

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

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

FOR LINE NUMBER: PAGE 79 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. Scott, John, , ,

Mailing Address 1384 Leslie NE Ln.

City
LancasterState
OHZip Code
43130FEC ID number of contributing
federal political committee.

C

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

Receipt For: 2019

☐ Primary ☐ General
☒ Other (specify) ▼
Other

Aggregate Year-to-Date ▼

200.04

Date of Receipt

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

Transaction ID : SA11AI.9936

Amount of Each Receipt this Period

100.02

☐ Memo Item
\$16.67/monthly

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

B. Seaberg, David, , ,

Mailing Address 21 Furnace Street
#705City
AkronState
OHZip Code
44308FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
USACS Medical Group, LTDOccupation (for Individual)
Executive Vice President

Receipt For: 2019

☐ Primary ☐ General
☒ Other (specify) ▼
Other

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID : SA11AI.10053

Amount of Each Receipt this Period

900.00

☐ Memo Item
\$150/monthly

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

C. Sesi, Jason, , ,

Mailing Address 2855 W Pebble Road
Unit 329City
Las VegasState
NVZip Code
89123-6527FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
USACS Medical Group, LTDOccupation (for Individual)
APP Education Coordinator

Receipt For: 2019

☐ Primary ☐ General
☒ Other (specify) ▼
Other

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : SA11AI.10065

Amount of Each Receipt this Period

150.00

☐ Memo Item
\$25/monthly

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

1150.02

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