

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

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

FOR LINE NUMBER: PAGE 57 OF 118

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

USACS PAC

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

A. Lubinsky, William, , ,

Mailing Address 3500 Rockmont Dr  
Apt 13204

City  
Denver

State  
CO

Zip Code  
80202-2170

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Firefighter

Receipt For: 2019

☐ Primary ☐ General  
☒ Other (specify) ▼  
Other

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2019

Transaction ID : SA11Al.10167

Amount of Each Receipt this Period

1200.00

☐ Memo Item  
\$1200/one-time

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

B. Lynch, Patrick, , ,

Mailing Address 229 N Church Street Unit 204

City

Charlotte

State

NC

Zip Code

28202-2259

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 / D D / Y Y Y Y Y  
12 / 31 / 2019

Transaction ID : SA11Al.10096

Amount of Each Receipt this Period

0.00

☐ Memo Item  
\$0/monthly

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

C. MacLean, Craig, , ,

Mailing Address 64 Newfields Road

City

Exeter

State

NH

Zip Code

03833-4542

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Director of Quality

Receipt For: 2019

☐ Primary ☐ General  
☒ Other (specify) ▼  
Other

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2019

Transaction ID : SA11Al.9896

Amount of Each Receipt this Period

900.00

☐ Memo Item  
\$150/monthly

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

2100.00

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