

# **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 19 OF 57

☒ 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. Falcone, Angelo, , ,**

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: 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.11147

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

**B. Ferrand, David, , ,**

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: 2020

☐ Primary ☐ General  
☒ Other (specify) ▼  
Other

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID : SA11AI.11251

Amount of Each Receipt this Period

300.00

☐ Memo Item  
\$100.00/Monthly

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

**C. Flanigan, Alan, , ,**

Mailing Address 195 McGregor Street  
Apt 405

City

Manchester

State

NH

Zip Code

03102-3777

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.11170

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)..... ►

1200.00