

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

USACS PAC

ADDRESS (number and street) 4535 Dressler RD NW

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

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

C C00544957

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

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

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

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

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

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

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

5. Covering Period M M / D D / Y Y Y Y Y Y 01 / 01 / 2019 through M M / D D / Y Y Y Y Y Y 06 / 30 / 2019

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 M M / D D / Y Y Y Y Y Y 07 / 30 / 2019

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

Office Use Only									
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

USACS PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2019"/>		105141.76
(b) Cash on Hand at Beginning of Reporting Period.....	105141.76	
(c) Total Receipts (from Line 19)	117842.16	117842.16
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	222983.92	222983.92
7. Total Disbursements (from Line 31).....	93500.00	93500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	129483.92	129483.92
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

USACS PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	96834.31	96834.31
(ii) Unitemized	14507.85	14507.85
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	111342.16	111342.16
(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)	111342.16	111342.16
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.....	3500.00	3500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	3000.00	3000.00
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)).....▶	117842.16	117842.16
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	117842.16	117842.16

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.....	74500.00	74500.00
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).....	19000.00	19000.00
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)) ..	93500.00	93500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	93500.00	93500.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	111342.16	111342.16
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	111342.16	111342.16
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 71
	<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. Aboutalib, Angela, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 East Erie St
 Apt 3306
 City Chicago State IL Zip Code 60611-3169
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Senior Director of Quality and Educati
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 06 / 30 / 2019
Transaction ID : SA11AI.9108
 Amount of Each Receipt this Period
 600.00
 Memo Item
 \$100.00/monthly

B. Albaugh, Chad, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1602 River Bluff Rd
 City Morehead City State NC Zip Code 28557
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Medical Director
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 06 / 30 / 2019
Transaction ID : SA11AI.9340
 Amount of Each Receipt this Period
 600.00
 Memo Item
 \$150.00/monthly

C. Aldeen, Amer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17327 Ladera Estates Blvd
 City Lutz State FL Zip Code 33548-4817
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Chief Medical Officer
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 06 / 30 / 2019
Transaction ID : SA11AI.9306
 Amount of Each Receipt this Period
 600.00
 Memo Item
 \$150.00/monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 71
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Aldred, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6300 La Calma Drive, Suite 200
 City Leander State TX Zip Code 78641-3628
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) System Medical Director
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2019
Transaction ID : SA11AI.9330
 Amount of Each Receipt this Period 600.00
 Memo Item
 \$150.00/monthly

B. Anderson, Britney, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 637 Ruby Trust Way
 City Castle Rock State CO Zip Code 80108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Regional Vice President
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2019
Transaction ID : SA11AI.9334
 Amount of Each Receipt this Period 400.00
 Memo Item
 \$100.00/monthly

C. 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) USACS Medical Group, LTD Occupation (for Individual) Emergency Physician
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 333.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2019
Transaction ID : SA11AI.9279
 Amount of Each Receipt this Period 333.32
 Memo Item
 \$83.33/monthly

SUBTOTAL of Receipts This Page (optional).....	1333.32
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 71
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Atez, Francisco, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2019
Mailing Address 17376 Emerald Chase Drive		Transaction ID : SA11AI.9156
City Tampa	State FL	Zip Code 33647
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 600.00	
Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC	Occupation (for Individual) Regional Director of Risk Management	<input type="checkbox"/> Memo Item \$100.00/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 600.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Augustine, James, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2019
Mailing Address 7868 Classics Dr.		Transaction ID : SA11AI.9170
City Naples	State FL	Zip Code 34113-3063
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 900.00	
Name of Employer (for Individual) Virtual Locations	Occupation (for Individual) Chairman, National Clinical Governanc	<input type="checkbox"/> Memo Item \$150.00/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 900.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Bagnoli, Dominic, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2019
Mailing Address 50 East Drive		Transaction ID : SA11AI.9146
City Hartville	State OH	Zip Code 44632
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2499.78	
Name of Employer (for Individual) USACS Management Group	Occupation (for Individual) Executive Chairman	<input type="checkbox"/> Memo Item \$416.63/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 2499.78	

SUBTOTAL of Receipts This Page (optional).....▶	3999.78
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 71
	<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 MM / DD / YYYY 06 / 30 / 2019
Mailing Address 1209 E Cumberland Ave Unit #1404		Transaction ID : SA11AI.9332
City Tampa	State FL	Zip Code 33602
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC	Occupation (for Individual) Regional Vice President	<input type="checkbox"/> Memo Item \$150.00/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 600.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Baker, Mark, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2019
Mailing Address 34 Puukani Place		Transaction ID : SA11AI.9418
City Kailua	State HI	Zip Code 96734
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Emergency Physician	<input type="checkbox"/> Memo Item \$500.00/one-time
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Balewick, Donna, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2019
Mailing Address 626 Phillips Rd		Transaction ID : SA11AI.9364
City Blairsville	State PA	Zip Code 15717-4233
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer (for Individual) AHN Medical Group, LLC	Occupation (for Individual) Medical Director of Integrated Acute C	<input type="checkbox"/> Memo Item \$150.00/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional).....	1700.00
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 71
	<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. Bedolla, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1000 San Marcos Street
 Unit 324
 City Austin State TX Zip Code 78702-2667
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) Emergency Physician
 Receipt For: 2019
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **300.00**

Date of Receipt
 06 / 30 / 2019
Transaction ID : SA11AI.9504
 Amount of Each Receipt this Period
 300.00
 Memo Item
 \$100.00/monthly

B. Bender, Sean, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 520 Elm Street
 City Denver State CO Zip Code 80220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Regional Vice President
 Receipt For: 2019
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **600.00**

Date of Receipt
 06 / 30 / 2019
Transaction ID : SA11AI.9460
 Amount of Each Receipt this Period
 600.00
 Memo Item
 \$150.00/monthly

C. Bescherer, Rudolph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 32 Fieldcrest Dr
 City Westampton State NJ Zip Code 08060-5656
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Firefighter
 Receipt For: 2019
 Primary General
 Other (specify) **Other**
 Aggregate Year-to-Date **300.00**

Date of Receipt
 06 / 30 / 2019
Transaction ID : SA11AI.9247
 Amount of Each Receipt this Period
 300.00
 Memo Item
 \$100.00/monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 71
	<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. Biersbach, Raymond, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 234 Lakeshore Dr
 City Mooresville State NC Zip Code 28117-7535
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Quality Director
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 06 / 30 / 2019
Transaction ID : SA11AI.9240
 Amount of Each Receipt this Period
 600.00
 Memo Item
 \$100.00/monthly

B. Billington, Jon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9185 Brushboro Ct
 City Brentwood State TN Zip Code 37027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Chief Financial Officer
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 06 / 30 / 2019
Transaction ID : SA11AI.9404
 Amount of Each Receipt this Period
 600.00
 Memo Item
 \$150.00/monthly

C. Bishop, Sara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1105 Pinnacle Court
 City Morehead City State NC Zip Code 28557
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) APP Lead
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 06 / 30 / 2019
Transaction ID : SA11AI.9458
 Amount of Each Receipt this Period
 300.00
 Memo Item
 \$75.00/monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 71
<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. Bissell, Brad, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3535 Selwyn Farms Ln.
 City Charlotte State NC Zip Code 28209-4082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2019
Transaction ID : SA11AI.9326
 Amount of Each Receipt this Period
600.00
 Memo Item
 \$150.00/monthly

B. Blankenship, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7058 Ravens Run
 City Cincinnati State OH Zip Code 45244-3591
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2019
Transaction ID : SA11AI.9452
 Amount of Each Receipt this Period
600.00
 Memo Item
 \$150.00/monthly

C. Bown, Nicholas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 532 College Blvd
 City San Antonio State TX Zip Code 78209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) Medical Director
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2019
Transaction ID : SA11AI.9438
 Amount of Each Receipt this Period
600.00
 Memo Item
 \$150.00/monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 71
	<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. Bradstreet, Jennifer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8026 Vanity Hill
 City San Antonio State TX Zip Code 78256-2509
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Regional Vice President
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **700.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2019
Transaction ID : SA11AI.9175
 Amount of Each Receipt this Period
700.00
 Memo Item
 \$150.00/monthly

B. Brice, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2801 Franciscan St
 City College Station State TX Zip Code 77845
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) Medical Director
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2019
Transaction ID : SA11AI.9424
 Amount of Each Receipt this Period
400.00
 Memo Item
 \$100.00/monthly

C. Burrell, Herman, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 802 Hills Creek Dr
 City McKinney State TX Zip Code 75072
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Management Group Occupation (for Individual) Chief Human Resource Officer
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2019
Transaction ID : SA11AI.9374
 Amount of Each Receipt this Period
600.00
 Memo Item
 \$150.00/monthly

SUBTOTAL of Receipts This Page (optional).....	1700.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 14 OF 71
(check only one)

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

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Caceres, Camilo, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2419 Smallman Street
Unit 401

City Pittsburgh State PA Zip Code 15222-5643

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

Name of Employer (for Individual) AHN Medical Group, LLC Occupation (for Individual) Quality Director

Receipt For: 2019
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date **600.00**

Date of Receipt
MM / DD / YYYY
06 / 30 / 2019

Transaction ID : SA11AI.9338

Amount of Each Receipt this Period
600.00

Memo Item
\$150.00/monthly

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

Mailing Address 13605 Diamond Head Dr

City Tampa State FL Zip Code 33624-2528

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

Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC Occupation (for Individual) PA Compliance and Regulations Coord

Receipt For: 2019
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date **225.00**

Date of Receipt
MM / DD / YYYY
06 / 30 / 2019

Transaction ID : SA11AI.9294

Amount of Each Receipt this Period
225.00

Memo Item
\$50.00/monthly

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

Mailing Address 2408 Marsh Tern Ln

City Morehead City State NC Zip Code 28557-4772

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

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

Receipt For: 2019
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date **600.00**

Date of Receipt
MM / DD / YYYY
06 / 30 / 2019

Transaction ID : SA11AI.9336

Amount of Each Receipt this Period
600.00

Memo Item
\$150.00/monthly

SUBTOTAL of Receipts This Page (optional)..... **1425.00**

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 71
	<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. Casey, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5156 Baker Ridge Dr.
 City Columbus State OH Zip Code 43228
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) National Director of Scholars
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 770.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2019
Transaction ID : SA11AI.9185
 Amount of Each Receipt this Period
 770.00
 Memo Item
 \$150.00/monthly

B. Cetta, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16 Piney Glen Court
 City Potomac State MD Zip Code 20854
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Management Group Occupation (for Individual) Chief of Integrated Acute Care
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2019
Transaction ID : SA11AI.9221
 Amount of Each Receipt this Period
 1800.00
 Memo Item
 \$400.00/monthly

C. 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 02874-1943
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Director of Government Affairs
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2019
Transaction ID : SA11AI.9209
 Amount of Each Receipt this Period
 900.00
 Memo Item
 \$150.00/monthly

SUBTOTAL of Receipts This Page (optional).....	3470.00
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 71
	<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. Cline, Gretchann, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8506 Queen Heights
 City San Antonio State TX Zip Code 78254-2329
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) System APP Lead
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2019
Transaction ID : SA11AI.9288
 Amount of Each Receipt this Period 225.00
 Memo Item
 \$50.00/monthly

B. Colfer, Orion, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2523 Hanover Ave
 City Richmond State VA Zip Code 23220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) National Director of Patient Experienc
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2019
Transaction ID : SA11AI.9233
 Amount of Each Receipt this Period 700.00
 Memo Item
 \$150.00/monthly

C. Conley, Amy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6419 Renwick Circle
 City Tampa State FL Zip Code 33647
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC Occupation (for Individual) Regional Transfer Center Director
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2019
Transaction ID : SA11AI.9101
 Amount of Each Receipt this Period 600.00
 Memo Item
 \$100.00/monthly

SUBTOTAL of Receipts This Page (optional).....▶ 1525.00
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 71
<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. Cook, Alexander, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2019
Mailing Address 8780 Surrey Place		Transaction ID : SA11AI.9097
City Maineville	State OH	Zip Code 45039-9519
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 420.00
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Director of APPs	<input type="checkbox"/> Memo Item \$80.00/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 420.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Coomes, Justin, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2019
Mailing Address 7762 Westwind Lane		Transaction ID : SA11AI.9188
City Montgomery	State OH	Zip Code 45242-5008
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.01
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$150.00/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 500.01	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Correll, Bodie, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2019
Mailing Address 782 Archie Lane		Transaction ID : SA11AI.9286
City Belton	State TX	Zip Code 76513
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer (for Individual) Emergency Service Partners, LLC	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$150.00/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 750.00	

SUBTOTAL of Receipts This Page (optional).....	1670.01
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 71
<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. Corrigan, Kevin, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2019
Mailing Address 9338 Standerwick Ln		Transaction ID : SA11AI.9197
City Huntersville	State NC	Zip Code 28078
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 633.34
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Interim Medical Director	<input type="checkbox"/> Memo Item \$150.00/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 633.34	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Darnell, Mark, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2019
Mailing Address 5125 Duffy Rd. SE		Transaction ID : SA11AI.9420
City Lancaster	State OH	Zip Code 43130-9451
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$150.00/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 600.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. De Angelis, Sydney, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2019
Mailing Address 114 E Church St		Transaction ID : SA11AI.9259
City Frederick	State MD	Zip Code 21701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer (for Individual) MEP Health, LLC	Occupation (for Individual) Emergency Physician	<input type="checkbox"/> Memo Item \$100.00/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional).....	1833.34
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 71
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Denmark, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13122 S Yorktown Ave
 City Bixby State OK Zip Code 74008-7665
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Chairman
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **300.00**

Date of Receipt
 06 / 30 / 2019
Transaction ID : SA11AI.9263
 Amount of Each Receipt this Period
300.00
 Memo Item
 \$50.00/monthly

B. DiRando, Jesse, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 33531 Royal Saint George Drive
 City Avon State OH Zip Code 44011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Vice President, Clinical Resource Grou
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **640.00**

Date of Receipt
 06 / 30 / 2019
Transaction ID : SA11AI.9180
 Amount of Each Receipt this Period
640.00
 Memo Item
 \$150.00/monthly

C. Doss, Belinda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1344 County Road 3552
 City Queen City State TX Zip Code 75572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) APP Lead
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **300.00**

Date of Receipt
 06 / 30 / 2019
Transaction ID : SA11AI.9322
 Amount of Each Receipt this Period
300.00
 Memo Item
 \$75.00/monthly

SUBTOTAL of Receipts This Page (optional)..... **1240.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 71
	<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. Dschaak, Tyler, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8400 Brownsboro PI

City Anderson State OH Zip Code 45255-4737

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

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

Receipt For: 2019
 Primary General
 Other (specify) Other

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **06 / 30 / 2019**

Transaction ID : SA11AI.9482

Amount of Each Receipt this Period **600.00**

Memo Item \$150.00/monthly

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

Mailing Address 1455 Hunakai St. Apt. 1

City Honolulu State HI Zip Code 96816-5526

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

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

Receipt For: 2019
 Primary General
 Other (specify) Other

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **06 / 30 / 2019**

Transaction ID : SA11AI.9236

Amount of Each Receipt this Period **300.00**

Memo Item \$50.00/monthly

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

Mailing Address 28671 Corbara Place

City Wesley Chapel State FL Zip Code 33543

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

Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC Occupation (for Individual) Regional Chief Medical Officer

Receipt For: 2019
 Primary General
 Other (specify) Other

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **06 / 30 / 2019**

Transaction ID : SA11AI.9464

Amount of Each Receipt this Period **600.00**

Memo Item \$150.00/monthly

SUBTOTAL of Receipts This Page (optional)..... **1500.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 71
	<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. Eisenberg, Steven, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35590 Michael Drive
 City Solon State OH Zip Code 44139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Management Group Occupation (for Individual) General Counsel
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 825.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2019
Transaction ID : SA11AI.9252
 Amount of Each Receipt this Period
 825.00
 Memo Item
 \$150.00/monthly

B. Falcone, Angelo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2606 Tridelphia Lake Road
 City Brookeville State MD Zip Code 20833
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Management Group Occupation (for Individual) President
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2019
Transaction ID : SA11AI.9110
 Amount of Each Receipt this Period
 900.00
 Memo Item
 \$150.00/monthly

C. Feigenbaum, Sarah, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 N Edsall Ave
 City Nanuet State NY Zip Code 10954-2503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) APP Lead
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2019
Transaction ID : SA11AI.9516
 Amount of Each Receipt this Period
 225.00
 Memo Item
 \$75.00/monthly

SUBTOTAL of Receipts This Page (optional).....	1950.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 71
	<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. Ferrand, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 193 Bryna Lane
 City Carnegie State PA Zip Code 15106-1473
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Firefighter
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 06 / 30 / 2019
Transaction ID : SA11AI.9142
 Amount of Each Receipt this Period
 600.00
 Memo Item
 \$100.00/monthly

B. Fleming, Sean, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2300 Shoreham Circle
 City Lewisville State TX Zip Code 75056
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Medical Director
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 06 / 30 / 2019
Transaction ID : SA11AI.9462
 Amount of Each Receipt this Period
 600.00
 Memo Item
 \$150.00/monthly

C. Forcada-Lowrie, Raymundo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 775 Potters Ave
 City Providence State RI Zip Code 02907-3075
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Firefighter
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 06 / 30 / 2019
Transaction ID : SA11AI.9242
 Amount of Each Receipt this Period
 500.00
 Memo Item
 \$100.00/monthly

SUBTOTAL of Receipts This Page (optional).....	1700.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 71
	<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. Foss, David, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 915 Tschoepe Rd

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

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

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

Receipt For: 2019
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date ▼
450.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2019

Transaction ID : SA11AI.9498

Amount of Each Receipt this Period
450.00

Memo Item
\$150.00/monthly

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

Mailing Address 3845 Greenbrier Drive

City Dallas	State TX	Zip Code 75225
----------------	-------------	-------------------

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

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

Receipt For: 2019
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date ▼
450.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2019

Transaction ID : SA11AI.9500

Amount of Each Receipt this Period
450.00

Memo Item
\$150.00/monthly

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

Mailing Address 12814 Doe Lane

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

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

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

Receipt For: 2019
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date ▼
450.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2019

Transaction ID : SA11AI.9518

Amount of Each Receipt this Period
450.00

Memo Item
\$150.00/monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 71
	<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. Gamma, Brett, , ,

Mailing Address 14930 Finegan Farm Drive

City Darnestown	State MD	Zip Code 20874
--------------------	-------------	-------------------

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

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

Receipt For: 2019
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2019

Transaction ID : SA11AI.9120

Amount of Each Receipt this Period
300.00

Memo Item
\$50.00/monthly

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

Mailing Address 7700 Overlook Hills Lane

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

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

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

Receipt For: 2019
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date ▼
440.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2019

Transaction ID : SA11AI.9255

Amount of Each Receipt this Period
440.00

Memo Item
\$100.00/monthly

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

Mailing Address 21910 Helen Lane

City Leonardtown	State MD	Zip Code 20650-2220
---------------------	-------------	------------------------

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

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

Receipt For: 2019
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date ▼
499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2019

Transaction ID : SA11AI.9137

Amount of Each Receipt this Period
499.98

Memo Item
\$83.33/monthly

SUBTOTAL of Receipts This Page (optional).....	1239.98
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Gindlesperger, Krisi, , ,

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 Management Group	Occupation (for Individual) Vice President - National Director of
---	--

Receipt For: 2019
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date ▼
600.00

Date of Receipt
06 / 30 / 2019

Transaction ID : SA11AI.9198

Amount of Each Receipt this Period
600.00

Memo Item
\$100.00/monthly

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

Mailing Address 4417 Leonard Road

City Bryan	State TX	Zip Code 77807
---------------	-------------	-------------------

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

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

Receipt For: 2019
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date ▼
400.00

Date of Receipt
06 / 30 / 2019

Transaction ID : SA11AI.9446

Amount of Each Receipt this Period
400.00

Memo Item
\$100.00/monthly

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

Mailing Address 4527 Scarlet Loop

City Wesley Chapel	State FL	Zip Code 33544
-----------------------	-------------	-------------------

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

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

Receipt For: 2019
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date ▼
600.00

Date of Receipt
06 / 30 / 2019

Transaction ID : SA11AI.9384

Amount of Each Receipt this Period
600.00

Memo Item
\$150.00/monthly

SUBTOTAL of Receipts This Page (optional).....	1600.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 71
	<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. Groomes, Roderick, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2019
Mailing Address 417 Edgewood Drive		Transaction ID : SA11AI.9245
City Sarver	State PA	Zip Code 16055-9266
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 300.00
Name of Employer (for Individual) AHN Medical Group, LLC	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$50.00/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Guyton, Steven, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2019
Mailing Address 111 Stillwater Lane		Transaction ID : SA11AI.9253
City Pittsburgh	State PA	Zip Code 15143-8899
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 900.00
Name of Employer (for Individual) AHN Medical Group, LLC	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$150.00/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 900.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Hall, Timothy, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2019
Mailing Address 1380 Woodhurst Drive		Transaction ID : SA11AI.9264
City Rock Hill	State SC	Zip Code 29732-2082
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 633.34
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Emergency Physician	<input type="checkbox"/> Memo Item \$150.00/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 633.34	

SUBTOTAL of Receipts This Page (optional).....	1833.34
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 71
	<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. Harris, Robert, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2019
Mailing Address 474 Rosina Vista Street		Transaction ID : SA11AI.9450
City Las Vegas	State NV	Zip Code 89138
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer (for Individual) Virtual Locations	Occupation (for Individual) Vice President, Operations Southeast a	<input type="checkbox"/> Memo Item \$150.00/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 600.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Henry, Androni, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2019
Mailing Address 241 Sweet Gum Road		Transaction ID : SA11AI.9308
City Pittsburgh	State PA	Zip Code 15238-1353
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer (for Individual) AHN Medical Group, LLC	Occupation (for Individual) Medical Director of Integrated Acute C	<input type="checkbox"/> Memo Item \$150.00/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 600.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Hibbs, Nathaniel, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2019
Mailing Address 6634 S. Prescott Way		Transaction ID : SA11AI.9227
City Littleton	State CO	Zip Code 80120
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer (for Individual) Colorado Emergency Service Physicians,	Occupation (for Individual) Emergency Physician	<input type="checkbox"/> Memo Item \$100.00/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 600.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 71
	<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. Higginbotham, Eric, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1701B South 2nd Street Unit B
 City Austin State TX Zip Code 78704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) Medical Director
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2019
Transaction ID : SA11AI.9370
 Amount of Each Receipt this Period
 600.00
 Memo Item
 \$150.00/monthly

B. Hummel, Laura, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 807 S. Roxmere Road
 City Tampa State FL Zip Code 33609-4235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC Occupation (for Individual) Regional Education Director
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2019
Transaction ID : SA11AI.9202
 Amount of Each Receipt this Period
 400.00
 Memo Item
 \$100.00/monthly

C. Hydari, Irfan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3203 Walnut Ave
 City Austin State TX Zip Code 78722-1635
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Regional Vice President
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2019
Transaction ID : SA11AI.9378
 Amount of Each Receipt this Period
 600.00
 Memo Item
 \$150.00/monthly

SUBTOTAL of Receipts This Page (optional).....	1600.00
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 29 OF 71
	<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. Iyer, Sujit, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2019
Mailing Address 1204 Kinney Avenue		Transaction ID : SA11AI.9470
City Austin	State TX	Zip Code 78704
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer (for Individual) Emergency Service Partners, LLC	Occupation (for Individual) Emergency Physician	<input type="checkbox"/> Memo Item \$100.00/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 400.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Janikas, John, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2019
Mailing Address 748 Carlton Road		Transaction ID : SA11AI.9186
City Clifton Park	State NY	Zip Code 12065-1023
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 499.98
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$83.33/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 499.98	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Jeffrey, Douglas, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2019
Mailing Address 1109 Bluebonnet Lane		Transaction ID : SA11AI.9275
City Austin	State TX	Zip Code 78704-2005
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer (for Individual) Emergency Service Partners, LLC	Occupation (for Individual) Emergency Physician	<input type="checkbox"/> Memo Item \$150.00/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 750.00	

SUBTOTAL of Receipts This Page (optional).....	1649.98
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 71
	<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. Jenis, Andrew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 115 Cayuga Heights Road
 City Ithaca State NY Zip Code 14850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Regional Vice President
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **700.00**

Date of Receipt **06 / 30 / 2019**
Transaction ID : SA11AI.9102
 Amount of Each Receipt this Period **700.00**
 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) Virtual Locations Occupation (for Individual) Medical Director
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **800.00**

Date of Receipt **06 / 30 / 2019**
Transaction ID : SA11AI.9122
 Amount of Each Receipt this Period **800.00**
 Memo Item
 \$150.00/monthly

C. Kapadia, Homi, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31281 Island Dr
 City Evergreen State CO Zip Code 80439-8966
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Regional Vice President
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **640.00**

Date of Receipt **06 / 30 / 2019**
Transaction ID : SA11AI.9165
 Amount of Each Receipt this Period **640.00**
 Memo Item
 \$150.00/monthly

SUBTOTAL of Receipts This Page (optional).....	2140.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 71
	<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. Kella, Vipul, , ,			Date of Receipt MM / DD / YYYY 06 / 30 / 2019
Mailing Address 11808 Woodthrus Lane			Transaction ID : SA11AI.9269
City Potomac	State MD	Zip Code 20854	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$50.00/monthly
Name of Employer (for Individual) MEP Health, LLC		Occupation (for Individual) Emergency Physician	
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 300.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Keller, Bradford, , ,			Date of Receipt MM / DD / YYYY 03 / 29 / 2019
Mailing Address 313 East Scranton Avenue			Transaction ID : SA11AI.9618
City Lake Bluff	State IL	Zip Code 60044	Amount of Each Receipt this Period 1800.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$1,800/one time
Name of Employer (for Individual) USACS Management Group		Occupation (for Individual) EVP of Managed Care	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date 1800.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Keller, Noah, , ,			Date of Receipt MM / DD / YYYY 06 / 30 / 2019
Mailing Address 10119 Easterday Court			Transaction ID : SA11AI.9231
City Hagerstown	State MD	Zip Code 21742	Amount of Each Receipt this Period 700.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item \$150.00/monthly
Name of Employer (for Individual) Virtual Locations		Occupation (for Individual) Regional Vice President	
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 700.00		

SUBTOTAL of Receipts This Page (optional).....	2800.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 32 OF 71
<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. 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: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 06 / 30 / 2019
Transaction ID : SA11AI.9173
 Amount of Each Receipt this Period
 600.00
 Memo Item
 \$100.00/monthly

B. Kim, Edward, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1513 Morning Moon Circle
 City Austin State TX Zip Code 78732
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) Associate Medical Director
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 06 / 30 / 2019
Transaction ID : SA11AI.9368
 Amount of Each Receipt this Period
 600.00
 Memo Item
 \$150.00/monthly

C. Kirtz, Jeremy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 906 S Fremont Ave
 City Tampa State FL Zip Code 33606
 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: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 06 / 30 / 2019
Transaction ID : SA11AI.9284
 Amount of Each Receipt this Period
 300.00
 Memo Item
 \$50.00/monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 71
	<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. Klein, David, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11736 Gainsborough Road

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

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

Name of Employer (for Individual) USACS Management Group	Occupation (for Individual) National Director of Quality
---	---

Receipt For: 2019
 Primary General
 Other (specify) Other

Aggregate Year-to-Date ▼
400.00

Date of Receipt
06 / 30 / 2019
Transaction ID : SA11AI.9139

Amount of Each Receipt this Period
400.00

Memo Item
\$100.00/monthly

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

Mailing Address 6014 Bryant Street

City Pittsburgh	State PA	Zip Code 15206-1740
--------------------	-------------	------------------------

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: 2019
 Primary General
 Other (specify) Other

Aggregate Year-to-Date ▼
240.00

Date of Receipt
06 / 30 / 2019
Transaction ID : SA11AI.9168

Amount of Each Receipt this Period
240.00

Memo Item
\$50.00/monthly

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

Mailing Address 1108 Paxon Court

City Bellbrook	State OH	Zip Code 45305-8959
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Virtual Locations	Occupation (for Individual) National Director of Continuing Medica
--	---

Receipt For: 2019
 Primary General
 Other (specify) Other

Aggregate Year-to-Date ▼
640.00

Date of Receipt
06 / 30 / 2019
Transaction ID : SA11AI.9182

Amount of Each Receipt this Period
640.00

Memo Item
\$150.00/monthly

SUBTOTAL of Receipts This Page (optional).....	1280.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 34 OF 71
<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. 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: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 1450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2019
Transaction ID : SA11AI.9187
 Amount of Each Receipt this Period
 1450.00
 Memo Item
 \$250.00/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: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2019
Transaction ID : SA11AI.9201
 Amount of Each Receipt this Period
 600.00
 Memo Item
 \$150.00/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 Management Group Occupation (for Individual) President
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2019
Transaction ID : SA11AI.9206
 Amount of Each Receipt this Period
 800.00
 Memo Item
 \$150.00/monthly

SUBTOTAL of Receipts This Page (optional).....	2850.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 71
	<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. LeBlanc, Louis, , ,			Date of Receipt
Mailing Address 1428 Lacy Lane			<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2019"/>
City Rock Hill	State SC	Zip Code 29732-7723	Transaction ID : SA11AI.9210
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="300.00"/>
Name of Employer (for Individual) Virtual Locations		Occupation (for Individual) Firefighter	<input type="checkbox"/> Memo Item \$50.00/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="text" value="Other"/>		Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Lee, Sidney, , ,			Date of Receipt
Mailing Address 1200 Queen Emma Street Apt 2001			<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2019"/>
City Honolulu	State HI	Zip Code 96813-6311	Transaction ID : SA11AI.9250
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="300.00"/>
Name of Employer (for Individual) USACS Medical Group, LTD		Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$50.00/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="text" value="Other"/>		Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Lewis, Brandon, , ,			Date of Receipt
Mailing Address 3648 Calusa Springs Dr			<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2019"/>
City College Station	State TX	Zip Code 77845-4545	Transaction ID : SA11AI.9328
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="600.00"/>
Name of Employer (for Individual) Virtual Locations		Occupation (for Individual) Regional Vice President	<input type="checkbox"/> Memo Item \$150.00/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="text" value="Other"/>		Aggregate Year-to-Date ▼ <input type="text" value="600.00"/>	

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="1200.00"/>
TOTAL This Period (last page this line number only).....	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 36 OF 71
	(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. Lewis, Kelli, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 137 Harrison Street

City Denver	State CO	Zip Code 80206-5538
----------------	-------------	------------------------

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: 2019
 Primary General
 Other (specify) Other

Aggregate Year-to-Date ▼
600.00

Date of Receipt
06 / 30 / 2019

Transaction ID : SA11AI.9410

Amount of Each Receipt this Period
600.00

Memo Item
\$150.00/monthly

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

Mailing Address 5514 Ayrshire Dr

City Dublin	State OH	Zip Code 43017-9428
----------------	-------------	------------------------

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

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

Receipt For: 2019
 Primary General
 Other (specify) Other

Aggregate Year-to-Date ▼
600.00

Date of Receipt
06 / 30 / 2019

Transaction ID : SA11AI.9103

Amount of Each Receipt this Period
600.00

Memo Item
\$100.00/monthly

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

Mailing Address 2554 E. Maplewood Ave.

City Centennial	State CO	Zip Code 80121
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Colorado Emergency Service Physicians,	Occupation (for Individual) Co-Medical Director
---	--

Receipt For: 2019
 Primary General
 Other (specify) Other

Aggregate Year-to-Date ▼
600.00

Date of Receipt
06 / 30 / 2019

Transaction ID : SA11AI.9396

Amount of Each Receipt this Period
600.00

Memo Item
\$150.00/monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 71
	<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. Lynch, Patrick, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2019
Mailing Address 229 N Church Street Unit 204		Transaction ID : SA11AI.9444
City Charlotte	State NC	Zip Code 28202-2259
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1200.00
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$1,200.00/one-time
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 1200.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. MacLean, Craig, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2019
Mailing Address 64 Newfields Road		Transaction ID : SA11AI.9131
City Exeter	State NH	Zip Code 03833-4542
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 800.00
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Director of Quality	<input type="checkbox"/> Memo Item \$150.00/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 800.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. MacLeod, Bruce, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2019
Mailing Address 30 Isabella Street		Transaction ID : SA11AI.9121
City Pittsburgh	State PA	Zip Code 15228-1615
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 602.00
Name of Employer (for Individual) Virtual Locations	Occupation (for Individual) Regional Vice President	<input type="checkbox"/> Memo Item \$150.00/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 602.00	

SUBTOTAL of Receipts This Page (optional).....	2602.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 71
	<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. Mann, Rubeal, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10122 Concord Road
 City Dublin State OH Zip Code 43017-9434
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **600.00**

Date of Receipt **06 / 30 / 2019**
Transaction ID : SA11AI.9246
 Amount of Each Receipt this Period **600.00**
 Memo Item
 \$100.00/monthly

B. Martinez, Anthony, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7897 Broadway St. Unit 1001
 City San Antonio State TX Zip Code 78209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) System Medical Director
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **600.00**

Date of Receipt **06 / 30 / 2019**
Transaction ID : SA11AI.9316
 Amount of Each Receipt this Period **600.00**
 Memo Item
 \$150.00/monthly

C. Mayz, Kurtis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 E Main St Ste 404
 City Champaign State IL Zip Code 61820-1313
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Firefighter
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **900.00**

Date of Receipt **06 / 30 / 2019**
Transaction ID : SA11AI.9199
 Amount of Each Receipt this Period **900.00**
 Memo Item
 \$150.00/monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 71
	<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. McAtee, Jill, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8112 Sweet Dreams Court
 City Las Vegas State NV Zip Code 89131-1537
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Advanced Practice Provider
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **320.00**

Date of Receipt **06 / 30 / 2019**
Transaction ID : SA11AI.9278
 Amount of Each Receipt this Period **320.00**
 Memo Item
 \$75.00/monthly

B. McCutcheon, Edward, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 605 McDonald Ave
 City Charlotte State NC Zip Code 28203
 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: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **633.34**

Date of Receipt **06 / 30 / 2019**
Transaction ID : SA11AI.9152
 Amount of Each Receipt this Period **633.34**
 Memo Item
 \$150.00/monthly

C. McManus, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 3484
 City Durango State CO Zip Code 81302-3484
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Colorado Emergency Service Physicians, Occupation (for Individual) Medical Director
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **400.00**

Date of Receipt **06 / 30 / 2019**
Transaction ID : SA11AI.9400
 Amount of Each Receipt this Period **400.00**
 Memo Item
 \$100.00/monthly

SUBTOTAL of Receipts This Page (optional).....	1353.34
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 71
	<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. Meers, Holley, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2019
Mailing Address 24 Quincy Street		Transaction ID : SA11AI.9376
City Chevy Chase	State MD	Zip Code 20815-4227
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer (for Individual) MEP Health, LLC	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$100.00/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 400.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Meyer, Kendra, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2019
Mailing Address 85 Beatty Lane		Transaction ID : SA11AI.9192
City Scenery Hill	State PA	Zip Code 15360-1537
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer (for Individual) AHN Medical Group, LLC	Occupation (for Individual) Director of APPs	<input type="checkbox"/> Memo Item \$50.00/monthly
Receipt For: 2019 <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. Misra, Swarup, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2019
Mailing Address 9667 Ashley Green Ct NW		Transaction ID : SA11AI.9257
City Concord	State NC	Zip Code 28027
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 633.34
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Quality Director	<input type="checkbox"/> Memo Item \$150.00/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 633.34	

SUBTOTAL of Receipts This Page (optional).....	1333.34
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 71
	<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. Mittleman, Craig, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2019
Mailing Address 25 Equestrian Ridge		Transaction ID : SA11AI.9133
City Newtown	State CT	Zip Code 06470
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer (for Individual) MEP Health, LLC	Occupation (for Individual) Emergency Physician (Nantucket Cottag	<input type="checkbox"/> Memo Item \$50.00/monthly
Receipt For: 2019 <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. Myers, Troy, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2019
Mailing Address 304 Lanyard Dr		Transaction ID : SA11AI.9480
City Newport	State NC	Zip Code 28570
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Emergency Physician	<input type="checkbox"/> Memo Item \$150.00/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 600.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Natali, David, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2019
Mailing Address 115 Pheasant Drive		Transaction ID : SA11AI.9360
City Blawnox	State PA	Zip Code 15238-2207
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer (for Individual) AHN Medical Group, LLC	Occupation (for Individual) Emergency Physician	<input type="checkbox"/> Memo Item \$150.00/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 600.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 71
	<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. Osmundson, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 62 East Dr.
 City Hartville State OH Zip Code 44632-8890
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Management Group Occupation (for Individual) President
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 06 / 30 / 2019
Transaction ID : SA11AI.9220
 Amount of Each Receipt this Period
 900.00
 Memo Item
 \$150.00/monthly

B. Otwell, Justin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1736 Oakview Rd
 City Decatur State GA Zip Code 30030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Management Group Occupation (for Individual) Vice President of Claims and Risk Man
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 06 / 30 / 2019
Transaction ID : SA11AI.9281
 Amount of Each Receipt this Period
 270.00
 Memo Item
 \$50.00/monthly

C. Packo, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4535 Dressler Rd NW
 City Naples State FL Zip Code 34102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Co-Founder
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 02 / 28 / 2019
Transaction ID : SA11AI.9616
 Amount of Each Receipt this Period
 5000.00
 Memo Item
 \$5,000/one time

SUBTOTAL of Receipts This Page (optional).....	6170.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 71
	<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. Panitch, Orlee, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2019
Mailing Address 11753 Gainsborough Road		Transaction ID : SA11AI.9235
City Potomac	State MD	Zip Code 20854
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 900.00
Name of Employer (for Individual) USACS Management Group	Occupation (for Individual) Regional Chief Administrative Officer	<input type="checkbox"/> Memo Item \$150.00/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 900.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Parks, Thomas, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2019
Mailing Address 11533 Sand Stone Rock Dr		Transaction ID : SA11AI.9476
City Riverview	State FL	Zip Code 33569-8709
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer (for Individual) Tampa Bay Emergency Physicians, LLC	Occupation (for Individual) Advanced Practice Provider	<input type="checkbox"/> Memo Item \$75.00/monthly
Receipt For: 2019 <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. Patlovan, Matthew, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2019
Mailing Address 19938 Terra Canyon		Transaction ID : SA11AI.9422
City San Antonio	State TX	Zip Code 78255-2344
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer (for Individual) Virtual Locations	Occupation (for Individual) President	<input type="checkbox"/> Memo Item \$150.00/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 600.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 71
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Percy, Carmella, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6875 Stonebridge Lane
 City Clover State SC Zip Code 29710-9372
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2019
Transaction ID : SA11AI.9125
 Amount of Each Receipt this Period
 300.00
 Memo Item
 \$50.00/monthly

B. Phillips, Miranda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7122 S. Sheridan Rd. Ste. 2-335
 City Tulsa State OK Zip Code 74133-2748
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) System Medical Director
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2019
Transaction ID : SA11AI.9226
 Amount of Each Receipt this Period
 300.00
 Memo Item
 \$50.00/monthly

C. Phillips, Todd, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2407 Motif Ct
 City Henderson State NV Zip Code 89052-5531
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) APP Lead
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **225.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2019
Transaction ID : SA11AI.9300
 Amount of Each Receipt this Period
 225.00
 Memo Item
 \$50.00/monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 71
	<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. Pines, Jesse, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2424 N Potomac St

City Arlington	State VA	Zip Code 22207
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Virtual Locations	Occupation (for Individual) National Director of Clinical Innovati
--	---

Receipt For: 2019
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date ▼
400.00

Date of Receipt
06 / 30 / 2019
Transaction ID : SA11AI.9394

Amount of Each Receipt this Period
400.00

Memo Item
\$100.00/monthly

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

Mailing Address 229 Washington Ave.

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

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

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

Receipt For: 2019
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date ▼
300.00

Date of Receipt
06 / 30 / 2019
Transaction ID : SA11AI.9520

Amount of Each Receipt this Period
300.00

Memo Item
\$100.00/monthly

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

Mailing Address 2220 Valley Oaks Cove

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

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

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

Receipt For: 2019
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date ▼
337.50

Date of Receipt
06 / 30 / 2019
Transaction ID : SA11AI.9298

Amount of Each Receipt this Period
337.50

Memo Item
\$75.00/monthly

SUBTOTAL of Receipts This Page (optional).....	1037.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 71
	<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. Radford, Shawn, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 210 N Wells St
Apt 4101

City Chicago State IL Zip Code 60606-1352

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

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

Receipt For: 2019
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date **800.00**

Date of Receipt
MM / DD / YYYY
06 / 30 / 2019

Transaction ID : SA11AI.9249

Amount of Each Receipt this Period
800.00

Memo Item
\$150.00/monthly

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

Mailing Address 12509 Red Mesa Hollow

City Austin State TX Zip Code 78739

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

Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Medical Director

Receipt For: 2019
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date **400.00**

Date of Receipt
MM / DD / YYYY
06 / 30 / 2019

Transaction ID : SA11AI.9448

Amount of Each Receipt this Period
400.00

Memo Item
\$100.00/monthly

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

Mailing Address 3806 Bonnell Drive

City Austin State TX Zip Code 78731

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

Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Chief Medical Officer

Receipt For: 2019
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date **600.00**

Date of Receipt
MM / DD / YYYY
06 / 30 / 2019

Transaction ID : SA11AI.9456

Amount of Each Receipt this Period
600.00

Memo Item
\$150.00/monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 71
	<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 34241-4201
------------------	-------------	------------------------

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

Name of Employer (for Individual) Virtual Locations	Occupation (for Individual) Firefighter
--	--

Receipt For: 2019
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2019

Transaction ID : SA11AI.9159

Amount of Each Receipt this Period
600.00

Memo Item
\$100.00/monthly

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

Mailing Address 1663 Parkdale Circle S.

City Erie	State CO	Zip Code 80516
--------------	-------------	-------------------

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

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

Receipt For: 2019
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2019

Transaction ID : SA11AI.9380

Amount of Each Receipt this Period
400.00

Memo Item
\$100.00/monthly

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

Mailing Address 1089 S. Williams St.

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

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

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

Receipt For: 2019
 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
06		30		2019

Transaction ID : SA11AI.9230

Amount of Each Receipt this Period
240.00

Memo Item
\$50.00/monthly

SUBTOTAL of Receipts This Page (optional).....	1240.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 71
	<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. Rutherford, David, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3502 Quitman St.

City Denver	State CO	Zip Code 80212
----------------	-------------	-------------------

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

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

Receipt For: 2019
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2019

Transaction ID : SA11AI.9356

Amount of Each Receipt this Period
400.00

Memo Item
\$100.00/monthly

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

Mailing Address 415 North Church Street Unit 113

City Charlotte	State NC	Zip Code 28202
-------------------	-------------	-------------------

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: 2019
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2019

Transaction ID : SA11AI.9428

Amount of Each Receipt this Period
1200.00

Memo Item
\$1,200.00/one-time

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

Mailing Address 1030 N State St 38B

City Chicago	State IL	Zip Code 60610
-----------------	-------------	-------------------

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

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

Receipt For: 2019
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2019

Transaction ID : SA11AI.9117

Amount of Each Receipt this Period
600.00

Memo Item
\$100.00/monthly

SUBTOTAL of Receipts This Page (optional).....	2200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 71
	<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. Scherer, Nathan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6286 E Long Circle N
 City Centennial State CO Zip Code 80112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Colorado Emergency Service Physicians, Occupation (for Individual) Emergency Physician
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2019
Transaction ID : SA11AI.9436
 Amount of Each Receipt this Period 400.00
 Memo Item
 \$100.00/monthly

B. Scott, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4733 North Ridge Drive
 City Akron State OH Zip Code 44333
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Management Group Occupation (for Individual) Chief Clinical Officer
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 500.01

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2019
Transaction ID : SA11AI.9140
 Amount of Each Receipt this Period 500.01
 Memo Item
 \$150.00/monthly

C. Seaberg, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21 Furnace Street #705
 City Akron State OH Zip Code 44308
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Executive Vice President
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2019
Transaction ID : SA11AI.9358
 Amount of Each Receipt this Period 600.00
 Memo Item
 \$150.00/monthly

SUBTOTAL of Receipts This Page (optional).....▶ 1500.01
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 50 OF 71
<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. Shellenbarger, David, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2019
Mailing Address 912 Camelot Dr.		Transaction ID : SA11AI.9143
City Hermitage	State PA	Zip Code 16148-9100
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.01
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Medical Director of Integrated Acute C	<input type="checkbox"/> Memo Item \$150.00/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 500.01	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Sinnott, Annie, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2019
Mailing Address 1335 N. Bosworth Ave. #3		Transaction ID : SA11AI.9113
City Chicago	State IL	Zip Code 60642-2341
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 633.34
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$150.00/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 633.34	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Slabinski, Mark, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2019
Mailing Address 3004 Edison St. NW		Transaction ID : SA11AI.9213
City Uniontown	State OH	Zip Code 44685-7212
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 766.66
Name of Employer (for Individual) USACS Management Group	Occupation (for Individual) Regional Vice President	<input type="checkbox"/> Memo Item \$150.00/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 766.66	

SUBTOTAL of Receipts This Page (optional).....	1900.01
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 71
	<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. 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: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **700.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2019
Transaction ID : SA11AI.9096
 Amount of Each Receipt this Period
700.00
 Memo Item
 \$150.00/monthly

B. Snyder, Mary Jo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Gulf Drive N Unit # 111
 City Bradenton Beach State FL Zip Code 34217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) President Echo Consulting Group
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **450.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2019
Transaction ID : SA11AI.9296
 Amount of Each Receipt this Period
450.00
 Memo Item
 \$100.00/monthly

C. Somers, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 503 Neuse Harbour Blvd
 City New Bern State NC Zip Code 28560-8958
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Medical Director
 USACS Medical Group, LTD
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **450.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2019
Transaction ID : SA11AI.9512
 Amount of Each Receipt this Period
450.00
 Memo Item
 \$150.00/monthly

SUBTOTAL of Receipts This Page (optional).....	1600.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 71
	<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. Thompson, Donovan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4408 Lake Shore Road North
 City Denver State NC Zip Code 28037-9198
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USACS Medical Group, LTD Occupation (for Individual) Medical Director
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 06 / 30 / 2019
Transaction ID : SA11AI.9366
 Amount of Each Receipt this Period 400.00
 Memo Item
 \$100.00/monthly

B. 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: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 06 / 30 / 2019
Transaction ID : SA11AI.9271
 Amount of Each Receipt this Period 900.00
 Memo Item
 \$150.00/monthly

C. Treichler, Don, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 Pecan Grove Road
 City Ennis State TX Zip Code 75119
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) Medical Director
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 06 / 30 / 2019
Transaction ID : SA11AI.9362
 Amount of Each Receipt this Period 600.00
 Memo Item
 \$300.00/monthly

SUBTOTAL of Receipts This Page (optional).....	1900.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 71
	<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. Trotter, David, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2019
Mailing Address 5401 South Ingleside Avenue		Transaction ID : SA11AI.9141
City Chicago	State IL	Zip Code 60615-5013
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 633.34
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$150.00/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 633.34	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Tucker, Jeremy, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2019
Mailing Address 23959 Meredith Court		Transaction ID : SA11AI.9176
City Hollywood	State MD	Zip Code 20636
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 800.00
Name of Employer (for Individual) Virtual Locations	Occupation (for Individual) National Director of Patient Safety	<input type="checkbox"/> Memo Item \$150.00/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date ▼ 800.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Tucker, William, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2019
Mailing Address 111 Mitchell Blvd		Transaction ID : SA11AI.9524
City Harrison	State OH	Zip Code 45030-2197
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Emergency Physician	<input type="checkbox"/> Memo Item \$100.00/monthly
Receipt For: 2019 <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).....	1733.34
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 54 OF 71
<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. Tully, John, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2019
Mailing Address 8345 Rolling Acres Trail		Transaction ID : SA11AI.9402
City Fair Oaks Ranch	State TX	Zip Code 78015
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer (for Individual) Emergency Service Partners, LLC	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$100.00/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 400.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Ulmer, Travis, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2019
Mailing Address 1240 Broadview Ave		Transaction ID : SA11AI.9268
City Columbus	State OH	Zip Code 43212-3344
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 633.34
Name of Employer (for Individual) USACS Management Group	Occupation (for Individual) Vice President of Marketing and Recrui	<input type="checkbox"/> Memo Item \$150.00/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 633.34	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Venkat, Arvind, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2019
Mailing Address 105 Breckenridge Dr.		Transaction ID : SA11AI.9115
City Wexford	State PA	Zip Code 15090-9400
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 900.00
Name of Employer (for Individual) AHN Medical Group, LLC	Occupation (for Individual) National Director of Research	<input type="checkbox"/> Memo Item \$150.00/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 900.00	

SUBTOTAL of Receipts This Page (optional).....	1933.34
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 71
	<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. Vock, Tracie, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1826 Free Terrace

City Frederick	State MD	Zip Code 21702
-------------------	-------------	-------------------

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

Name of Employer (for Individual) MEP Health, LLC	Occupation (for Individual) Director of APPs, Observation and Hosj
--	---

Receipt For: 2019
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2019

Transaction ID : SA11AI.9267

Amount of Each Receipt this Period
300.00

Memo Item
\$50.00/monthly

B. Warwick-Heckman, Kelley, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 303 Four T Ranch Rd

City Georgetown	State TX	Zip Code 78633
--------------------	-------------	-------------------

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

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

Receipt For: 2019
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2019

Transaction ID : SA11AI.9408

Amount of Each Receipt this Period
400.00

Memo Item
\$100.00/monthly

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

Mailing Address 3128 Persimmon Tree Ct

City Woodstock	State MD	Zip Code 21163-1150
-------------------	-------------	------------------------

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

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

Receipt For: 2019
 Primary General
 Other (specify) **Other**

Aggregate Year-to-Date ▼
600.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2019

Transaction ID : SA11AI.9310

Amount of Each Receipt this Period
600.00

Memo Item
\$150.00/monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 71
	<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. Watling, Bradley, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2019
Mailing Address 101 E. W.T. Harris Blvd Suite 3109		Transaction ID : SA11AI.9119
City Mooresville	State NC	Zip Code 28117-7558
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 900.00
Name of Employer (for Individual) Virtual Locations	Occupation (for Individual) Regional Vice President	<input type="checkbox"/> Memo Item \$150.00/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 900.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Watson, James, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2019
Mailing Address 2158 W 5th Street Up Unit		Transaction ID : SA11AI.9290
City Cleveland	State OH	Zip Code 44113
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 675.00
Name of Employer (for Individual) USACS Management Group	Occupation (for Individual) Chief Development Officer	<input type="checkbox"/> Memo Item \$150.00/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 675.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Watt, Christopher, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2019
Mailing Address 3909 Fox Glen Drive		Transaction ID : SA11AI.9346
City Irving	State TX	Zip Code 75062
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer (for Individual) USACS Management Group	Occupation (for Individual) Chief Accounting Officer	<input type="checkbox"/> Memo Item \$100.00/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 400.00	

SUBTOTAL of Receipts This Page (optional).....	1975.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 71
	<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. Wellock, Kathleen, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2019
Mailing Address 3430 Ashton Drive		Transaction ID : SA11AI.9292
City Uniontown	State OH	Zip Code 44685
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 225.00
Name of Employer (for Individual) USACS Management Group	Occupation (for Individual) Vice President, Account Management	<input type="checkbox"/> Memo Item \$50.00/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 225.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Welsh, Ian, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2019
Mailing Address 1027 Gardenia Street		Transaction ID : SA11AI.9166
City Fort Mill	State SC	Zip Code 29708
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer (for Individual) Virtual Locations	Occupation (for Individual) Assistant Medical Director of Firefigh	<input type="checkbox"/> Memo Item \$50.00/monthly
Receipt For: 2019 <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. Wirtz, David, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2019
Mailing Address 1 Highgate NE		Transaction ID : SA11AI.9138
City Ithaca	State NY	Zip Code 14850
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.01
Name of Employer (for Individual) USACS Medical Group, LTD	Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item \$150.00/monthly
Receipt For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 500.01	

SUBTOTAL of Receipts This Page (optional).....	1025.01
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 71
	<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. Wisniewski, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2813 Elmira St.
 City Denver State CO Zip Code 80238
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Colorado Emergency Service Physicians, Occupation (for Individual) Emergency Physician
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2019
Transaction ID : SA11AI.9274
 Amount of Each Receipt this Period
 600.00
 Memo Item
 \$100.00/monthly

B. Wyatt, Cheryl, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 48252 Leachburg Road
 City Lexington Park State MD Zip Code 20653
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MEP Health, LLC Occupation (for Individual) Director of APPs
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2019
Transaction ID : SA11AI.9127
 Amount of Each Receipt this Period
 300.00
 Memo Item
 \$50.00/monthly

C. Ziebell, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4014 Greystone Drive
 City Austin State TX Zip Code 78731
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) Medical Director
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2019
Transaction ID : SA11AI.9344
 Amount of Each Receipt this Period
 400.00
 Memo Item
 \$100.00/monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 59 OF 71
	(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. Zimmerman, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1913 Buffalo Speedway
 City Leander State TX Zip Code 78641
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Service Partners, LLC Occupation (for Individual) Emergency Physician
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2019
Transaction ID : SA11AI.9514
 Amount of Each Receipt this Period
 300.00
 Memo Item
 \$100.00/monthly

B. Zyniewicz, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 422 Rosina Vista St
 City Las Vegas State NV Zip Code 89138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virtual Locations Occupation (for Individual) Vice President of Operations, Las Vegas
 Receipt For: 2019
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date **466.67**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2019
Transaction ID : SA11AI.9262
 Amount of Each Receipt this Period
 466.67
 Memo Item
 \$150.00/monthly

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

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

SUBTOTAL of Receipts This Page (optional).....	766.67
TOTAL This Period (last page this line number only).....	96834.31

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 60 OF 71
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

A. Citizens for Brian Feldman
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO Box 34408

City Bethesda	State MD	Zip Code 20827
------------------	-------------	-------------------

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 ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		24		2019

Transaction ID : SA17.9588

Amount of Each Receipt this Period
1000.00

Memo Item
Refund of Contribution

B. Friends of John Zerwas
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO Box 852

City Fulshear	State TX	Zip Code 77441
------------------	-------------	-------------------

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 ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		24		2019

Transaction ID : SA17.9587

Amount of Each Receipt this Period
1000.00

Memo Item
Refund of Contribution

C. Friends of Joseline Pena-Melnyk
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO Box 1251

City College Park	State MD	Zip Code 20741-1251
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FEC ID number of contributing federal political committee. **C H6MD04217**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		03		2019

Transaction ID : SA17.9564

Amount of Each Receipt this Period
1000.00

Memo Item
Refund of Contribution

SUBTOTAL of Receipts This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	3000.00

**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 61 OF 71
<input 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 checked="" type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USACS PAC

A. AFTAB FOR OHIO
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO BOX 713

City CINCINNATI	State OH	Zip Code 45201
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00667519

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

Receipt For: 2018
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 28 / 2019

Transaction ID : SA16.9560

Amount of Each Receipt this Period
500.00

Memo Item
Void Check

B. ANDY BARR FOR CONGRESS, INC.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO BOX 2059

City LEXINGTON	State KY	Zip Code 40588
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00467571

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

Receipt For: 2018
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 29 / 2019

Transaction ID : SA16.9563

Amount of Each Receipt this Period
1000.00

Memo Item
Refund of Contribution

C. MCCREADY FOR CONGRESS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO BOX 78855

City CHARLOTTE	State NC	Zip Code 28277
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00641381

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

Receipt For: 2018
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 28 / 2019

Transaction ID : SA16.9562

Amount of Each Receipt this Period
2000.00

Memo Item
Void Check

SUBTOTAL of Receipts This Page (optional).....	3500.00
TOTAL This Period (last page this line number only).....	3500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
USACS PAC

A. ANDY BARR FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 2059

City LEXINGTON State KY Zip Code 40588

Purpose of Disbursement Contribution
Category/Type **011**

Candidate Name
BARR, GARLAND ANDY, , ,

Office Sought: House Senate President
Disbursement For: 2019 Primary General Other (specify) ▼

State: KY District: 06

Date of Disbursement: 04 / 17 / 2019

FEC Identification Number: **C00467571**
Transaction ID : **SB23.9573**
Amount of Each Disbursement this Period: 1000.00

Memo Item

B. Anna Eshoo for Congress

Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 636

City Annadale State VA Zip Code 22003

Purpose of Disbursement Contribution
Category/Type **011**

Candidate Name
Eshoo, Anna, , ,

Office Sought: House Senate President
Disbursement For: 2019 Primary General Other (specify) ▼

State: CA District: 18

Date of Disbursement: 05 / 13 / 2019

FEC Identification Number: **C**
Transaction ID : **SB23.9604**
Amount of Each Disbursement this Period: 5000.00

Memo Item

C. BERA FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address POST OFFICE BOX 582496

City ELK GROVE State CA Zip Code 95758

Purpose of Disbursement Contribution
Category/Type **011**

Candidate Name
BERA, AMERISH, , ,

Office Sought: House Senate President
Disbursement For: 2019 Primary General Other (specify) ▼

State: CA District: 07

Date of Disbursement: 04 / 29 / 2019

FEC Identification Number: **C00461061**
Transaction ID : **SB23.9590**
Amount of Each Disbursement this Period: 2000.00

Memo Item

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

Full Name (Last, First, Middle Initial) A. Carper for Senate		Date of Disbursement MM / DD / YYYY 03 / 20 / 2019
Mailing Address PO Box 70179		FEC Identification Number C [REDACTED] Transaction ID : SB23.9552
City Washington	State DC	Zip Code 20024
Purpose of Disbursement Contribution	Category/ Type 011	Amount of Each Disbursement this Period 5000.00
Candidate Name Carper, Thomas, , ,	Disbursement For: 2019 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: DE District:	

Full Name (Last, First, Middle Initial) B. DARREN SOTO FOR CONGRESS		Date of Disbursement MM / DD / YYYY 04 / 24 / 2019
Mailing Address P.O. BOX 420239		FEC Identification Number C C00581074 Transaction ID : SB23.9586
City KISSIMMEE	State FL	Zip Code 34742
Purpose of Disbursement Contribution	Category/ Type 011	Amount of Each Disbursement this Period 2500.00
Candidate Name Soto, Darren, , ,	Disbursement For: 2019 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: FL District: 09	

Full Name (Last, First, Middle Initial) C. DR. RAUL RUIZ FOR CONGRESS		Date of Disbursement MM / DD / YYYY 04 / 17 / 2019
Mailing Address PO BOX 3433		FEC Identification Number C C00502575 Transaction ID : SB23.9579
City PALM DESERT	State CA	Zip Code 92261
Purpose of Disbursement Contribution	Category/ Type 011	Amount of Each Disbursement this Period 5000.00
Candidate Name RUIZ, RAUL, , ,	Disbursement For: 2019 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CA District: 36	

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name (Last, First, Middle Initial) A. FRIENDS OF DAVE JOYCE		Date of Disbursement MM / DD / YYYY 04 / 29 / 2019
Mailing Address 320 KENARDEN DRIVE		FEC Identification Number C00527457 Transaction ID : SB23.9591
City CLEVELAND	State OH	Zip Code 44143
Purpose of Disbursement Contribution	Category/ Type 011	Amount of Each Disbursement this Period 1000.00
Candidate Name JOYCE, DAVID P, , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
State: OH District: 14	Disbursement For: 2019 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. GUTHRIE FOR CONGRESS		Date of Disbursement MM / DD / YYYY 04 / 29 / 2019
Mailing Address PO BOX 9639		FEC Identification Number C00445023 Transaction ID : SB23.9594
City BOWLING GREEN	State KY	Zip Code 42102
Purpose of Disbursement Contribution	Category/ Type 011	Amount of Each Disbursement this Period 1000.00
Candidate Name Guthrie, Brett, , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
State: KY District: 02	Disbursement For: 2019 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. HOYER FOR CONGRESS		Date of Disbursement MM / DD / YYYY 04 / 29 / 2019
Mailing Address 700 13TH STREET NW SUITE 600		FEC Identification Number C00140715 Transaction ID : SB23.9595
City WASHINGTON	State DC	Zip Code 20005
Purpose of Disbursement Contribution	Category/ Type 011	Amount of Each Disbursement this Period 2500.00
Candidate Name HOYER, STENY, , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
State: MD District: 05	Disbursement For: 2019 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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. Lisa Murkowski for U.S. Senate			Date of Disbursement M M / D D / Y Y Y Y Y 03 / 20 / 2019	
Mailing Address 1111 9th Street NW Suite 1100			FEC Identification Number C [] Transaction ID : SB23.9555 Amount of Each Disbursement this Period [] 5000.00	
City Washington	State DC	Zip Code 20036	Category/Type 011	
Purpose of Disbursement Contribution			Memo Item <input type="checkbox"/>	
Candidate Name Murkowski, Lisa, , ,			Amount of Each Disbursement this Period [] 5000.00	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2019 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>	
State: AK District:				

Full Name (Last, First, Middle Initial) B. LONE STAR LEADERSHIP PAC			Date of Disbursement M M / D D / Y Y Y Y Y 04 / 29 / 2019	
Mailing Address PO BOX 30844			FEC Identification Number C [] Transaction ID : SB23.9596 Amount of Each Disbursement this Period [] 2500.00	
City BETHESDA	State MD	Zip Code 20824	Category/Type 011	
Purpose of Disbursement Contribution			Memo Item <input type="checkbox"/>	
Candidate Name Burgess, Michael, , ,			Amount of Each Disbursement this Period [] 2500.00	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Memo Item <input type="checkbox"/>	
State: TX District: 26				

Full Name (Last, First, Middle Initial) C. Maggie for NH			Date of Disbursement M M / D D / Y Y Y Y Y 03 / 13 / 2019	
Mailing Address PO Box 298			FEC Identification Number C [] Transaction ID : SB23.9548 Amount of Each Disbursement this Period [] 5000.00	
City Concord	State NH	Zip Code 03302	Category/Type 011	
Purpose of Disbursement Contribution			Memo Item <input type="checkbox"/>	
Candidate Name Hassan, Maggie, , ,			Amount of Each Disbursement this Period [] 5000.00	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2019 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>	
State: NH District: 02				

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

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

[] 12500.00
[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name (Last, First, Middle Initial)
A. MCKINLEY FOR CONGRESS

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	1	9

Mailing Address PO BOX 642

FEC Identification Number

C C00473132

Transaction ID : SB23.9597

Amount of Each Disbursement this Period

1000.00

Memo Item

City MORGANTOWN State WV Zip Code 26507

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name
MCKINLEY, DAVID B. MR., , ,

Office Sought: House Senate President
Disbursement For: 2019 Primary General Other (specify) ▼
State: WV District: 01

Full Name (Last, First, Middle Initial)
B. People for Patty Murray

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	0		2	0	1	9

Mailing Address PO Box 3662

FEC Identification Number

C

Transaction ID : SB23.9558

Amount of Each Disbursement this Period

5000.00

Memo Item

City Seattle State WA Zip Code 98124

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name
Murray, Patty, , ,

Office Sought: House Senate President
Disbursement For: 2019 Primary General Other (specify) ▼
State: WA District: 08

Full Name (Last, First, Middle Initial)
C. Rick Scott for Florida

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	1	9

Mailing Address 224 E 6th Ave

FEC Identification Number

C

Transaction ID : SB23.9609

Amount of Each Disbursement this Period

5000.00

Memo Item

City Tallahassee State FL Zip Code 32308

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name
Scott, Rick, , ,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: FL District: 13

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

11000.00

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. Romney for Utah Inc			Date of Disbursement MM / DD / YYYY 06 / 19 / 2019		
Mailing Address PO Box 7000			FEC Identification Number C [REDACTED] Transaction ID : SB23.9612		
City Orem	State UT	Zip Code 84059	Amount of Each Disbursement this Period 5000.00		
Purpose of Disbursement Contribution		Category/ Type 011	Memo Item <input type="checkbox"/>		
Candidate Name Romney, Willard, Mitt, ,		Disbursement For: 2020			
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: UT	District: 04				

Full Name (Last, First, Middle Initial) B. Rosen for Nevada			Date of Disbursement MM / DD / YYYY 06 / 19 / 2019		
Mailing Address PO Box 27195			FEC Identification Number C [REDACTED] Transaction ID : SB23.9615		
City Las Vegas	State NV	Zip Code 89126	Amount of Each Disbursement this Period 5000.00		
Purpose of Disbursement Contribution		Category/ Type 011	Memo Item <input type="checkbox"/>		
Candidate Name Rosen, Jacky, , ,		Disbursement For: 2024			
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: NV	District: 03				

Full Name (Last, First, Middle Initial) C. RUIZ VICTORY FUND			Date of Disbursement MM / DD / YYYY 04 / 17 / 2019		
Mailing Address 77933 LAS MONTANAS ROAD #103			FEC Identification Number C C00525402 Transaction ID : SB23.9576		
City PALM DESERT	State CA	Zip Code 92211	Amount of Each Disbursement this Period 5000.00		
Purpose of Disbursement Contribution		Category/ Type 011	Memo Item <input type="checkbox"/>		
Candidate Name RUIZ, RAUL, , ,		Disbursement For:			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: CA	District: 36				

SUBTOTAL of Disbursements This Page (optional).....▶	15000.00
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 MM / DD / YYYY 05 / 22 / 2019	
Mailing Address PO BOX 7586			
City PHOENIX	State AZ	Zip Code 85011	
Purpose of Disbursement Contribution		Category/ Type 011	FEC Identification Number C00508804 Transaction ID : SB23.9605 Amount of Each Disbursement this Period 5000.00
Candidate Name SINEMA, KYRSTEN, , ,			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2019 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: AZ District: 09	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. Tenn PAC		Date of Disbursement MM / DD / YYYY 03 / 04 / 2019	
Mailing Address 228 S Washington Street Suite 115			
City Alexandria	State VA	Zip Code 22314	
Purpose of Disbursement Contribution		Category/ Type 011	FEC Identification Number C Transaction ID : SB23.9534 Amount of Each Disbursement this Period 5000.00
Candidate Name Lamar, Alexander, , ,			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: TN District: 03	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. WALDEN FOR CONGRESS		Date of Disbursement MM / DD / YYYY 04 / 29 / 2019	
Mailing Address PO BOX 1091			
City HOOD RIVER	State OR	Zip Code 97031	
Purpose of Disbursement Contribution		Category/ Type 011	FEC Identification Number C00333427 Transaction ID : SB23.9600 Amount of Each Disbursement this Period 1000.00
Candidate Name Walden, Greg, , ,			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2019 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: OR District: 02	<input type="checkbox"/> Memo Item		

SUBTOTAL of Disbursements This Page (optional).....▶	11000.00
TOTAL This Period (last page this line number only).....▶	74500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name (Last, First, Middle Initial) A. Citizens for Brian Feldman		Date of Disbursement MM / DD / YYYY 04 / 17 / 2019
Mailing Address PO Box 34408		FEC Identification Number C [REDACTED] Transaction ID : SB29.9574
City Bethesda	State MD	Zip Code 20827
Purpose of Disbursement Contribution		Category/Type 011
Candidate Name Feldman, Brian, , ,		Amount of Each Disbursement this Period 1000.00
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: MD	District: 15	

Full Name (Last, First, Middle Initial) B. Committee to Elect Mario Scavello		Date of Disbursement MM / DD / YYYY 04 / 05 / 2019
Mailing Address PO Box 792		FEC Identification Number C [REDACTED] Transaction ID : SB29.9570
City Harrisburg	State PA	Zip Code 17108
Purpose of Disbursement Contribution		Category/Type 011
Candidate Name Scavello, Mario, , ,		Amount of Each Disbursement this Period 2000.00
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2019 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Memo Item
State: PA	District: 40	

Full Name (Last, First, Middle Initial) C. DeLuca for Legislator Committee		Date of Disbursement MM / DD / YYYY 04 / 05 / 2019
Mailing Address 1438 Homestead Rd		FEC Identification Number C [REDACTED] Transaction ID : SB29.9567
City Verona	State PA	Zip Code 15147
Purpose of Disbursement Contribution		Category/Type 011
Candidate Name DeLuca, Anthony, , ,		Amount of Each Disbursement this Period 2000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2019 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: PA	District: 32	

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

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

5000.00
[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name (Last, First, Middle Initial) A. Friends of Bryan Cutler		Date of Disbursement MM / DD / YYYY 03 / 13 / 2019
Mailing Address PO Box 412		FEC Identification Number C [REDACTED] Transaction ID : SB29.9541
City Harrisburg	State PA	Zip Code 17101
Purpose of Disbursement Contribution		Category/Type 011
Candidate Name Cutler, Bryan, , ,		Amount of Each Disbursement this Period 2000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2019 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA	District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. FRIENDS OF FRANK DERMODY		Date of Disbursement MM / DD / YYYY 03 / 28 / 2019
Mailing Address P.O. BOX 274		FEC Identification Number C [REDACTED] Transaction ID : SB29.9561
City TARENTUM	State PA	Zip Code 15084
Purpose of Disbursement Contribution		Category/Type 011
Candidate Name Dermody, Frank, , ,		Amount of Each Disbursement this Period 2000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2019 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA	District: 33	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. Friends of Jake Corman		Date of Disbursement MM / DD / YYYY 03 / 13 / 2019
Mailing Address PO Box 421		FEC Identification Number C [REDACTED] Transaction ID : SB29.9537
City Bellefonte	State PA	Zip Code 16823
Purpose of Disbursement Contribution		Category/Type 011
Candidate Name Corman, Jake, , ,		Amount of Each Disbursement this Period 2000.00
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2019 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA	District: 34	<input type="checkbox"/> Memo Item

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

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

6000.00
[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
USACS PAC

Full Name (Last, First, Middle Initial) A. Friends of Joseline Pena-Melnyk		Date of Disbursement MM / DD / YYYY 04 / 17 / 2019
Mailing Address PO Box 1251		FEC Identification Number C H6MD04217 Transaction ID : SB29.9575 Amount of Each Disbursement this Period 1000.00
City College Park	State MD	Zip Code 20741-1251
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name PENA-MELNYK, JOSELINE A., , ,		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: MD	District: 04	

Full Name (Last, First, Middle Initial) B. FRIENDS OF MIKE TURZAI		Date of Disbursement MM / DD / YYYY 03 / 13 / 2019
Mailing Address 11676 PERRY HIGHWAY SUITE 2106		FEC Identification Number C H8PA04066 Transaction ID : SB29.9545 Amount of Each Disbursement this Period 5000.00
City WEXFORD	State PA	Zip Code 15090
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name TURZAI, MICHAEL C., , ,		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2019 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA	District: 04	

Full Name (Last, First, Middle Initial) C. Friends of Tina Pickett		Date of Disbursement MM / DD / YYYY 04 / 24 / 2019
Mailing Address PO Box 203		FEC Identification Number C Transaction ID : SB29.9582 Amount of Each Disbursement this Period 2000.00
City Wysox	State PA	Zip Code 18854
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name Pickett, Tina, L., ,		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2019 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA	District:	

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

8000.00

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

19000.00