

# **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)

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☒ 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. Scherer, Nathan, , ,**

Mailing Address 6286 E Long Circle N

City  
Centennial

State  
CO

Zip Code  
80112

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Emergency Physician

Receipt For: 2019

☐ Primary ☐ General  
☒ Other (specify) ▼  
Other

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2019

**Transaction ID : SA11AI.9436**

Amount of Each Receipt this Period

400.00

☐ Memo Item  
\$100.00/monthly

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

**B. Scott, David, , ,**

Mailing Address 4733 North Ridge Drive

City  
Akron

State  
OH

Zip Code  
44333

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
USACS Management Group

Occupation (for Individual)  
Chief Clinical Officer

Receipt For: 2019

☐ Primary ☐ General  
☒ Other (specify) ▼  
Other

Aggregate Year-to-Date ▼

500.01

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2019

**Transaction ID : SA11AI.9140**

Amount of Each Receipt this Period

500.01

☐ Memo Item  
\$150.00/monthly

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

**C. Seaberg, David, , ,**

Mailing Address 21 Furnace Street  
#705

City  
Akron

State  
OH

Zip Code  
44308

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Executive Vice President

Receipt For: 2019

☐ Primary ☐ General  
☒ Other (specify) ▼  
Other

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2019

**Transaction ID : SA11AI.9358**

Amount of Each Receipt this Period

600.00

☐ Memo Item  
\$150.00/monthly

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

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

1500.01