of Disbursement Category/Type

Candidate Name Miller, Aruna, , ,

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 19 / 2023

FEC Identification Number: **C**

Transaction ID : **SB29.8826**

Amount of Each Disbursement this Period: 6000.00

Memo Item

B. Citizens for Antonio Hayes

Full Name (Last, First, Middle Initial)

Mailing Address 1215 E Fort Ave #106

City Baltimore State MD Zip Code 21230

Purpose of Disbursement Category/Type

Candidate Name Hayes, Antonio, , ,

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 21 / 2023

FEC Identification Number: **C**

Transaction ID : **SB29.8867**

Amount of Each Disbursement this Period: 250.00

Memo Item

C. Fentrice Driskell Campaign

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 17154

City Tampa State FL Zip Code 33682

Purpose of Disbursement Category/Type

Candidate Name Driskell, Fentrice, , ,

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 14 / 2023

FEC Identification Number: **C**

Transaction ID : **SB29.8827**

Amount of Each Disbursement this Period: 1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... 7250.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
USACS PAC

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

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

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

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Friends of Clarence Lam

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 891

City Columbia State MD Zip Code 21044

Purpose of Disbursement Category/Type

Candidate Name
Lam, Clarence, , ,

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

State: District:

Date of Disbursement: 11 / 21 / 2023

FEC Identification Number: C
Transaction ID : SB29.8831
Amount of Each Disbursement this Period: 1000.00

Memo Item

B. Friends of Colleen Burton

Full Name (Last, First, Middle Initial)
Mailing Address 1103 Hays Street

City Tallahassee State FL Zip Code 32301

Purpose of Disbursement Category/Type

Candidate Name
Burton, Colleen, , ,

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

State: District:

Date of Disbursement: 09 / 14 / 2023

FEC Identification Number: C
Transaction ID : SB29.8832
Amount of Each Disbursement this Period: 1000.00

Memo Item

C. Friends of Ed Hooper

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 4268

City Clearwater State FL Zip Code 33578

Purpose of Disbursement Category/Type

Candidate Name
Hooper, Ed, , ,

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

State: District:

Date of Disbursement: 09 / 14 / 2023

FEC Identification Number: C
Transaction ID : SB29.8833
Amount of Each Disbursement this Period: 1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
USACS PAC

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

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

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

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
USACS PAC

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

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

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

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
USACS PAC

Form A: Friends of Kathy Klausmeier. Includes fields for full name, mailing address (17 W Courtland St Ste 210, Bel Air, MD, 21014), purpose of disbursement, candidate name (Klausmeier, Kathy), office sought, and disbursement for 2024 (Primary). Transaction ID: SB29.8841, Amount: 500.00.

Form B: Friends of Kathy Szeliga. Includes fields for full name, mailing address (PO Box 11, Annapolis, MD, 21404), purpose of disbursement, candidate name (Szeliga, Kathy), office sought, and disbursement for 2024 (Primary). Transaction ID: SB29.8842, Amount: 250.00.

Form C: Friends of Ken Kerr. Includes fields for full name, mailing address (1301 W 7th St Unit 1495, Frederick, MD, 21702), purpose of disbursement, candidate name (Kerr, Ken), office sought, and disbursement for 2024 (Primary). Transaction ID: SB29.8844, Amount: 250.00.

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

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

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

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
USACS PAC

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

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

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

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

4500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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. Kimberly 'Kim' Berfield Campaign		Date of Disbursement MM / DD / YYYY 09 / 14 / 2023
Mailing Address 610 S Boulevard		FEC Identification Number C Transaction ID : SB29.8851 Amount of Each Disbursement this Period 1000.00
City Tampa	State FL	
Zip Code 33606	Purpose of Disbursement	Memo Item <input type="checkbox"/>
Candidate Name Berfield, Kim, , ,	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Linda Chaney Campaign		Date of Disbursement MM / DD / YYYY 09 / 14 / 2023
Mailing Address 2055 NW Diamond Creek Way		FEC Identification Number C Transaction ID : SB29.8852 Amount of Each Disbursement this Period 1000.00
City Jensen Beach	State FL	
Zip Code 34957	Purpose of Disbursement	Memo Item <input type="checkbox"/>
Candidate Name Chaney, Linda, , ,	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Lindsey for Colorado		Date of Disbursement MM / DD / YYYY 10 / 10 / 2023
Mailing Address PO Box 1643		FEC Identification Number C Transaction ID : SB29.8853 Amount of Each Disbursement this Period 450.00
City Arvada	State CO	
Zip Code 80001	Purpose of Disbursement	Memo Item <input type="checkbox"/>
Candidate Name Daugherty, Lindsey, , ,	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Molly for Texas

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 667238

City Houston State TX Zip Code 77266

Purpose of Disbursement Category/Type

Candidate Name
Cook, Molly, , ,

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

State: District:

Date of Disbursement
MM / DD / YYYY
11 / 21 / 2023

FEC Identification Number
C
Transaction ID : **SB29.8855**
Amount of Each Disbursement this Period
250.00

Memo Item

B. People for Pam Lanman Guzzone

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 201

City Simpsonville State MD Zip Code 21150

Purpose of Disbursement Category/Type

Candidate Name
Guzzone, Pam Lanman, , ,

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

State: District:

Date of Disbursement
MM / DD / YYYY
11 / 21 / 2023

FEC Identification Number
C
Transaction ID : **SB29.8856**
Amount of Each Disbursement this Period
250.00

Memo Item

C. Wes Moore for Maryland

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 50123

City Baltimore State MD Zip Code 21211

Purpose of Disbursement Category/Type

Candidate Name
Moore, Wes, , ,

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

State: District:

Date of Disbursement
MM / DD / YYYY
10 / 19 / 2023

FEC Identification Number
C
Transaction ID : **SB29.8857**
Amount of Each Disbursement this Period
6000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	6500.00
TOTAL This Period (last page this line number only).....▶	32700.00