

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 Canton OH 44718

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00544957 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)

5. Covering Period 01 / 01 / 2018 through 03 / 31 / 2018

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 04 / 10 / 2018

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<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2018"/>  |                         | 87294.41                          |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | 87294.41                |                                   |
| (c) Total Receipts (from Line 19) .....  | 22842.18                | 22842.18                          |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | 110136.59               | 110136.59                         |
| 7. Total Disbursements (from Line 31).....   | 19500.00                | 19500.00                          |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | 90636.59                | 90636.59                          |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>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:  /  /  To:  /  /

| I. Receipts   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:  |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees   |                               |                                   |
| (i) Itemized (use Schedule A).....  | 13888.86                      | 13888.86                          |
| (ii) Unitemized .....   | 8953.32                       | 8953.32                           |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶   | 22842.18                      | 22842.18                          |
| (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) .....  | 22842.18                      | 22842.18                          |
| 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)).....▶                         | 22842.18                      | 22842.18                          |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶                                   | 22842.18                      | 22842.18                          |

**DETAILED SUMMARY PAGE**  
of Disbursements

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>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.....         | 19500.00                      | 19500.00                          |
| 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                          | 0.00                              |
| 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)) ..      | 19500.00                      | 19500.00                          |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 19500.00                      | 19500.00                          |

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

| <b>III. Net Contributions/<br/>Operating Expenditures</b>                            | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|--|---------------------------------------|---|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 22842.18                              | 22842.18                                  |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 0.00                                  | 0.00                                      |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 22842.18                              | 22842.18                                  |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 0.00                                  | 0.00                                      |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                 | 0.00                                  | 0.00                                      |
| 38. Net Operating Expenditures<br>(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 22 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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<br><b>A. Aboutalib, Angela, , ,</b>                                 |  | Date of Receipt<br>MM / DD / YYYY<br>03 / 31 / 2018    |
| Mailing Address 2 East Erie<br>Apt 3306   |  | <b>Transaction ID : SA11AI.7617</b>                    |
| City Chicago  | State IL   | Zip Code 60611   |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | Amount of Each Receipt this Period<br>300.00           |
| Name of Employer (for Individual)<br>Virtual Locations  | Occupation (for Individual)<br>Director of Clinical Operations | <input type="checkbox"/> Memo Item<br>\$100.00/monthly |
| Receipt For: 2018<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) Other | Aggregate Year-to-Date ▼<br>300.00                             |  |

|   |   |  |
|---|---|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Atez, Francisco, , ,</b>                                   |   | Date of Receipt<br>MM / DD / YYYY<br>03 / 31 / 2018    |
| Mailing Address 17376 Emerald Chase Drive   |   | <b>Transaction ID : SA11AI.7662</b>                    |
| City Tampa  | State FL  | Zip Code 33647   |
| FEC ID number of contributing federal political committee. <b>C</b>   |   | Amount of Each Receipt this Period<br>300.00           |
| Name of Employer (for Individual)<br>Tampa Bay Emergency Physicians, LLC  | Occupation (for Individual)<br>Regional Director of Risk Management | <input type="checkbox"/> Memo Item<br>\$100.00/monthly |
| Receipt For: 2018<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) Other | Aggregate Year-to-Date ▼<br>300.00                                  |  |

|   |   |  |
|---|---|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Augustine, James, , ,</b>                                  |   | Date of Receipt<br>MM / DD / YYYY<br>03 / 31 / 2018    |
| Mailing Address 7868 Classics Drive   |   | <b>Transaction ID : SA11AI.7676</b>                    |
| City Naples   | State FL  | Zip Code 34113   |
| FEC ID number of contributing federal political committee. <b>C</b>   |   | Amount of Each Receipt this Period<br>450.00           |
| Name of Employer (for Individual)<br>Virtual Locations  | Occupation (for Individual)<br>Chairman, National Clinical Governance | <input type="checkbox"/> Memo Item<br>\$150.00/monthly |
| Receipt For: 2018<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) Other | Aggregate Year-to-Date ▼<br>450.00                                    |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1050.00 |
| <b>TOTAL</b> 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 22                 |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**USACS PAC**

**A. Bagnoli, Dominic, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 50 East Drive

|                   |             |                   |
|-------------------|-------------|-------------------|
| City<br>Hartville | State<br>OH | Zip Code<br>44632 |
|-------------------|-------------|-------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>USACS Medical Group, LTD | Occupation (for Individual)<br>Chief Executive Officer |
|---|--|

Receipt For: 2018  
 Primary  General  
 Other (specify) **Other**

Aggregate Year-to-Date ▼  
1249.89

Date of Receipt  
03 / 31 / 2018  
**Transaction ID : SA11AI.7655**

Amount of Each Receipt this Period  
1249.89

Memo Item  
\$416.63/monthly

**B. Bescherer, Rudolph, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 32 Fieldcrest Dr

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>Westampton | State<br>NJ | Zip Code<br>08060-5656 |
|--------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>USACS Medical Group, LTD | Occupation (for Individual)<br>Firefighter |
|---|--|

Receipt For: 2018  
 Primary  General  
 Other (specify) **Other**

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
03 / 31 / 2018  
**Transaction ID : SA11AI.7741**

Amount of Each Receipt this Period  
300.00

Memo Item  
\$100.00/monthly

**C. Biersbach, Raymond, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 234 Lakeshore Dr

|                     |             |                        |
|---------------------|-------------|------------------------|
| City<br>Mooresville | State<br>NC | Zip Code<br>28117-7535 |
|---------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>USACS Medical Group, LTD | Occupation (for Individual)<br>Emergency Physician |
|---|--|

Receipt For: 2018  
 Primary  General  
 Other (specify) **Other**

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
03 / 31 / 2018  
**Transaction ID : SA11AI.7735**

Amount of Each Receipt this Period  
300.00

Memo Item  
\$100.00/monthly

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1849.89 |
| <b>TOTAL</b> 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 22  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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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  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Chief Strategy Officer  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **300.00**

Date of Receipt  
 03 / 31 / 2018  
**Transaction ID : SA11AI.7719**  
 Amount of Each Receipt this Period  
**300.00**  
 Memo Item  
 \$100.00/monthly

**B. Cirillo, Louis, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 91 Woodridge Drive  
 City Saunderstown State RI Zip Code 02874  
 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: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **450.00**

Date of Receipt  
 03 / 31 / 2018  
**Transaction ID : SA11AI.7707**  
 Amount of Each Receipt this Period  
**450.00**  
 Memo Item  
 \$150.00/monthly

**C. Corvino, Timothy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 24 E Scott Street Unit 2  
 City Chicago State IL Zip Code 60610-2384  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) President  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **249.00**

Date of Receipt  
 03 / 31 / 2018  
**Transaction ID : SA11AI.7764**  
 Amount of Each Receipt this Period  
**249.00**  
 Memo Item  
 \$83.00/monthly

|   |               |
|---|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | <b>999.00</b> |
| <b>TOTAL</b> 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 22                 |
|   | <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 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) Occupation (for Individual)  
 MEP Health, LLC Medical Director  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **300.00**

Date of Receipt  
 03 / 31 / 2018  
**Transaction ID : SA11AI.7757**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 \$100.00/monthly

**B. Eisenberg, Steven, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 35590 Michael Drive  
 City Solon State OH Zip Code 44139  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 USACS Management Group General Counsel  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **300.00**

Date of Receipt  
 03 / 31 / 2018  
**Transaction ID : SA11AI.7750**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 \$100.00/monthly

**C. Falcone, Angelo, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2606 Tridelphia Lake Road  
 City Brookeville State MD Zip Code 20833  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 MEP Health, LLC President  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **450.00**

Date of Receipt  
 03 / 31 / 2018  
**Transaction ID : SA11AI.7618**  
 Amount of Each Receipt this Period  
 450.00  
 Memo Item  
 \$150.00/monthly

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

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

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 10 OF 22                |
|   | (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. Ferrand, David, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 193 Bryna Lane

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>Carnegie | State<br>PA | Zip Code<br>15106-1473 |
|------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>USACS Medical Group, LTD | Occupation (for Individual)<br>Firefighter |
|---|--|

Receipt For: 2018  
 Primary  General  
 Other (specify) **Other**

Aggregate Year-to-Date **300.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    |   | 31    |   | 2018        |

**Transaction ID : SA11AI.7652**

Amount of Each Receipt this Period  

|        |
|--------|
| 300.00 |
|--------|

Memo Item  
\$100.00/monthly

**B. Forcada-Lowrie, Raymundo, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2400 6th Ave  
Unit 501

|                   |             |                   |
|-------------------|-------------|-------------------|
| City<br>San Diego | State<br>CA | Zip Code<br>92101 |
|-------------------|-------------|-------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>USACS Medical Group, LTD | Occupation (for Individual)<br>Firefighter |
|---|--|

Receipt For: 2018  
 Primary  General  
 Other (specify) **Other**

Aggregate Year-to-Date **300.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    |   | 31    |   | 2018        |

**Transaction ID : SA11AI.7736**

Amount of Each Receipt this Period  

|        |
|--------|
| 300.00 |
|--------|

Memo Item  
\$100.00/monthly

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

Mailing Address 21910 Helen Lane

|                     |             |                        |
|---------------------|-------------|------------------------|
| City<br>Leonardtown | State<br>MD | Zip Code<br>20650-2220 |
|---------------------|-------------|------------------------|

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

|  |   |
|--|---|
| Name of Employer (for Individual)<br>MEP Health, LLC | Occupation (for Individual)<br>Medical Director |
|--|---|

Receipt For: 2018  
 Primary  General  
 Other (specify) **Other**

Aggregate Year-to-Date **249.99**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    |   | 31    |   | 2018        |

**Transaction ID : SA11AI.7642**

Amount of Each Receipt this Period  

|        |
|--------|
| 249.99 |
|--------|

Memo Item  
\$83.33/monthly

|   |               |
|---|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | <b>849.99</b> |
| <b>TOTAL</b> 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 22                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**USACS PAC**

**A. Gindlesperger, Krisii, , ,**  
 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: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2018  
**Transaction ID : SA11AI.7698**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 \$100.00/monthly

**B. Hibbs, Nathaniel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6634 S. Prescott Way  
 City Littleton State CO Zip Code 80120  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Colorado Emergency Service Physicians, Occupation (for Individual) Medical Director  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2018  
**Transaction ID : SA11AI.7725**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 \$100.00/monthly

**C. Hill, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9801 Sardis Oaks Road  
 City Charlotte State NC Zip Code 28270  
 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: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **240.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2018  
**Transaction ID : SA11AI.7675**  
 Amount of Each Receipt this Period  
 240.00  
 Memo Item  
 \$80.00/monthly

**SUBTOTAL** of Receipts This Page (optional)..... **840.00**  
**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 22   |
| <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<br><b>A. Hummel, Laura, , ,</b>                                     |  | Date of Receipt<br>MM / DD / YYYY<br>03 / 31 / 2018<br><b>Transaction ID : SA11AI.7702</b> |
| Mailing Address 807 S. Roxmere Road   |  | Amount of Each Receipt this Period<br>300.00   |
| City Tampa  | State FL   | Zip Code 33609-4235  |
| FEC ID number of contributing federal political committee.<br>C   |  | <input type="checkbox"/> Memo Item<br>\$100.00/monthly                                     |
| Name of Employer (for Individual)<br>Tampa Bay Emergency Physicians, LLC  | Occupation (for Individual)<br>Regional Education Director |  |
| Receipt For: 2018<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) Other | Aggregate Year-to-Date<br>300.00                           |  |

|   |   |  |
|---|---|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Janikas, John, , ,</b>                                     |   | Date of Receipt<br>MM / DD / YYYY<br>03 / 31 / 2018<br><b>Transaction ID : SA11AI.7688</b> |
| Mailing Address 748 Carlton Road  |   | Amount of Each Receipt this Period<br>249.99   |
| City Clifton Park   | State NY  | Zip Code 12065-1023  |
| FEC ID number of contributing federal political committee.<br>C   |   | <input type="checkbox"/> Memo Item<br>\$83.33/monthly                                      |
| Name of Employer (for Individual)<br>USACS Medical Group, LTD   | Occupation (for Individual)<br>Medical Director |  |
| Receipt For: 2018<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) Other | Aggregate Year-to-Date<br>249.99                |  |

|   |  |  |
|---|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Javery, Thomas, , ,</b>                                    |  | Date of Receipt<br>MM / DD / YYYY<br>03 / 31 / 2018<br><b>Transaction ID : SA11AI.7760</b> |
| Mailing Address 773 Witts Bridge Rd   |  | Amount of Each Receipt this Period<br>300.00   |
| City West Brookfield  | State VT   | Zip Code 05060   |
| FEC ID number of contributing federal political committee.<br>C   |  | <input type="checkbox"/> Memo Item<br>\$100.00/monthly                                     |
| Name of Employer (for Individual)<br>USACS Medical Group, LTD   | Occupation (for Individual)<br>Emergency Physician |  |
| Receipt For: 2018<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) Other | Aggregate Year-to-Date<br>300.00                   |  |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 849.99 |
| <b>TOTAL</b> 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 22   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Johnson, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 27939 Berringer Run  
 City Westlake State OH Zip Code 44145  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Management Group Occupation (for Individual) Chief Operating Officer  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other

Date of Receipt  
 03 / 31 / 2018  
**Transaction ID : SA11AI.7645**  
 Amount of Each Receipt this Period  
 450.00  
 Memo Item  
 \$150.00/monthly

**B. Jones, Bruce, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4187 Colister Drive  
 City Dublin State OH Zip Code 43016-6162  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other

Date of Receipt  
 03 / 31 / 2018  
**Transaction ID : SA11AI.7629**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 \$100.00/monthly

**C. 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) Virtual Locations Occupation (for Individual) Regional Vice President  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other

Date of Receipt  
 03 / 31 / 2018  
**Transaction ID : SA11AI.7679**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 \$100.00/monthly

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1050.00 |
| <b>TOTAL</b> 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 22                |
|   | <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. Kuchinski, Joseph, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5869 Heaven View Drive  
 City Las Vegas State NV Zip Code 89135-1296  
 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: 2018  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2018  
**Transaction ID : SA11AI.7690**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 \$100.00/monthly

**B. Land, Larry, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10014 Hazelnut Court  
 City Tampa State FL Zip Code 33647  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC Occupation (for Individual) Medical Director  
 Receipt For: 2018  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2018  
**Transaction ID : SA11AI.7701**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 \$100.00/monthly

**C. Lawrence, Linda, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4670 Armandale Avenue  
 City Canton State OH Zip Code 44718  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) President  
 Receipt For: 2018  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2018  
**Transaction ID : SA11AI.7705**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 \$100.00/monthly

|   |               |
|---|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | <b>900.00</b> |
| <b>TOTAL</b> 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 22 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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<br><b>A. Little, Andrew, , ,</b>                                    |                                    |  | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>03 / 31 / 2018 |
| Mailing Address 5514 Ayrshire Dr  |                                    |  | <b>Transaction ID : SA11AI.7613</b>                              |
| City<br>Dublin  | State<br>OH                        | Zip Code<br>43017-9428                             | Amount of Each Receipt this Period<br>300.00                     |
| FEC ID number of contributing federal political committee.<br>C   |                                    |  | <input type="checkbox"/> Memo Item<br>\$100.00/monthly           |
| Name of Employer (for Individual)<br>USACS Medical Group, LTD   |                                    | Occupation (for Individual)<br>Emergency Physician |  |
| Receipt For: 2018<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) Other | Aggregate Year-to-Date ▼<br>300.00 |  |  |

|   |                                    |   |  |
|---|------------------------------------|---|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Mann, Rubeal, , ,</b>                                      |                                    |   | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>03 / 31 / 2018 |
| Mailing Address 3334 Club Way Court   |                                    |   | <b>Transaction ID : SA11AI.7740</b>                              |
| City<br>Powell  | State<br>OH                        | Zip Code<br>43065-5146                          | Amount of Each Receipt this Period<br>300.00                     |
| FEC ID number of contributing federal political committee.<br>C   |                                    |   | <input type="checkbox"/> Memo Item<br>\$100.00/monthly           |
| Name of Employer (for Individual)<br>USACS Medical Group, LTD   |                                    | Occupation (for Individual)<br>Medical Director |  |
| Receipt For: 2018<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) Other | Aggregate Year-to-Date ▼<br>300.00 |   |  |

|   |                                    |  |  |
|---|------------------------------------|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Osmundson, Michael, , ,</b>                                |                                    |  | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>03 / 31 / 2018 |
| Mailing Address 62 East Drive   |                                    |  | <b>Transaction ID : SA11AI.7718</b>                              |
| City<br>Hartville   | State<br>OH                        | Zip Code<br>44632                        | Amount of Each Receipt this Period<br>300.00                     |
| FEC ID number of contributing federal political committee.<br>C   |                                    |  | <input type="checkbox"/> Memo Item<br>\$100.00/monthly           |
| Name of Employer (for Individual)<br>USACS Medical Group, LTD   |                                    | Occupation (for Individual)<br>President |  |
| Receipt For: 2018<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) Other | Aggregate Year-to-Date ▼<br>300.00 |  |  |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 900.00 |
| <b>TOTAL</b> 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 22   |
| <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. 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) Virtual Locations Occupation (for Individual) Co-Founder  
 Receipt For: 2018  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2018  
**Transaction ID : SA11AI.7646**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 \$100.00/monthly

**B. 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) Virtual Locations Occupation (for Individual) Regional Chief Administrative Officer  
 Receipt For: 2018  
 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  
 03 / 31 / 2018  
**Transaction ID : SA11AI.7731**  
 Amount of Each Receipt this Period  
 450.00  
 Memo Item  
 \$150.00/monthly

**C. Radford, Shawn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 210 N Wells St Apt 4001  
 City Chicago State IL Zip Code 60606-1352  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Director of Firefighters  
 Receipt For: 2018  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2018  
**Transaction ID : SA11AI.7746**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 \$100.00/monthly

|   |                |
|---|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | <b>1050.00</b> |
| <b>TOTAL</b> 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 22                |
|   | <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. 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  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC Occupation (for Individual) Associate Medical Director  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2018  
**Transaction ID : SA11AI.7664**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item  
 \$100.00/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) USACS Medical Group, LTD Occupation (for Individual) Regional Vice President  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  Other  
 Aggregate Year-to-Date **249.99**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2018  
**Transaction ID : SA11AI.7710**  
 Amount of Each Receipt this Period  
 249.99  
 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) Virtual Locations Occupation (for Individual) Regional Vice President  
 Receipt For: 2018  
 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  
 03 / 31 / 2018  
**Transaction ID : SA11AI.7606**  
 Amount of Each Receipt this Period  
 450.00  
 Memo Item  
 \$150.00/monthly

|   |               |
|---|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | <b>999.99</b> |
| <b>TOTAL</b> 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 22   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**USACS PAC**

**A. Tirheimer, Wenzel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13404 Golf Crest Way  
 City Tampa State FL Zip Code 33618  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC Occupation (for Individual) Emergency Physician  
 Receipt For: 2018  
 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  
 03 / 31 / 2018  
**Transaction ID : SA11AI.7772**  
 Amount of Each Receipt this Period  
**450.00**  
 Memo Item  
 \$150.00/monthly

**B. Tucker, Jeremy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 23959 Meredith Court  
 City Hollywood State MD Zip Code 20636  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) National Director of Patient Safety  
 Receipt For: 2018  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2018  
**Transaction ID : SA11AI.7681**  
 Amount of Each Receipt this Period  
**300.00**  
 Memo Item  
 \$100.00/monthly

**C. Watling, Bradley, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 101 E. W.T. Harris Blvd Suite 3109  
 City Mooresville State NC Zip Code 28117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Regional Vice President  
 Receipt For: 2018  
 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  
 03 / 31 / 2018  
**Transaction ID : SA11AI.7626**  
 Amount of Each Receipt this Period  
**450.00**  
 Memo Item  
 \$150.00/monthly

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

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

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

FOR LINE NUMBER: PAGE 19 OF 22  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**USACS PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Zayac, Carl, , ,

Mailing Address 5901 Velasco Ave

City Dallas    State TX    Zip Code 75206

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

Name of Employer (for Individual) USACS Medical Group, LTD    Occupation (for Individual) Firefighter

Receipt For: 2018  
 Primary     General  
 Other (specify) Other

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2018

**Transaction ID : SA11A1.7630**

Amount of Each Receipt this Period  
300.00

Memo Item  
\$100.00/monthly

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

Mailing Address

City    State    Zip Code

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City    State    Zip Code

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 300.00   |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 13888.86 |

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**USACS PAC**

|   |             |  |  |  |
|---|-------------|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Dettelbach for Ohio</b>  |             |  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 30 / 2018                       |  |
| Mailing Address 35 East Gray Street<br>Suite 403  |             |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB23.7790</b> |  |
| City<br>Columbus  | State<br>OH | Zip Code<br>43215  | Amount of Each Disbursement this Period<br>[REDACTED] 1000.00                  |  |
| Purpose of Disbursement<br>Contribution   |             | Category/<br>Type<br>011   | Memo Item <input type="checkbox"/>   |  |
| Candidate Name<br><b>Dettelbach, Steven, M, ,</b>   |             | Disbursement For: 2018<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | State: OH   | District:  |  |  |

|  |             |  |   |  |
|--|-------------|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. DR. RAUL RUIZ FOR CONGRESS</b>  |             |  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 30 / 2018                      |  |
| Mailing Address PO BOX 3433  |             |  | FEC Identification Number<br>C C00502575<br><b>Transaction ID : SB23.7787</b> |  |
| City<br>PALM DESERT  | State<br>CA | Zip Code<br>92261  | Amount of Each Disbursement this Period<br>[REDACTED] 5000.00                 |  |
| Purpose of Disbursement<br>Contribution  |             | Category/<br>Type<br>011   | Memo Item <input type="checkbox"/>  |  |
| Candidate Name<br><b>RUIZ, RAUL, , ,</b>   |             | Disbursement For: 2018<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |  |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | State: CA   | District: 36   |   |  |

|  |             |  |  |  |
|--|-------------|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Friends of John Zerwas</b>  |             |  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 30 / 2018                       |  |
| Mailing Address PO Box 852   |             |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB23.7791</b> |  |
| City<br>Fulshear   | State<br>TX | Zip Code<br>77441  | Amount of Each Disbursement this Period<br>[REDACTED] 2000.00                  |  |
| Purpose of Disbursement<br>Contribution  |             | Category/<br>Type<br>011   | Memo Item <input type="checkbox"/>   |  |
| Candidate Name<br><b>Zerwas, John, , ,</b>   |             | Disbursement For: 2018<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | State: TX   | District: 28   |  |  |

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

8000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**USACS PAC**

**A. LANGEVIN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address 181A KNIGHT STREET

City  
WARWICK

State  
RI

Zip Code  
02886

Purpose of Disbursement  
Contribution

011

Candidate Name

**LANGEVIN, JAMES R. HONORABLE, , ,**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: RI District: 02

Date of Disbursement

MM / DD / YYYY  
03 / 30 / 2018

FEC Identification Number

C C00344697

**Transaction ID : SB23.7789**

Amount of Each Disbursement this Period

1000.00

Memo Item

**B. MCKINLEY FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 642

City  
MORGANTOWN

State  
WV

Zip Code  
26507

Purpose of Disbursement  
Contribution

011

Candidate Name

**MCKINLEY, DAVID B. MR., , ,**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: WV District: 01

Date of Disbursement

MM / DD / YYYY  
02 / 20 / 2018

FEC Identification Number

C C00473132

**Transaction ID : SB23.7781**

Amount of Each Disbursement this Period

500.00

Memo Item

**C. RUIZ VICTORY FUND**

Full Name (Last, First, Middle Initial)

Mailing Address 77933 LAS MONTANAS ROAD  
#103

City  
PALM DESERT

State  
CA

Zip Code  
92211

Purpose of Disbursement  
Contribution

011

Candidate Name

**RUIZ, RAUL, , ,**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: CA District: 36

Date of Disbursement

MM / DD / YYYY  
03 / 30 / 2018

FEC Identification Number

C C00525402

**Transaction ID : SB23.7792**

Amount of Each Disbursement this Period

5000.00

Memo Item

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

6500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**USACS PAC**

Full Name (Last, First, Middle Initial)  
**A. SINEMA FOR ARIZONA**

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 01    |   | 31    |   | 2018        |

Mailing Address PO BOX 7586

City PHOENIX State AZ Zip Code 85011

FEC Identification Number

**C** C00508804

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

**Transaction ID : SB23.7780**

Amount of Each Disbursement this Period

2500.00

Candidate Name  
**SINEMA, KYRSTEN, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: AZ District: 09

Memo Item

Full Name (Last, First, Middle Initial)  
**B. SINEMA FOR ARIZONA**

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    |   | 30    |   | 2018        |

Mailing Address PO BOX 7586

City PHOENIX State AZ Zip Code 85011

FEC Identification Number

**C** C00508804

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

**Transaction ID : SB23.7788**

Amount of Each Disbursement this Period

2500.00

Candidate Name  
**SINEMA, KYRSTEN, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: AZ District: 09

Memo Item

Full Name (Last, First, Middle Initial)  
**C.**

Date of Disbursement

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

Mailing Address

City State Zip Code

FEC Identification Number

**C**

Purpose of Disbursement

Category/  
Type

Amount of Each Disbursement this Period

Candidate Name

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

Memo Item

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

5000.00

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

19500.00