

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 57

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

USACS PAC

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

A. Cook, Alexander, , ,

Mailing Address 8780 Surrey Place

City
Maineville

State
OH

Zip Code
45039-9519

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

USACS Medical Group, LTD

Occupation (for Individual)

Director of APPs

Receipt For: 2020

☐ Primary ☐ General
☒ Other (specify) ▼
Other

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2020

Transaction ID : SA11AI.11217

Amount of Each Receipt this Period

240.00

☐ Memo Item

\$80.00/Monthly

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

B. Coomes, Justin, , ,

Mailing Address 7762 Westwind Lane

City
Montgomery

State
OH

Zip Code
45242-5008

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: 2020

☐ Primary ☐ General
☒ Other (specify) ▼
Other

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2020

Transaction ID : SA11AI.11227

Amount of Each Receipt this Period

450.00

☐ Memo Item

\$150.00/Monthly

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

C. Correll, Bodie, , ,

Mailing Address 782 Archie Lane

City
Belton

State
TX

Zip Code
76513

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: 2020

☐ Primary ☐ General
☒ Other (specify) ▼
Other

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2020

Transaction ID : SA11AI.11300

Amount of Each Receipt this Period

450.00

☐ Memo Item

\$150.00/Monthly

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

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

1140.00