

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

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

FOR LINE NUMBER: PAGE 65 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. Natapraya, Kent, , ,**

Mailing Address 6433 Empty Song Road

City  
Columbia

State  
MD

Zip Code  
21044

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MEP Health, LLC

Occupation (for Individual)  
Advanced Practice Provider

Receipt For: 2019

☐ Primary ☐ General  
☒ Other (specify) ▼  
Other

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

**Transaction ID : SA11AI.9944**

Amount of Each Receipt this Period

120.00

☐ Memo Item  
\$20/monthly

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

**B. Nelson, Jeremy, , ,**

Mailing Address 2001 Cross Draw Trail

City  
Leander

State  
TX

Zip Code  
78641

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
APP Lead

Receipt For: 2019

☐ Primary ☐ General  
☒ Other (specify) ▼  
Other

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

**Transaction ID : SA11AI.10070**

Amount of Each Receipt this Period

150.00

☐ Memo Item  
\$25/monthly

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

**C. Nguyen, Vicky, , ,**

Mailing Address 336 E 1st Ave  
Apt 203

City  
Denver

State  
CO

Zip Code  
80203-4379

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Colorado Emergency Service Physicians,

Occupation (for Individual)  
Medical Director

Receipt For: 2019

☐ Primary ☐ General  
☒ Other (specify)  
Other

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

**Transaction ID : SA11AI.10116**

Amount of Each Receipt this Period

300.00

☐ Memo Item  
\$50/monthly

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

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

570.00