

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

USACS PAC

ADDRESS (number and street) 4535 Dressler RD NW

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

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

C C00544957

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

4. TYPE OF REPORT (Choose One)

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

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

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

Election on 11 / 08 / 2016 in the State of OH

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

Election on / / in the State of

5. Covering Period 10 / 01 / 2016 through 10 / 19 / 2016

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

Signature of Treasurer Panitch, Orlee, , , [Electronically Filed] Date 10 / 25 / 2016

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="2016"/>		16323.41
(b) Cash on Hand at Beginning of Reporting Period.....	17415.37	
(c) Total Receipts (from Line 19)	5744.81	39829.94
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	23160.18	56153.35
7. Total Disbursements (from Line 31).....	1000.00	33993.17
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	22160.18	22160.18
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

USACS PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
10 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y
10 / 19 / 2016

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).....	3847.99	22306.55
(ii) Unitemized	1896.82	17523.39
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	5744.81	39829.94
(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)	5744.81	39829.94
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	0.00
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)).....▶	5744.81	39829.94
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	5744.81	39829.94

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.....	1000.00	32500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	1493.17
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)) ..	1000.00	33993.17
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1000.00	33993.17

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	5744.81	39829.94
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5744.81	39829.94
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
USACS PAC

A. Arwindekar, Amit, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2043 W Mclean Ave
 City Chicago State IL Zip Code 60647
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) EMP Medical Group, LTD Occupation (for Individual) Associate Medical Director
 Receipt For: 2016
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 833.30

Date of Receipt 10 / 14 / 2016
Transaction ID : SA11AI.6335
 Amount of Each Receipt this Period 83.33
 Memo Item
 \$83.33/monthly

B. Augustine, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7868 Classics Drive
 City Naples State FL Zip Code 34113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) EMP Medical Group, LTD Occupation (for Individual) Chairman, National Clinical Governanc
 Receipt For: 2016
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 620.00

Date of Receipt 10 / 14 / 2016
Transaction ID : SA11AI.6337
 Amount of Each Receipt this Period 150.00
 Memo Item
 \$150.00/monthly

C. 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) EMP Medical Group, LTD Occupation (for Individual) Chief Executive Officer
 Receipt For: 2016
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 4166.70

Date of Receipt 10 / 14 / 2016
Transaction ID : SA11AI.6340
 Amount of Each Receipt this Period 416.67
 Memo Item
 \$416.67/monthly

SUBTOTAL of Receipts This Page (optional).....	650.00
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 20
	<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. Baker, Brian, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 14 / 2016
Mailing Address 1209 E Cumberland Ave Unit #1404		Transaction ID : SA11AI.6343
City Tampa	State FL	Zip Code 33602
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) EMP Medical Group, LTD	Occupation (for Individual) Executive Director	<input type="checkbox"/> Memo Item \$50.00/monthly
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 250.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Bradstreet, Jennifer, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 14 / 2016
Mailing Address 2212 Cross Creek Drive		Transaction ID : SA11AI.6349
City Gastonia	State NC	Zip Code 28056
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) EMP Medical Group, LTD	Occupation (for Individual) System Director	<input type="checkbox"/> Memo Item \$50.00/monthly
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 290.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Cirillo, Louis, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 14 / 2016
Mailing Address 91 Woodridge Drive		Transaction ID : SA11AI.6546
City Saunderstown	State RI	Zip Code 02874
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer (for Individual) EMP Medical Group, LTD	Occupation (for Individual) Director of Health Policy & Legislativ	<input type="checkbox"/> Memo Item \$150.00/monthly
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 1033.31	

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 20
	<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. Colfer, Orion, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2523 Hanover Ave
 City Richmond State VA Zip Code 23220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) EMP Medical Group, LTD Occupation (for Individual) Vice President
 Receipt For: 2016
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **500.00**

Date of Receipt **10 / 14 / 2016**
Transaction ID : SA11AI.6357
 Amount of Each Receipt this Period **50.00**
 Memo Item
 \$50.00/monthly

B. Conley, Amy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6419 Renwick Circle
 City Tampa State FL Zip Code 33647
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC Occupation (for Individual) Political/Transfer Center Director
 Receipt For: 2016
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **300.00**

Date of Receipt **10 / 14 / 2016**
Transaction ID : SA11AI.6359
 Amount of Each Receipt this Period **100.00**
 Memo Item
 \$100.00/monthly

C. Corvino, Timothy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 128 Miles Road
 City Chagrin Falls State OH Zip Code 44022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) EMP Medical Group, LTD Occupation (for Individual) President
 Receipt For: 2016
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **830.00**

Date of Receipt **10 / 14 / 2016**
Transaction ID : SA11AI.6367
 Amount of Each Receipt this Period **83.00**
 Memo Item
 \$83.00/monthly

SUBTOTAL of Receipts This Page (optional).....	233.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 20
	<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. De Angelis, Sydney, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 55 Araca Rd
 P O Box 104
 City Babylon State NY Zip Code 11702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) EMP Medical Group, LTD Occupation (for Individual) Medical Director
 Receipt For: 2016
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 440.00

Date of Receipt
 10 / 14 / 2016
Transaction ID : SA11AI.6371
 Amount of Each Receipt this Period
 100.00
 Memo Item
 \$100.00/monthly

B. Eakin, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1455 Hunakai St Apt 1
 City Honolulu State HI Zip Code 96816
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) EMP Medical Group, LTD Occupation (for Individual) Associate Medical Director
 Receipt For: 2016
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 10 / 14 / 2016
Transaction ID : SA11AI.6375
 Amount of Each Receipt this Period
 50.00
 Memo Item
 \$50.00/monthly

C. Falcone, Angelo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12410 Milestone Center Drive
 Suite 225
 City Germantown State MD Zip Code 20876
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) President
 Receipt For: 2016
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 10 / 14 / 2016
Transaction ID : SA11AI.6377
 Amount of Each Receipt this Period
 150.00
 Memo Item
 \$150.00/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 10 OF 20
	<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. Ferrand, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 119 Dorie Drive
 City Belmont State NC Zip Code 28012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) EMP Medical Group, LTD Occupation (for Individual) Emergency Physician
 Receipt For: 2016
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **325.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2016
Transaction ID : SA11AI.6378
 Amount of Each Receipt this Period
 100.00
 Memo Item
 \$100.00/monthly

B. Freess, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 55 Soby Dr
 City West Hartford State CT Zip Code 06107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) EMP Medical Group, LTD Occupation (for Individual) Emergency Physician
 Receipt For: 2016
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2016
Transaction ID : SA11AI.6549
 Amount of Each Receipt this Period
 25.00
 Memo Item
 \$25.00/monthly

C. Gearsy, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 142 Woodshire
 City Pittsburgh State PA Zip Code 15215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AHN Medical Group, LLC Occupation (for Individual) Medical Director of Integrated Acute C
 Receipt For: 2016
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **833.30**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2016
Transaction ID : SA11AI.6388
 Amount of Each Receipt this Period
 83.33
 Memo Item
 \$83.33/monthly

SUBTOTAL of Receipts This Page (optional).....	208.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 20
<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. Gooch, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 52675 Timber Dr
 City Bridgeport State OH Zip Code 43912
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) EMP Medical Group, LTD Occupation (for Individual) Quality Director
 Receipt For: 2016
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 14 / 2016
Transaction ID : SA11AI.6394
 Amount of Each Receipt this Period 25.00
 Memo Item
 \$25.00/monthly

B. Grant, Randall, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 85 Longview Ave
 City White Plains State NY Zip Code 10604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) EMP Medical Group, LTD Occupation (for Individual) Emergency Physician
 Receipt For: 2016
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 14 / 2016
Transaction ID : SA11AI.6395
 Amount of Each Receipt this Period 25.00
 Memo Item
 \$25.00/monthly

C. Groomes, Roderick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1035 Glade Park East
 City Kittanning State PA Zip Code 16201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AHN Medical Group, LLC Occupation (for Individual) Medical Director
 Receipt For: 2016
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 14 / 2016
Transaction ID : SA11AI.6397
 Amount of Each Receipt this Period 50.00
 Memo Item
 \$50.00/monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 20
	<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. Guyton, Steven, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 14 / 2016
Mailing Address 40 Waterfront Dr			Transaction ID : SA11AI.6399
City Pittsburgh	State PA	Zip Code 15224	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$25.00/monthly
Name of Employer (for Individual) AHN Medical Group, LLC		Occupation (for Individual) Medical Director	
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other		Aggregate Year-to-Date 250.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Janikas, John, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 14 / 2016
Mailing Address 43 Outlook Drive South			Transaction ID : SA11AI.6410
City Mechanicville	State NY	Zip Code 12118	Amount of Each Receipt this Period 83.33
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$83.33/monthly
Name of Employer (for Individual) EMP Medical Group, LTD		Occupation (for Individual) Medical Director	
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other		Aggregate Year-to-Date 833.30	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Jenis, Andrew, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 14 / 2016
Mailing Address 115 Cayuga Heights Road			Transaction ID : SA11AI.6411
City Ithaca	State NY	Zip Code 14850	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$50.00/monthly
Name of Employer (for Individual) EMP Medical Group, LTD		Occupation (for Individual) Emergency Physician	
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other		Aggregate Year-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	158.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 20
	<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. Jones, Bruce, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 465 Woodard Place
 City Powell State OH Zip Code 43065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) EMP Medical Group, LTD Occupation (for Individual) Medical Director
 Receipt For: 2016
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **500.00**

Date of Receipt **10 / 14 / 2016**
Transaction ID : SA11AI.6413
 Amount of Each Receipt this Period **50.00**
 Memo Item
 \$50.00/monthly

B. Keller, Noah, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10119 Easterday Ct
 City Hagerstown State MD Zip Code 21742
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) Regional Medical Director
 Receipt For: 2016
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **300.00**

Date of Receipt **10 / 14 / 2016**
Transaction ID : SA11AI.6419
 Amount of Each Receipt this Period **100.00**
 Memo Item
 \$100.00/monthly

C. Kendall, Jayne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1251 Springbury Dr
 City Uniontown State OH Zip Code 44685
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) EMP Medical Group, LTD Occupation (for Individual) Vice President
 Receipt For: 2016
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **416.69**

Date of Receipt **10 / 14 / 2016**
Transaction ID : SA11AI.6422
 Amount of Each Receipt this Period **100.00**
 Memo Item
 \$100.00/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 14 OF 20
<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. Kuchinski, Joseph, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 14 / 2016
Mailing Address 32 Woodland Ave		Transaction ID : SA11AI.6552
City Mountain Lakes	State NJ	Zip Code 07046
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) EMP Medical Group, LTD	Occupation (for Individual) Regional Director of Clinic 21	<input type="checkbox"/> Memo Item \$100.00/monthly
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 1000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Laberge, Anne-Marie, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 14 / 2016
Mailing Address 114 Nazarene Ct		Transaction ID : SA11AI.6432
City Fombell	State PA	Zip Code 16123
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer (for Individual) AHN Medical Group, LLC	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$20.00/monthly
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 235.00	

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 10 / 14 / 2016
Mailing Address 701 15th Ave		Transaction ID : SA11AI.6441
City Honolulu	State HI	Zip Code 96816
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) EMP Medical Group, LTD	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$50.00/monthly
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	170.00
TOTAL This Period (last page this line number only).....	

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

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

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Little, Andrew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5700 Van Wert Dr
 City Hilliard State OH Zip Code 43026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) EMP Medical Group, LTD Occupation (for Individual) Emergency Physician
 Receipt For: 2016
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 14 / 2016
Transaction ID : SA11AI.6445
 Amount of Each Receipt this Period 100.00
 Memo Item
 \$100.00/monthly

B. Mann, Rubeal, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 James River Rd
 City Beaver creek State OH Zip Code 45434
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) EMP Medical Group, LTD Occupation (for Individual) Medical Director
 Receipt For: 2016
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 14 / 2016
Transaction ID : SA11AI.6453
 Amount of Each Receipt this Period 100.00
 Memo Item
 \$100.00/monthly

C. Mayorga, Oliver, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 32 Church St
 City Mystic State CT Zip Code 06355
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) EMP Medical Group, LTD Occupation (for Individual) Medical Director
 Receipt For: 2016
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 14 / 2016
Transaction ID : SA11AI.6555
 Amount of Each Receipt this Period 50.00
 Memo Item
 \$50.00/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 16 OF 20
	<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 Drive
 City Hartville State OH Zip Code 44632
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) EMP Medical Group, LTD Occupation (for Individual) President
 Receipt For: 2016
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date 1000.00

Date of Receipt 10 / 14 / 2016
Transaction ID : SA11AI.6469
 Amount of Each Receipt this Period 100.00
 Memo Item
 \$100.00/monthly

B. Packo, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4535 Dressler Rd NW
 City Canton State OH Zip Code 44718
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) EMP Medical Group, LTD Occupation (for Individual) Co-Founder
 Receipt For: 2016
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date 1000.00

Date of Receipt 10 / 14 / 2016
Transaction ID : SA11AI.6472
 Amount of Each Receipt this Period 100.00
 Memo Item
 \$100.00/monthly

C. Panitch, Orlee, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1753 Gainsborough Rd
 City Potomac State MD Zip Code 20854
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) Chief Administrative Officer
 Receipt For: 2016
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date 450.00

Date of Receipt 10 / 14 / 2016
Transaction ID : SA11AI.6474
 Amount of Each Receipt this Period 150.00
 Memo Item
 \$150.00/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 17 OF 20
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Percy, Carmella, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6875 Stonebridge Lane
 City Clover State SC Zip Code 29710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) EMP Medical Group, LTD Occupation (for Individual) Emergency Physician
 Receipt For: 2016
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 14 / 2016
Transaction ID : SA11AI.6475
 Amount of Each Receipt this Period 50.00
 Memo Item
 \$50.00/monthly

B. Radford, Shawn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 263 Shawmont Avenue
 City Philadelphia State PA Zip Code 19128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) EMP Medical Group, LTD Occupation (for Individual) Interim Medical Director
 Receipt For: 2016
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 416.69

Date of Receipt 10 / 14 / 2016
Transaction ID : SA11AI.6481
 Amount of Each Receipt this Period 100.00
 Memo Item
 \$100.00/monthly

C. Rudis, Steven, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9796 Diversified Lane
 City Ellicott City State MD Zip Code 21042
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) EMP Medical Group, LTD Occupation (for Individual) Emergency Physician
 Receipt For: 2016
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 14 / 2016
Transaction ID : SA11AI.6488
 Amount of Each Receipt this Period 300.00
 Memo Item
 \$300.00/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 18 OF 20
	<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. Simonsen, Jeremy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 520 E Martin Luther King Blvd
 Unit 1106
 City Charlotte State NC Zip Code 28202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) EMP Medical Group, LTD Occupation (for Individual) Medical Director
 Receipt For: 2016
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2016
Transaction ID : SA11AI.6501
 Amount of Each Receipt this Period
 25.00
 Memo Item
 \$25.00/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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) EMP Medical Group, LTD Occupation (for Individual) Vice President
 Receipt For: 2016
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **833.30**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2016
Transaction ID : SA11AI.6507
 Amount of Each Receipt this Period
 83.33
 Memo Item
 \$83.33/monthly

C. Snyder, Aaron, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9925 Silver Brook Drive
 City Rockville State MD Zip Code 20850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) COO MidAtlantic
 Receipt For: 2016
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **450.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2016
Transaction ID : SA11AI.6513
 Amount of Each Receipt this Period
 150.00
 Memo Item
 \$150.00/monthly

SUBTOTAL of Receipts This Page (optional).....	258.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Snyder, Eric, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 14 / 2016
Mailing Address 311 East Carrolltown PO Box 384		Transaction ID : SA11AI.6515
City Carrolltown	State PA	Zip Code 15722
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer (for Individual) AHN Medical Group, LLC	Occupation (for Individual) APP Lead	<input type="checkbox"/> Memo Item \$20.00/monthly
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 380.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Tucker, Jeremy, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 14 / 2016
Mailing Address 23959 Meredith Court		Transaction ID : SA11AI.6520
City Hollywood	State MD	Zip Code 20636
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) MEP Health, LLC	Occupation (for Individual) Regional Medical Director	<input type="checkbox"/> Memo Item \$100.00/monthly
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Zayac, Carl, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 14 / 2016
Mailing Address 5901 Velasco Ave		Transaction ID : SA11AI.6542
City Dallas	State TX	Zip Code 75206
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) EMP Medical Group, LTD	Occupation (for Individual) Emergency Physician	<input type="checkbox"/> Memo Item \$100.00/monthly
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 300.00	

SUBTOTAL of Receipts This Page (optional).....	220.00
TOTAL This Period (last page this line number only).....	3847.99

**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. BILIRAKIS FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 606

City
TARPON SPRINGS

State
FL

Zip Code
34688

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name
BILIRAKIS, GUS M, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: FL District: 12

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
10		05		2016

FEC Identification Number

C C00408534

Transaction ID : SB23.6561

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

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

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

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

FEC Identification Number

C

Amount of Each Disbursement this Period

--

Memo Item

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

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

1000.00

1000.00
