

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

USACS PAC

ADDRESS (number and street)

Check if different than previously reported. (ACC)

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

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

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

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

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

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

Election on / / in the State of

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

Election on / / in the State of

5. Covering Period / / through / /

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

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

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

**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="2022"/>	<input type="text" value="293167.63"/>	<input type="text" value="293167.63"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="317999.15"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="18416.65"/>	<input type="text" value="219248.17"/>
(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="336415.80"/>	<input type="text" value="512415.80"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="23000.00"/>	<input type="text" value="199000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="313415.80"/>	<input type="text" value="313415.80"/>
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:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

USACS PAC

Report Covering the Period: From: 11 / 29 / 2022 To: 12 / 31 / 2022

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	17682.46	192797.02
(ii) Unitemized	734.19	25451.15
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	18416.65	218248.17
(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)	18416.65	218248.17
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	18416.65	219248.17
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	18416.65	219248.17

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.....	5000.00	78500.00
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).....	18000.00	120500.00
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)) ..	23000.00	199000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	23000.00	199000.00

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)	18416.65	218248.17
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	18416.65	218248.17
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 62
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
USACS PAC

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2022
Transaction ID : SA11Al.7601
 Amount of Each Receipt this Period
 100.00
 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) 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 / 2022
Transaction ID : SA11Al.7603
 Amount of Each Receipt this Period
 150.00
 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
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2022
Transaction ID : SA11Al.7604
 Amount of Each Receipt this Period
 150.00
 Memo Item
 \$150/Monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 62
	<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. Aldred, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3508 Good Night Trail
 City Leander State TX Zip Code 78641-3628
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Travis County Emergency Physicians, PA Occupation (for Individual) Director of Telemedicine
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2022
Transaction ID : SA11Al.7605
 Amount of Each Receipt this Period 150.00
 Memo Item
 \$150/Monthly

B. Altmin, Stephen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2641 4th Street
 City Boulder State CO Zip Code 80304-3201
 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 ▼ 450.00

Date of Receipt 12 / 31 / 2022
Transaction ID : SA11Al.7606
 Amount of Each Receipt this Period 50.00
 Memo Item
 \$50/Monthly

C. Ammon, Stefen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 Mountain High Ct.
 City Littleton State CO Zip Code 80127
 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 ▼ 450.00

Date of Receipt 12 / 31 / 2022
Transaction ID : SA11Al.7607
 Amount of Each Receipt this Period 50.00
 Memo Item
 \$50/Monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 62
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Argus, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 198 Barbados Dr
 City Jupiter State FL Zip Code 33458-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Regional Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2022
Transaction ID : SA11AI.7608
 Amount of Each Receipt this Period 150.00
 Memo Item \$150/Monthly

B. Atez, Francisco, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17376 Emerald Chase Drive
 City Tampa State FL Zip Code 33647
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 31 / 2022
Transaction ID : SA11AI.7609
 Amount of Each Receipt this Period 100.00
 Memo Item \$100/Monthly

C. Augustine, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7868 Classics Dr.
 City Naples State FL Zip Code 34113-3063
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Chairman, National Clinical Governance
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2022
Transaction ID : SA11AI.7610
 Amount of Each Receipt this Period 150.00
 Memo Item \$150/Monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 OF 62
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2022
Transaction ID : SA11Al.7611
 Amount of Each Receipt this Period 416.63
 Memo Item
 \$416.63/Monthly

B. Baker, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1209 E Cumberland Ave Unit #1404
 City Tampa State FL Zip Code 33602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Management Group, Ltd. Occupation (for Individual) Regional Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2022
Transaction ID : SA11Al.7612
 Amount of Each Receipt this Period 225.00
 Memo Item
 \$150/Monthly

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2022
Transaction ID : SA11Al.7613
 Amount of Each Receipt this Period 150.00
 Memo Item
 \$150/Monthly

SUBTOTAL of Receipts This Page (optional).....	791.63
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 OF 62
	(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. Barquin, Jose, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1011 charles st
 City clearwater State FL Zip Code 33755
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Associate Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2022
Transaction ID : SA11Al.7614
 Amount of Each Receipt this Period 50.00
 Memo Item
 \$50/Monthly

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2022
Transaction ID : SA11Al.7615
 Amount of Each Receipt this Period 100.00
 Memo Item
 \$100/Monthly

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2022
Transaction ID : SA11Al.7616
 Amount of Each Receipt this Period 150.00
 Memo Item
 \$150/Monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 OF 62
	(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. Bishop, Sara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 2175
 City Morehead City State NC Zip Code 28557-2175
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) APP Lead
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 12 / 31 / 2022
Transaction ID : SA11AI.7617
 Amount of Each Receipt this Period 112.50
 Memo Item \$75/Monthly

B. Blankenship, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7058 Ravens Run
 City Cincinnati State OH Zip Code 45244-3591
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2022
Transaction ID : SA11AI.7618
 Amount of Each Receipt this Period 150.00
 Memo Item \$150/Monthly

C. Blaum, Justin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 312 Biddle Ave FI 2
 City Pittsburgh State PA Zip Code 15221-3436
 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 / 2022
Transaction ID : SA11AI.7619
 Amount of Each Receipt this Period 150.00
 Memo Item \$150/Monthly

SUBTOTAL of Receipts This Page (optional).....	412.50
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 12 OF 62
<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. Bown, Nicholas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 532 College Blvd
 City San Antonio State TX Zip Code 78209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Travis County Emergency Physicians, PA Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt 12 / 31 / 2022
Transaction ID : SA11AI.7621
 Amount of Each Receipt this Period 150.00
 Memo Item \$150/Monthly

B. Bradstreet, Jennifer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8026 Vanity Hill
 City San Antonio State TX Zip Code 78256-2509
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Travis County Emergency Physicians, PA Occupation (for Individual) Regional Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2022
Transaction ID : SA11AI.7622
 Amount of Each Receipt this Period 150.00
 Memo Item \$150/Monthly

C. Brice, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17007 Arrowhead Ct
 City College Station State TX Zip Code 77845
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Travis County Emergency Physicians, PA Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 31 / 2022
Transaction ID : SA11AI.7623
 Amount of Each Receipt this Period 100.00
 Memo Item \$100/Monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 62
	<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. Brill, April, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2022
Mailing Address 25537 Prairiewood Ln		Transaction ID : SA11AI.7624
City Shorewood	State IL	Zip Code 60404-2526
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) Site Education 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	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Buchanan, Curtis, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2022
Mailing Address 3608 Shadow Arbor Way		Transaction ID : SA11AI.7625
City Lutz	State FL	Zip Code 33548
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) 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. Caceres, Camilo, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2022
Mailing Address 2419 Smallman Street Unit 401		Transaction ID : SA11AI.7626
City Pittsburgh	State PA	Zip Code 15222-5643
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) Quality 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	

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

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

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

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

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NAME OF COMMITTEE (In Full)
USACS PAC

A. 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 / 2022
Transaction ID : SA11AI.7628
 Amount of Each Receipt this Period 150.00
 Memo Item \$150/Monthly

B. 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, Ltd. Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 12 / 31 / 2022
Transaction ID : SA11AI.7629
 Amount of Each Receipt this Period 50.00
 Memo Item \$50/Monthly

C. Casey, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5156 Baker Ridge Dr.
 City Columbus State OH Zip Code 43228
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) National Director of Scholars
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2022
Transaction ID : SA11AI.7630
 Amount of Each Receipt this Period 150.00
 Memo Item \$150/Monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 OF 62
	(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. Cetta, Michael, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16 Piney Glen Court

City Potomac	State MD	Zip Code 20854-1411
-----------------	-------------	------------------------

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

Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) Chief of Integrated Acute Care
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2022

Transaction ID : SA11AI.7631

Amount of Each Receipt this Period
400.00

Memo Item
\$400/Monthly

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

Mailing Address 16 Stony Hill Rd

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2022

Transaction ID : SA11AI.7632

Amount of Each Receipt this Period
75.00

Memo Item
\$50/Monthly

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

Mailing Address 5923 W Gable Ridge Ct

City Highland	State UT	Zip Code 84003-8978
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2022

Transaction ID : SA11AI.7633

Amount of Each Receipt this Period
75.00

Memo Item
\$50/Monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 OF 62
	(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. Cirillo, Louis, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2022
Mailing Address 91 Woodridge Drive			Transaction ID : SA11Al.7634
City Saunderstown	State RI	Zip Code 02874-1943	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$150/Monthly
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Director of Government Affairs	
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. Cline, Gretchann, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2022
Mailing Address 8506 Queen Heights			Transaction ID : SA11Al.7635
City San Antonio	State TX	Zip Code 78254-2329	Amount of Each Receipt this Period 75.00
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) System APP Lead	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Colfer, Orion, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2022
Mailing Address 2523 Hanover Ave			Transaction ID : SA11Al.7636
City Richmond	State VA	Zip Code 23220	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$150/Monthly
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) National Director of Patient Experienc	
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).....▶	375.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 62
	<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. 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 ▼ 1200.00

Date of Receipt 12 / 31 / 2022
Transaction ID : SA11Al.7637
 Amount of Each Receipt this Period 100.00
 Memo Item
 \$100/Monthly

B. Cook, Alexander, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8780 Surrey Place
 City Maineville State OH Zip Code 45039-9519
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Director of APPs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 960.00

Date of Receipt 12 / 31 / 2022
Transaction ID : SA11Al.7638
 Amount of Each Receipt this Period 120.00
 Memo Item
 \$80/Monthly

C. Coomes, Justin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7762 Westwind Lane
 City Montgomery State OH Zip Code 45242-5008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2022
Transaction ID : SA11Al.7639
 Amount of Each Receipt this Period 150.00
 Memo Item
 \$150/Monthly

SUBTOTAL of Receipts This Page (optional)..... ▶ 370.00
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 62
	<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. Correll, Bodie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 782 Archie Lane
 City Belton State TX Zip Code 76513
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Travis County Emergency Physicians, PA Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt 12 / 31 / 2022
Transaction ID : SA11AI.7640
 Amount of Each Receipt this Period 150.00
 Memo Item
 \$150/Monthly

B. Corrigan, Kevin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9338 Standerwick Ln
 City Huntersville State NC Zip Code 28078
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Assistant Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2022
Transaction ID : SA11AI.7641
 Amount of Each Receipt this Period 150.00
 Memo Item
 \$150/Monthly

C. Darnell, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5125 Duffy Rd. SE
 City Lancaster State OH Zip Code 43130-9451
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2022
Transaction ID : SA11AI.7643
 Amount of Each Receipt this Period 150.00
 Memo Item
 \$150/Monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 OF 62
	(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. 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) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 31 / 2022
Transaction ID : SA11AI.7645
 Amount of Each Receipt this Period 100.00
 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 ▼ 450.00

Date of Receipt 12 / 31 / 2022
Transaction ID : SA11AI.7646
 Amount of Each Receipt this Period 50.00
 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 / 2022
Transaction ID : SA11AI.7647
 Amount of Each Receipt this Period 150.00
 Memo Item \$150/Monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 62
	<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. Eakin, Paul, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2022
Mailing Address 1455 Hunakai St. Apt. 1			Transaction ID : SA11AI.7649
City Honolulu	State HI	Zip Code 96816-5526	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$50/Monthly
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Associate Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Edginton, Simon, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2022
Mailing Address 28671 Corbara Place			Transaction ID : SA11AI.7650
City Wesley Chapel	State FL	Zip Code 33543	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$150/Monthly
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Regional Chief Medical 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. Eisenberg, Steven, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2022
Mailing Address 35590 Michael Drive			Transaction ID : SA11AI.7651
City Solon	State OH	Zip Code 44139	Amount of Each Receipt this Period 225.00
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 Administrative 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).....	425.00
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 62
	<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. Falcone, Angelo, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2022
Mailing Address 2606 Tridelphia Lake Road		Transaction ID : SA11AI.7652
City Brookeville	State MD	Zip Code 20833
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 150.00	
Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) Board Member	<input type="checkbox"/> Memo Item \$150/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Faulk, Michael, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2022
Mailing Address 3951 Fluvanna-Townline Road		Transaction ID : SA11AI.7653
City Jamestown	State NY	Zip Code 14701-9032
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00	
Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) Medical Director of Integrated Acute C	<input type="checkbox"/> Memo Item \$50/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Fearheiley, Corey, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2022
Mailing Address 2604 Rain Song		Transaction ID : SA11AI.7654
City Leander	State TX	Zip Code 78641
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00	
Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$50/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 450.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 62
	<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. Feigenbaum, Sarah, , ,

Mailing Address 8 N Edsall Ave

City Nanuet	State NY	Zip Code 10954-2503
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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) APP Lead
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		31		2022

Transaction ID : SA11AI.7655

Amount of Each Receipt this Period
37.50

Memo Item
\$25/Monthly

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

Mailing Address 193 Bryna Lane

City Carnegie	State PA	Zip Code 15106-1473
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		31		2022

Transaction ID : SA11AI.7656

Amount of Each Receipt this Period
100.00

Memo Item
\$100/Monthly

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

Mailing Address 195 McGregor Street
Apt. 405

City Manchester	State NH	Zip Code 03102-3777
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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	/	D D	/	Y Y Y Y
12		31		2022

Transaction ID : SA11AI.7657

Amount of Each Receipt this Period
150.00

Memo Item
\$150/Monthly

SUBTOTAL of Receipts This Page (optional).....	287.50
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 23 OF 62
	<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) Travis County Emergency Physicians, PA 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 / 2022
Transaction ID : SA11AI.7658
 Amount of Each Receipt this Period 150.00
 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) Travis County Emergency Physicians, PA 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 / 2022
Transaction ID : SA11AI.7659
 Amount of Each Receipt this Period 150.00
 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 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 / 2022
Transaction ID : SA11AI.7660
 Amount of Each Receipt this Period 150.00
 Memo Item
 \$150/Monthly

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

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

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

FOR LINE NUMBER: PAGE 24 OF 62
(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"/>	<input type="checkbox"/>	<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. Gamma, Brett, , ,

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 ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2022

Transaction ID : SA11AI.7662

Amount of Each Receipt this Period
50.00

Memo Item
\$50/Monthly

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

Mailing Address 7700 Overlook Hills Lane

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2022

Transaction ID : SA11AI.7663

Amount of Each Receipt this Period
100.00

Memo Item
\$100/Monthly

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

Mailing Address 1111 Lancashire Drive

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2022

Transaction ID : SA11AI.7664

Amount of Each Receipt this Period
50.00

Memo Item
\$50/Monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 62
	<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. Gindlesperger, Krisi, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6203 Renninger Road
 City New Franklin State OH Zip Code 44319-4741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Vice President - National Director of
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 31 / 2022
Transaction ID : SA11AI.7665
 Amount of Each Receipt this Period 150.00
 Memo Item \$100/Monthly

B. Goen, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4417 Leonard Road
 City Bryan State TX Zip Code 77807
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Travis County Emergency Physicians, PA Occupation (for Individual) System Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 31 / 2022
Transaction ID : SA11AI.7667
 Amount of Each Receipt this Period 100.00
 Memo Item \$100/Monthly

C. Gonzalez, Javier, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4527 Scarlet Loop
 City Wesley Chapel State FL Zip Code 33544
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) 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 / 2022
Transaction ID : SA11AI.7668
 Amount of Each Receipt this Period 150.00
 Memo Item \$150/Monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 62
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Groomes, Roderick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 417 Edgewood Drive
 City Sarver State PA Zip Code 16055-9266
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Assistant Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 12 / 31 / 2022
Transaction ID : SA11AI.7669
 Amount of Each Receipt this Period 50.00
 Memo Item \$50/Monthly

B. Hall, Timothy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1380 Woodhurst Drive
 City Rock Hill State SC Zip Code 29732-2082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2022
Transaction ID : SA11AI.7671
 Amount of Each Receipt this Period 150.00
 Memo Item \$150/Monthly

C. Hall, Wyatt, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2310B Old Trail Rd.
 City Avon State CO Zip Code 81620
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 12 / 31 / 2022
Transaction ID : SA11AI.7670
 Amount of Each Receipt this Period 50.00
 Memo Item \$50/Monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 62
	<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. Hanlon, Dennis, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 200 Windermere Ct.

City McMurray	State PA	Zip Code 15317
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2022

Transaction ID : SA11Al.7672

Amount of Each Receipt this Period
100.00

Memo Item
\$100/Monthly

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

Mailing Address 24625 Wilderness Oak Apt 1324

City San Antonio	State TX	Zip Code 78260-7210
---------------------	-------------	------------------------

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 ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2022

Transaction ID : SA11Al.7673

Amount of Each Receipt this Period
50.00

Memo Item
\$50/Monthly

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

Mailing Address 2509 Mill Wright Rd

City Concord	State NC	Zip Code 28027
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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 ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2022

Transaction ID : SA11Al.7674

Amount of Each Receipt this Period
50.00

Memo Item
\$50/Monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Hicken, Wesley, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1029 Wintergreen Terrace
 City Rockville State MD Zip Code 20850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Regional APP Lead
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 12 / 31 / 2022
Transaction ID : SA11Al.7675
 Amount of Each Receipt this Period 37.50
 Memo Item \$25/Monthly

B. Higginbotham, Eric, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1701B South 2nd Street Unit B
 City Austin State TX Zip Code 78704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Travis County Emergency Physicians, PA Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2022
Transaction ID : SA11Al.7676
 Amount of Each Receipt this Period 150.00
 Memo Item \$150/Monthly

C. 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 ▼ 1200.00

Date of Receipt 12 / 31 / 2022
Transaction ID : SA11Al.7677
 Amount of Each Receipt this Period 100.00
 Memo Item \$100/Monthly

SUBTOTAL of Receipts This Page (optional).....	287.50
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 29 OF 62
	<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. Hummel, Laura, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2022
Mailing Address 807 S. Roxmere Road		Transaction ID : SA11Al.7678
City Tampa	State FL	Zip Code 33609-4235
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) Emergency Physician	<input type="checkbox"/> Memo Item \$100/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Hummer, Christopher, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2022
Mailing Address 148 Barranca Road		Transaction ID : SA11Al.7679
City Santa Fe	State NM	Zip Code 87501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 225.00
Name of Employer (for Individual) USACS Management Group, Ltd.	Occupation (for Individual) Chief Executive 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 ▼ 375.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Hydari, Irfan, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2022
Mailing Address 3203 Walnut Ave		Transaction ID : SA11Al.7680
City Austin	State TX	Zip Code 78722-1635
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer (for Individual) Travis County Emergency Physicians, PA	Occupation (for Individual) Regional Vice President	<input type="checkbox"/> Memo Item \$150/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1800.00	

SUBTOTAL of Receipts This Page (optional).....▶	475.00
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 62
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Iyer, Sujit, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1204 Kinney Avenue
 City Austin State TX Zip Code 78704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Travis County Emergency Physicians, PA Occupation (for Individual) Pediatric Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 31 / 2022
Transaction ID : SA11AI.7681
 Amount of Each Receipt this Period 100.00
 Memo Item \$100/Monthly

B. Janikas, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 748 Carlton Road
 City Clifton Park State NY Zip Code 12065-1023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Regional Vice President of Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2022
Transaction ID : SA11AI.7682
 Amount of Each Receipt this Period 83.33
 Memo Item \$83.33/Monthly

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

Date of Receipt 12 / 31 / 2022
Transaction ID : SA11AI.7683
 Amount of Each Receipt this Period 150.00
 Memo Item \$150/Monthly

SUBTOTAL of Receipts This Page (optional).....	333.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 31 OF 62
	(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. Jenis, Andrew, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2022
Mailing Address 115 Cayuga Heights Road			Transaction ID : SA11AI.7684
City Ithaca	State NY	Zip Code 14850	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$150/Monthly
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Regional Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1800.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Johnston, Christopher, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2022
Mailing Address 1459 Milwaukee St.			Transaction ID : SA11AI.7685
City Denver	State CO	Zip Code 80206	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$50/Monthly
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Jones, Wayne, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2022
Mailing Address 6063 Deerfield Drive			Transaction ID : SA11AI.7686
City Fairview	State PA	Zip Code 16415	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$50/Monthly
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 450.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 32 OF 62
	(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. Jouriles, Nicholas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 398 Bentleyville Road
 City Moreland Hills State OH Zip Code 44022-2433
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Vice Chair of Faculty Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 12 / 31 / 2022
Transaction ID : SA11AI.7687
 Amount of Each Receipt this Period 50.00
 Memo Item \$50/Monthly

B. Kapadia, Homi, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31281 Island Dr
 City Evergreen State CO Zip Code 80439-8966
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) 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 / 2022
Transaction ID : SA11AI.7689
 Amount of Each Receipt this Period 150.00
 Memo Item \$150/Monthly

C. Kapur, Girish, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 535 Beaver Rd
 City Edgeworth State PA Zip Code 15143-1005
 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 ▼ 1200.00

Date of Receipt 12 / 31 / 2022
Transaction ID : SA11AI.7690
 Amount of Each Receipt this Period 100.00
 Memo Item \$100/Monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Keller, Noah, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10119 Easterday Court
 City Hagerstown State MD Zip Code 21742
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) 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
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2022
Transaction ID : SA11AI.7691
 Amount of Each Receipt this Period
 150.00
 Memo Item
 \$150/Monthly

B. Kendall, Jayne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21710 Parsons Green Row
 City Cornelius State NC Zip Code 28031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Regional Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2022
Transaction ID : SA11AI.7692
 Amount of Each Receipt this Period
 100.00
 Memo Item
 \$100/Monthly

C. 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
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 862.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2022
Transaction ID : SA11AI.7693
 Amount of Each Receipt this Period
 75.00
 Memo Item
 \$75/Monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 62
	<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 M / D D D / Y Y Y Y Y Y 12 / 31 / 2022
Mailing Address 906 S Fremont Ave		Transaction ID : SA11AI.7695
City Tampa	State FL	Zip Code 33606
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00	
Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$50/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Klein, David, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2022
Mailing Address 11736 Gainsborough Road		Transaction ID : SA11AI.7696
City Potomac	State MD	Zip Code 20854
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) National 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 ▼ 1200.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Kolodzik, Joan, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2022
Mailing Address 1108 Paxon Court		Transaction ID : SA11AI.7697
City Bellbrook	State OH	Zip Code 45305-8959
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 150.00	
Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) National Director of Continuing Medica	<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).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 35 OF 62
	(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. Kornas, Rebecca, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2022
Transaction ID : SA11AI.7698
 Amount of Each Receipt this Period 50.00
 Memo Item
 \$50/Monthly

B. Kramer, Olga, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5836 Kinglet Lane
 City Charlotte State NC Zip Code 28269-7115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) APP Lead
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2022
Transaction ID : SA11AI.7699
 Amount of Each Receipt this Period 50.00
 Memo Item
 \$50/Monthly

C. Land, Larry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10014 Hazelnut Court
 City Tampa State FL Zip Code 33647
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2022
Transaction ID : SA11AI.7701
 Amount of Each Receipt this Period 150.00
 Memo Item
 \$150/Monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 36 OF 62
<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. Latimer, Tina, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2022
Mailing Address 1050 Preservation Road			Transaction ID : SA11AI.7702
City Midlothian	State VA	Zip Code 23113	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 Management Group, Ltd.		Occupation (for Individual) President	
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. Lavina, Jay, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2022
Mailing Address 11651 Renaissance View Ct.			Transaction ID : SA11AI.7704
City Tampa	State FL	Zip Code 33626	Amount of Each Receipt this Period 37.50
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) Director of APPs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 212.50	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Lee, Sidney, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2022
Mailing Address 1200 Queen Emma Street Apt 2001			Transaction ID : SA11AI.7705
City Honolulu	State HI	Zip Code 96813-6311	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$50/Monthly	
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 450.00	

SUBTOTAL of Receipts This Page (optional).....▶	237.50
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 37 OF 62
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Lewis, Brandon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3648 Calusa Springs Dr
 City College Station State TX Zip Code 77845-4545
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Travis County Emergency Physicians, PA Occupation (for Individual) Regional Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2022
Transaction ID : SA11AI.7706
 Amount of Each Receipt this Period 150.00
 Memo Item
 \$150/Monthly

B. Lim, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3919 Luz Del Faro
 City San Antonio State TX Zip Code 78261-2765
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 12 / 31 / 2022
Transaction ID : SA11AI.7708
 Amount of Each Receipt this Period 50.00
 Memo Item
 \$50/Monthly

C. Loar, Jesse, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2554 E. Maplewood Ave.
 City Centennial State CO Zip Code 80121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Co-Medical Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2022
Transaction ID : SA11AI.7709
 Amount of Each Receipt this Period 150.00
 Memo Item
 \$150/Monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 62
	<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. MacLean, Craig, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 64 Newfields Road
 City Exeter State NH Zip Code 03833-4542
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Senior Director of Quality
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2022
Transaction ID : SA11Al.7712
 Amount of Each Receipt this Period 150.00
 Memo Item \$150/Monthly

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

Date of Receipt 12 / 31 / 2022
Transaction ID : SA11Al.7714
 Amount of Each Receipt this Period 100.00
 Memo Item \$100/Monthly

C. Martinez, Anthony, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7897 Broadway St. Unit 1001
 City San Antonio State TX Zip Code 78209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Travis County Emergency Physicians, PA Occupation (for Individual) System Medical Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2022
Transaction ID : SA11Al.7716
 Amount of Each Receipt this Period 150.00
 Memo Item \$150/Monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 62
	<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. Mayz, Kurtis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 E Main St
 Ste 404
 City Champaign State IL Zip Code 61820-1313
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Firefighter
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2022
Transaction ID : SA11AI.7717
 Amount of Each Receipt this Period
 150.00
 Memo Item
 \$150/Monthly

B. McManus, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 3484
 City Durango State CO Zip Code 81302-3484
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2022
Transaction ID : SA11AI.7718
 Amount of Each Receipt this Period
 150.00
 Memo Item
 \$150/Monthly

C. Meers, Holley, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24 Quincy Street
 City Chevy Chase State MD Zip Code 20815-4227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Medical Director of Integrated Acute C
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2022
Transaction ID : SA11AI.7719
 Amount of Each Receipt this Period
 100.00
 Memo Item
 \$100/Monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 62
	<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. Meyer, Kendra, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 85 Beatty Lane
 City Scenery Hill State PA Zip Code 15360-1537
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Director of APPs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 12 / 31 / 2022
Transaction ID : SA11AI.7720
 Amount of Each Receipt this Period 75.00
 Memo Item \$50/Monthly

B. 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 ▼ 450.00

Date of Receipt 12 / 31 / 2022
Transaction ID : SA11AI.7721
 Amount of Each Receipt this Period 50.00
 Memo Item \$50/Monthly

C. Mirhadi, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1984 Caversham Way
 City Folsom State CA Zip Code 95630
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 12 / 31 / 2022
Transaction ID : SA11AI.7722
 Amount of Each Receipt this Period 50.00
 Memo Item \$50/Monthly

SUBTOTAL of Receipts This Page (optional).....▶	175.00
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 62
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
USACS PAC

A. 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 / 2022
Transaction ID : SA11AI.7723
 Amount of Each Receipt this Period 150.00
 Memo Item \$150/Monthly

B. 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 Management Group, Ltd. Occupation (for Individual) Chief of Integrated Acute Care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 31 / 2022
Transaction ID : SA11AI.7724
 Amount of Each Receipt this Period 150.00
 Memo Item \$150/Monthly

C. 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 ▼ 600.00

Date of Receipt 12 / 31 / 2022
Transaction ID : SA11AI.7725
 Amount of Each Receipt this Period 150.00
 Memo Item \$300/Monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USACS PAC

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

Date of Receipt 12 / 31 / 2022
Transaction ID : SA11AI.7726
 Amount of Each Receipt this Period 150.00
 Memo Item \$150/Monthly

B. 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) USACS Medical Group, Ltd. Occupation (for Individual) APP Lead
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 12 / 31 / 2022
Transaction ID : SA11AI.7728
 Amount of Each Receipt this Period 37.50
 Memo Item \$25/Monthly

C. Nguyen, Vicky, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 336 E 1st Ave Apt 203
 City Denver State CO Zip Code 80203-4379
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 12 / 31 / 2022
Transaction ID : SA11AI.7729
 Amount of Each Receipt this Period 50.00
 Memo Item \$50/Monthly

SUBTOTAL of Receipts This Page (optional)..... ▶ 237.50
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 43 OF 62
<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. Osmundson, Michael, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 62 East Dr.

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

Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) 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		2022

Transaction ID : SA11AI.7731

Amount of Each Receipt this Period
150.00

Memo Item
\$150/Monthly

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

Mailing Address 19533 Pine Drive

City Bend	State OR	Zip Code 97702
--------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
925.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2022

Transaction ID : SA11AI.7732

Amount of Each Receipt this Period
150.00

Memo Item
\$100/Monthly

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

Mailing Address 11533 Sand Stone Rock Dr

City Riverview	State FL	Zip Code 33569-8709
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2022

Transaction ID : SA11AI.7733

Amount of Each Receipt this Period
112.50

Memo Item
\$75/Monthly

SUBTOTAL of Receipts This Page (optional).....	412.50
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 44 OF 62
	(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. Patlovyany, Matthew, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2022
Mailing Address 19938 Terra Canyon		Transaction ID : SA11AI.7734
City San Antonio	State TX	Zip Code 78255-2344
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 150.00	
Name of Employer (for Individual) Travis County Emergency Physicians, PA	Occupation (for Individual) 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. Percy, Carmella, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2022
Mailing Address 6875 Stonebridge Lane		Transaction ID : SA11AI.7735
City Clover	State SC	Zip Code 29710-9372
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00	
Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$50/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Perfetti, Joyce, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2022
Mailing Address 29470 Picana Lane		Transaction ID : SA11AI.7736
City Wesley Chapel	State FL	Zip Code 33543-6615
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) Associate 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	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 45 OF 62
	(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. Phillips, Donald, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2022
Mailing Address 1315 Woodglen Ct			Transaction ID : SA11AI.7737
City Aledo	State TX	Zip Code 76008	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$150/Monthly
Name of Employer (for Individual) Travis County Emergency Physicians, PA		Occupation (for Individual) Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Pines, Jesse, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2022
Mailing Address 2424 N Potomac St			Transaction ID : SA11AI.7738
City Arlington	State VA	Zip Code 22207	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$100/Monthly
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) National Director of Clinical Innovati	
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. Posin, Shawn, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2022
Mailing Address 47575 Hidden Springs Dr			Transaction ID : SA11AI.7739
City Saint Clairsville	State OH	Zip Code 43950-8626	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$100/Monthly
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Board Member	
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).....▶	350.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 62
	<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. Pyle, Moira, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2220 Valley Oaks Cove
 City Leander State TX Zip Code 78641
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Travis County Emergency Physicians, PA Occupation (for Individual) Regional APP Lead
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 12 / 31 / 2022
Transaction ID : SA11AI.7740
 Amount of Each Receipt this Period 112.50
 Memo Item \$75/Monthly

B. 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
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 12 / 31 / 2022
Transaction ID : SA11AI.7741
 Amount of Each Receipt this Period 37.50
 Memo Item \$25/Monthly

C. 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) Director of Firefighters
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2022
Transaction ID : SA11AI.7742
 Amount of Each Receipt this Period 150.00
 Memo Item \$150/Monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 62
	<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. Reed, Rhett, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2022
Mailing Address 12509 Red Mesa Hollow		Transaction ID : SA11AI.7743
City Austin	State TX	Zip Code 78739-7535
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer (for Individual) Travis County Emergency Physicians, PA	Occupation (for Individual) 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 ▼ 1200.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Reese, Melissa, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2022
Mailing Address 838 North Rd NE		Transaction ID : SA11AI.7744
City Warren	State OH	Zip Code 44483
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 75.00	
Name of Employer (for Individual) USACS Management Group, Ltd.	Occupation (for Individual) Senior Director, Site Operations	<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 ▼ 475.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Repine, Kamie, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2022
Mailing Address 456 Chapman Dam Road		Transaction ID : SA11AI.7745
City Clarendon	State PA	Zip Code 16313-3804
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 37.50	
Name of Employer (for Individual) USACS Medical Group, Ltd.	Occupation (for Individual) APP Lead	<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 ▼ 225.00	

SUBTOTAL of Receipts This Page (optional).....	212.50
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 48 OF 62
<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. 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 ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2022

Transaction ID : SA11AI.7746

Amount of Each Receipt this Period
50.00

Memo Item
\$50/Monthly

B. Romano, Frederick, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 4516 Tuscana Drive

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2022

Transaction ID : SA11AI.7748

Amount of Each Receipt this Period
150.00

Memo Item
\$150/Monthly

C. Rosen, Nicholas, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 1089 S. Williams St.

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2022

Transaction ID : SA11AI.7749

Amount of Each Receipt this Period
50.00

Memo Item
\$50/Monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 49 OF 62
	(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. Roy, Neil, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2408 Henslowe Drive
 City Potomac State MD Zip Code 20854
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) System Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2022
Transaction ID : SA11AI.7751
 Amount of Each Receipt this Period 50.00
 Memo Item
 \$50/Monthly

B. Russell Goman, Dacia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6611 Marshview Dr
 City Hilliard State OH Zip Code 43026-2108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2022
Transaction ID : SA11AI.7752
 Amount of Each Receipt this Period 100.00
 Memo Item
 \$100/Monthly

C. Rutherford, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3502 Quitman St.
 City Denver State CO Zip Code 80212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Senior Director of Quality
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2022
Transaction ID : SA11AI.7753
 Amount of Each Receipt this Period 100.00
 Memo Item
 \$100/Monthly

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

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

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

FOR LINE NUMBER: PAGE 50 OF 62
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Sampson, Arianna, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 605 Bee St
 City Placerville State CA Zip Code 95667-4308
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) APP Lead
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 212.50

Date of Receipt 12 / 31 / 2022
Transaction ID : SA11AI.7754
 Amount of Each Receipt this Period 25.00
 Memo Item \$25/Monthly

B. Scherer, Nathan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6286 E Long Circle N
 City Centennial State CO Zip Code 80112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) 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 / 2022
Transaction ID : SA11AI.7755
 Amount of Each Receipt this Period 100.00
 Memo Item \$100/Monthly

C. Scott, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 749 Bentwater Circle Unit 102
 City Naples State FL Zip Code 34108-6762
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2022
Transaction ID : SA11AI.7757
 Amount of Each Receipt this Period 150.00
 Memo Item \$150/Monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 51 OF 62
	(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. Seaberg, David, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2022
Mailing Address 1221 1st St S Unit 3A			Transaction ID : SA11AI.7758
City Jacksonville Beach	State FL	Zip Code 32250-6446	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$150/Monthly
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Executive Vice 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 B. Shelat, Chandresh, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2022
Mailing Address 2144 Grant Farm Court			Transaction ID : SA11AI.7760
City Marriottsville	State MD	Zip Code 21104	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$150/Monthly
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Associate Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Shellenbarger, David, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2022
Mailing Address 912 Camelot Dr.			Transaction ID : SA11AI.7761
City Hermitage	State PA	Zip Code 16148-9100	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$150/Monthly
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Medical Director of Integrated Acute C	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 900.00		

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

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

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

FOR LINE NUMBER: PAGE 52 OF 62
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Siegel, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1437 Ivey Dr
 City Charlotte State NC Zip Code 28205-5316
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) APP Lead
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 12 / 31 / 2022
Transaction ID : SA11Al.7762
 Amount of Each Receipt this Period 37.50
 Memo Item \$25/Monthly

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

Date of Receipt 12 / 31 / 2022
Transaction ID : SA11Al.7763
 Amount of Each Receipt this Period 150.00
 Memo Item \$150/Monthly

C. Somers, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 503 Neuse Harbour Blvd
 City New Bern State NC Zip Code 28560-8958
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2022
Transaction ID : SA11Al.7766
 Amount of Each Receipt this Period 150.00
 Memo Item \$150/Monthly

SUBTOTAL of Receipts This Page (optional).....▶ 337.50
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 53 OF 62
	<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. Sullivan, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 117 James Place
 City Pittsburgh State PA Zip Code 15228-1021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2022
Transaction ID : SA11AI.7767
 Amount of Each Receipt this Period 100.00
 Memo Item
 \$100/Monthly

B. Tamkin, Gary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 Valley High
 City Lafayette State CA Zip Code 94549
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group of California Occupation (for Individual) Vice President of Provider Developer
 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 / 2022
Transaction ID : SA11AI.7768
 Amount of Each Receipt this Period 150.00
 Memo Item
 \$300/Monthly

C. Thompson, Donovan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4408 Lake Shore Road North
 City Denver State NC Zip Code 28037-9198
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2022
Transaction ID : SA11AI.7769
 Amount of Each Receipt this Period 100.00
 Memo Item
 \$100/Monthly

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

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

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

FOR LINE NUMBER: PAGE 54 OF 62
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Townsend, Martha, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16220 W 84th Drive
 City Arvada State CO Zip Code 80007
 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 ▼ 450.00

Date of Receipt 12 / 31 / 2022
Transaction ID : SA11AI.7771
 Amount of Each Receipt this Period 75.00
 Memo Item \$50/Monthly

B. Tully, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8345 Rolling Acres Trail
 City Fair Oaks Ranch State TX Zip Code 78015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Travis County Emergency Physicians, PA Occupation (for Individual) System Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 31 / 2022
Transaction ID : SA11AI.7772
 Amount of Each Receipt this Period 100.00
 Memo Item \$100/Monthly

C. Ulmer, Travis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1240 Broadview Ave
 City Columbus State OH Zip Code 43212-3344
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Chief Clinical Recruiting Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2022
Transaction ID : SA11AI.7773
 Amount of Each Receipt this Period 150.00
 Memo Item \$150/Monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 62
	<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. Vock, Tracie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7911 Fingerboard Road
 City Frederick State MD Zip Code 21704-7628
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Director of APPs, IAC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 12 / 31 / 2022
Transaction ID : SA11AI.7775
 Amount of Each Receipt this Period 75.00
 Memo Item \$50/Monthly

B. Watson, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2158 W 5th Street Up Unit
 City Cleveland State OH Zip Code 44113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Management Group, Ltd. Occupation (for Individual) Chief Development Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt 12 / 31 / 2022
Transaction ID : SA11AI.7776
 Amount of Each Receipt this Period 225.00
 Memo Item \$150/Monthly

C. Wellock, Austin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2439 Clydesdale St NW
 City North Canton State OH Zip Code 44720-9818
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, Ltd. Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 12 / 31 / 2022
Transaction ID : SA11AI.7777
 Amount of Each Receipt this Period 50.00
 Memo Item \$50/Monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 56 OF 62
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Welsh, Ian, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2022
Mailing Address 1027 Gardenia Street			Transaction ID : SA11AI.7778
City Fort Mill	State SC	Zip Code 29708	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$150/Monthly
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Firefighter	
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. West, Brian, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2022
Mailing Address 441 Carnoustie			Transaction ID : SA11AI.7779
City Highland	State MI	Zip Code 48357-4754	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$50/Monthly
Name of Employer (for Individual) USACS Medical Group, Ltd.		Occupation (for Individual) Quality Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Willis, Audriana, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2022
Mailing Address 405 Hardy Rd			Transaction ID : SA11AI.7781
City Newport	State NC	Zip Code 28570-8401	Amount of Each Receipt this Period 37.50
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	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 212.50	

SUBTOTAL of Receipts This Page (optional).....	237.50
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 57 OF 62
	<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. 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 / 2022
Transaction ID : SA11AI.7782
 Amount of Each Receipt this Period 150.00
 Memo Item \$150/Monthly

B. Zayac, Carl, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5901 Velasco Ave
 City Dallas State TX Zip Code 75206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Travis County Emergency Physicians, PA Occupation (for Individual) Firefighter
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 31 / 2022
Transaction ID : SA11AI.7784
 Amount of Each Receipt this Period 100.00
 Memo Item \$100/Monthly

C. Ziebell, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4014 Greystone Drive
 City Austin State TX Zip Code 78731
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Travis County Emergency Physicians, PA Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 31 / 2022
Transaction ID : SA11AI.7785
 Amount of Each Receipt this Period 100.00
 Memo Item \$100/Monthly

SUBTOTAL of Receipts This Page (optional).....	350.00
TOTAL This Period (last page this line number only).....	17682.46

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. CATHY MCMORRIS RODGERS FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address **BOX 137**

City **SPOKANE** State **WA** Zip Code **99210**

Purpose of Disbursement

Candidate Name
CATHY MCMORRIS RODGERS FOR CONGRESS

Office Sought: House Senate President
Disbursement For: **2024**
 Primary General
 Other (specify) ▼
State: **WA** District: **05**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			01			2022			

FEC Identification Number

C C00390476

Transaction ID : SB23.6842

Amount of Each Disbursement this Period

2500.00

Memo Item

B. VISIONARY PAC

Full Name (Last, First, Middle Initial)

Mailing Address **413 New Jersey Ave SE**

City **Washington** State **DC** Zip Code **20003**

Purpose of Disbursement

Candidate Name
VISIONARY PAC

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2022			

FEC Identification Number

C C00603134

Transaction ID : SB23.6849

Amount of Each Disbursement this Period

2500.00

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements 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 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. Dade Phelan Campaign			Date of Disbursement M M / D D / Y Y Y Y Y 12 / 01 / 2022	
Mailing Address PO Box 5990			FEC Identification Number C [] Transaction ID : SB29.6845 Amount of Each Disbursement this Period [] 5000.00	
City Austin	State TX	Zip Code 78763	Category/Type []	
Purpose of Disbursement			Memo Item <input type="checkbox"/>	
Candidate Name Dade Phelan Campaign			Amount of Each Disbursement this Period [] 5000.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>	
State: [] District: []				
Full Name (Last, First, Middle Initial) B. Dustin Burrows Campaign			Date of Disbursement M M / D D / Y Y Y Y Y 12 / 01 / 2022	
Mailing Address PO Box 2569			FEC Identification Number C [] Transaction ID : SB29.6827 Amount of Each Disbursement this Period [] 1000.00	
City Lubbox	State TX	Zip Code 79408	Category/Type []	
Purpose of Disbursement			Memo Item <input type="checkbox"/>	
Candidate Name Dustin Burrows Campaign			Amount of Each Disbursement this Period [] 1000.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>	
State: [] District: []				
Full Name (Last, First, Middle Initial) C. Friends of Donna Campbell			Date of Disbursement M M / D D / Y Y Y Y Y 12 / 01 / 2022	
Mailing Address PO Box 171021			FEC Identification Number C [] Transaction ID : SB29.6830 Amount of Each Disbursement this Period [] 1000.00	
City San Antonio	State TX	Zip Code 78217	Category/Type []	
Purpose of Disbursement			Memo Item <input type="checkbox"/>	
Candidate Name Friends of Donna Campbell			Amount of Each Disbursement this Period [] 1000.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>	
State: [] District: []				
SUBTOTAL of Disbursements This Page (optional)..... ▶			[] 7000.00	
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 Tom Oliverson

Full Name (Last, First, Middle Initial)

Mailing Address 1 E Greenway Plaza
Ste 225

City Houston State TX Zip Code 77046

Purpose of Disbursement Category/Type

Candidate Name **Friends of Tom Oliverson**

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

State: District:

Date of Disbursement 12 / 01 / 2022

FEC Identification Number **C**

Transaction ID : **SB29.6852**

Amount of Each Disbursement this Period 5000.00

Memo Item

B. Gina Hinojosa Campaign

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 300095

City Austin State TX Zip Code 78703

Purpose of Disbursement Category/Type

Candidate Name **Gina Hinojosa Campaign**

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

State: District:

Date of Disbursement 12 / 01 / 2022

FEC Identification Number **C**

Transaction ID : **SB29.6839**

Amount of Each Disbursement this Period 1000.00

Memo Item

C. Greg Bonnen Campaign

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1183

City Friendswood State TX Zip Code 77549

Purpose of Disbursement Category/Type

Candidate Name **Greg Bonnen Campaign**

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

State: District:

Date of Disbursement 12 / 01 / 2022

FEC Identification Number **C**

Transaction ID : **SB29.6824**

Amount of Each Disbursement this Period 1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 7000.00

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. Julie Johnson Campaign		Date of Disbursement MM / DD / YYYY 12 / 01 / 2022
Mailing Address PO Box 110937		FEC Identification Number C Transaction ID : SB29.6858 Amount of Each Disbursement this Period 1000.00
City Carrollton	State TX	
Zip Code 75011	Purpose of Disbursement	Memo Item <input type="checkbox"/>
Candidate Name Julie Johnson Campaign	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Lois Kolkhorst Campaign		Date of Disbursement MM / DD / YYYY 12 / 01 / 2022
Mailing Address PO Box 2546		FEC Identification Number C Transaction ID : SB29.6836 Amount of Each Disbursement this Period 1000.00
City Brenham	State TX	
Zip Code 77834	Purpose of Disbursement	Memo Item <input type="checkbox"/>
Candidate Name Lois Kolkhorst Campaign	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Sam Harless Campaign		Date of Disbursement MM / DD / YYYY 12 / 01 / 2022
Mailing Address 15814 Champion Forest PMB 312		FEC Identification Number C Transaction ID : SB29.6855 Amount of Each Disbursement this Period 1000.00
City Spring	State TX	
Zip Code 77379	Purpose of Disbursement	Memo Item <input type="checkbox"/>
Candidate Name Sam Harless Campaign	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

A. Texans for Charles Schwertner

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 2448

City Georgetown State TX Zip Code 78627

Purpose of Disbursement Category/Type

Candidate Name
Texans for Charles Schwertner

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

State: District:

Date of Disbursement: 12 / 01 / 2022

FEC Identification Number: **C**
Transaction ID : **SB29.6833**
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).....▶	18000.00