

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines COUNTRY FIRST POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 228 S WASHINGTON STREET SUITE 115 ALEXANDRIA VA 22314

2. FEC IDENTIFICATION NUMBER C00457705 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Convention, Special, Runoff (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 08 01 2011 through 08 31 2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Keith Davis

Signature of Treasurer Electronically Filed by Keith Davis Date 09 10 2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Table with 10 columns and 1 row. Column 1: Office Use Only. Column 2-10: Empty. Column 11: FEC FORM 3X (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
COUNTRY FIRST POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		16155.86
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	82090.82									
(c) Total Receipts (from Line 19)	47032.92	414188.19								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	129123.74	430344.05								
7. Total Disbursements (from Line 31)	47811.48	349031.79								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	81312.26	81312.26								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

COUNTRY FIRST POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	12370.00	102535.00
(ii) Unitemized	31162.92	117571.47
(iii) TOTAL (add Lines 11(a)(i) and (ii)	43532.92	220106.47
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	3500.00	37000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	47032.92	257106.47
12. Transfers From Affiliated/Other Party Committees	0.00	9835.48
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	3981.89
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	143264.35
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	47032.92	414188.19
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	47032.92	414188.19

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	37761.48	297931.79
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	37761.48	297931.79
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	10000.00	51000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	50.00	100.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	50.00	100.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	47811.48	349031.79
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	47811.48	349031.79

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	47032.92	257106.47
34. Total Contribution Refunds (from Line 28(d))	50.00	100.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	46982.92	257006.47
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	37761.48	297931.79
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	3981.89
38. Net Operating Expenditures (subtract Line 37 from Line 36)	37761.48	293949.90

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

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

FOR LINE NUMBER: PAGE 6 / 26
(check only one)
 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)
COUNTRY FIRST POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
MR. WILLIAM E. ANGUS

Mailing Address 83 FORTRESS DRIVE

City State Zip Code
BOYERTOWN PA 19512-8698

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WELDSHIP CORPORATION MANAGER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
08 / 11 / 2011

Transaction ID: SA11.3077526

Amount of Each Receipt this Period
600.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. HERBERT L. BACON

Mailing Address 855 25 ROAD

City State Zip Code
GRAND JUNCTION CO 81505-9664

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
08 / 10 / 2011

Transaction ID: SA11.3077500

Amount of Each Receipt this Period
200.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. MAURICE M. CASALS

Mailing Address 7123 E. DREYFUS AVENUE

City State Zip Code
SCOTTSDALE AZ 85254-4013

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
08 / 19 / 2011

Transaction ID: SA11.3077886

Amount of Each Receipt this Period
400.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 1200.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 26

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 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)
COUNTRY FIRST POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MRS. JAN E. FEHRENBACHER

Mailing Address 27 WESTMINSTER DRIVE

City State Zip Code
LINCOLN IL 62656-5430

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WALGREENS PHARMACIST

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 450.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 15 / 2011

Transaction ID: SA11.3077718

Amount of Each Receipt this Period

200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. EDLYN W. FREERKS

Mailing Address 5550 S. SHORE DRIVE
APARTMENT 410

City State Zip Code
CHICAGO IL 60637-5031

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 11 / 2011

Transaction ID: SA11.3077563

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. ROBERT L. GORDON

Mailing Address 414 ST. ANDREWS ROAD

City State Zip Code
STATESVILLE NC 28625-4661

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED STOCKHOLDER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 09 / 2011

Transaction ID: SA11.3077393

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

500.00

TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: PAGE 8 / 26
(check only one)
 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)
COUNTRY FIRST POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
DR. CARMEN HERMENA GRANGE

Mailing Address 15 CHARLES STREET
APARMENT 16E

City NEW YORK State NY Zip Code 10014-3011

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 09 / 2011
Transaction ID: SA11.3077400
 Amount of Each Receipt this Period 500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JOHN J. HARTNETT

Mailing Address 301 N. 1ST STREET

City COEUR D ALENE State ID Zip Code 83814-2863

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 09 / 2011
Transaction ID: SA11.3077431
 Amount of Each Receipt this Period 150.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. PHILIP H. HASELTON

Mailing Address 76 OAK STREET

City BOOTHBAY HARBOR State ME Zip Code 04538-1814

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 12 / 2011
Transaction ID: SA11.3077621
 Amount of Each Receipt this Period 500.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 1150.00

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

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 9 / 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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)
COUNTRY FIRST POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) MR. THOMAS N. HAZEN	Date of Receipt MM / DD / YYYY 08 / 18 / 2011
	Mailing Address 20 BAYON DRIVE APARTMENT 130	Transaction ID: SA11.3077843
	City SOUTH HADLEY State MA Zip Code 01075-3340	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer RETIRED Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) DR. CARL T. HOOK	Date of Receipt MM / DD / YYYY 08 / 09 / 2011
	Mailing Address 1916 WHISPERING PINES CIRCLE	Transaction ID: SA11.3077401
	City NORMAN State OK Zip Code 73072-6909	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer SELF-EMPLOYED Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) ADM BOBBY R. INMAN, USN (RET)	Date of Receipt MM / DD / YYYY 08 / 23 / 2011
	Mailing Address 3200 RIVA RIDGE ROAD	Transaction ID: SA11.3077915
	City AUSTIN State TX Zip Code 78746-1423	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer SELF-EMPLOYED Occupation INVESTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1050.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 10 / 26
(check only one)
 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)
COUNTRY FIRST POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
MR. WAYNE R. KECK

Mailing Address 175 W. NORTH STREET
APARTMENT 1209

City NAZARETH State PA Zip Code 18064-1448

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 09 / 2011
Transaction ID: SA11.3077364
Amount of Each Receipt this Period 300.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. CHRISTOPHER H. LEE

Mailing Address 277 PARK AVENUE
45TH FLOOR

City NEW YORK State NY Zip Code 10172-2903

FEC ID number of contributing federal political committee. **C**

Name of Employer HIGHSTAR CAPITAL Occupation FOUNDER/MANAGING PARTNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 08 / 22 / 2011
Transaction ID: SA11.3077887
Amount of Each Receipt this Period 5000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
REV. KENNETH W. MANN

Mailing Address 32 TALLMAN AVENUE

City NYACK State NY Zip Code 10960-1606

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 08 / 15 / 2011
Transaction ID: SA11.3077694
Amount of Each Receipt this Period 70.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 5370.00

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

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

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

FOR LINE NUMBER: PAGE 11 / 26
(check only one)
 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)
COUNTRY FIRST POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
MR. ROBERT S. MCCULLOCH, III

Mailing Address 335 N. UNION AVENUE

City State Zip Code
SALEM OH 44460-2324

FEC ID number of contributing federal political committee. **C**

Name of Employer
JANNEY MONTGOMERY SCOTT LLC

Occupation
EXECUTIVE VP - INVESTMENTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 25 / 2011

Transaction ID: SA11.3077959

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JASPER LEWIS MCPHAIL

Mailing Address 325 CASCADES CIRCLE E.

City State Zip Code
CLINTON MS 39056-3223

FEC ID number of contributing federal political committee. **C**

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
MM / DD / YYYY
08 / 16 / 2011

Transaction ID: SA11.3077804

Amount of Each Receipt this Period
600.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JAY A. NEAL

Mailing Address 6258 TWIN LAKE DRIVE

City State Zip Code
SAN DIEGO CA 92119-3053

FEC ID number of contributing federal political committee. **C**

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
08 / 11 / 2011

Transaction ID: SA11.3077557

Amount of Each Receipt this Period
200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **1050.00**

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

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

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

FOR LINE NUMBER: PAGE 12 / 26
(check only one)
 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)
COUNTRY FIRST POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
MS. ELVA E. NORTON

Mailing Address 22268 GREAT NORTHERN DRIVE

City State Zip Code
COLD SPRING MN 56320-9781

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 08 / 09 / 2011
Transaction ID: SA11.3077379
Amount of Each Receipt this Period: 300.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. ELIZABETH T. PEEK

Mailing Address 895 PARK AVENUE
PENTHOUSE C.

City State Zip Code
NEW YORK NY 10075-0327

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
FREE-LANCE JOURNALIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 08 / 16 / 2011
Transaction ID: SA11.3077749
Amount of Each Receipt this Period: 1000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. WACLAW J. RZESZOTARSKI

Mailing Address 10202 JOHN CARVILL ROAD

City State Zip Code
CHESTERTOWN MD 21620-4125

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 08 / 12 / 2011
Transaction ID: SA11.3077611
Amount of Each Receipt this Period: 100.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 1400.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 26

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 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)
COUNTRY FIRST POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MS. EVELYN R. SAGER

Mailing Address 84 SANTEELAH STREET

City State Zip Code
CHATTANOOGA TN 37415-2639

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 9 / 2 0 1 1

Transaction ID: SA11.3077847

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
LTC GERRIT J. SCHOLTEN, USAF (RET)

Mailing Address 6858 E VIA DORADO

City State Zip Code
TUCSON AZ 85715-4821

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NONE RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 325.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 1 1

Transaction ID: SA11.3077271

Amount of Each Receipt this Period

25.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
LTC GERRIT J. SCHOLTEN, USAF (RET)

Mailing Address 6858 E VIA DORADO

City State Zip Code
TUCSON AZ 85715-4821

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NONE RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 325.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 0 / 2 0 1 1

Transaction ID: SA11.3078007

Amount of Each Receipt this Period

75.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 14 / 26

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 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)
COUNTRY FIRST POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
DR. IRVING WESTBROOK

Mailing Address 1170 9TH STREET #5

City State Zip Code
ALAMEDA CA 94501-3972

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 09 / 2011

Transaction ID: SA11.3077362

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. NATHAN WHITE

Mailing Address 1204 E. MESCAL STREET

City State Zip Code
PHOENIX AZ 85020-1124

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CITY OF PHOENIX FIREFIGHTER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 09 / 2011

Transaction ID: SA11.3077448

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

12370.00

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

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

FOR LINE NUMBER: PAGE 15 / 26
(check only one)
 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)
COUNTRY FIRST POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
COMCAST CORPORATION PAC

Mailing Address 1701 J.F.K. BLVD.

City State Zip Code
PHILADELPHIA PA 19103-2838

FEC ID number of contributing federal political committee. **C** C00248716

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	0	/	2	0	1	1

Transaction ID: SA11.3077514

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
GODADDY.COM INC. PAC

Mailing Address 14455 N. HAYDEN STREET
SUITE 219

City State Zip Code
SCOTTSDALE AZ 85260-6993

FEC ID number of contributing federal political committee. **C** C00432328

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	0	/	2	0	1	1

Transaction ID: SA11.3077515

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)	▶	3500.00
TOTAL This Period (last page this line number only)	▶	3500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)
COUNTRY FIRST POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) AMBER JOHNSON	Transaction ID: SB21.10 Date of Disbursement 08 / 15 / 2011
	Mailing Address PO BOX 16664	
	City ARLINGTON State VA Zip Code 22216	Amount of Each Disbursement this Period 3235.71
	Purpose of Disbursement PAYROLL Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) AMBER JOHNSON	Transaction ID: SB21.11 Date of Disbursement 08 / 31 / 2011
	Mailing Address PO BOX 16664	
	City ARLINGTON State VA Zip Code 22216	Amount of Each Disbursement this Period 3235.71
	Purpose of Disbursement PAYROLL Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) SALVATORE PURPURA	Transaction ID: SB21.3 Date of Disbursement 08 / 17 / 2011
	Mailing Address 3870 NW 99TH AVE	
	City CORAL SPRINGS State FL Zip Code 33065	Amount of Each Disbursement this Period 707.20
	Purpose of Disbursement COMPLIANCE CONSULTING-PAPER Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	7178.62
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)
COUNTRY FIRST POLITICAL ACTION COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) MARSHALL SALTER</p> <p>Mailing Address 308 W MYRTLE ST</p> <p>City ALEXANDRIA State VA Zip Code 22301</p> <p>Purpose of Disbursement COMMUNICATIONS CONSULTING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21.2</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="6000.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) DERBY H. WATKINS</p> <p>Mailing Address 16301 KELLY WOODS DR</p> <p>City FT MYERS State FL Zip Code 33908</p> <p>Purpose of Disbursement FINANCE CONSULTING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21.9</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3000.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) ADMINISTAFF</p> <p>Mailing Address 19001 CRESCENT SPRINGS DR</p> <p>City KINGWOOD State TX Zip Code 77339</p> <p>Purpose of Disbursement PAYROLL SVC-INSUR-TAXES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21.12</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="875.49"/></p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="9875.49"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)
COUNTRY FIRST POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) ADMINISTAFF	Transaction ID: SB21.13 Date of Disbursement 08 / 31 / 2011
	Mailing Address 19001 CRESCENT SPRINGS DR	Amount of Each Disbursement this Period 926.49
	City KINGWOOD State TX Zip Code 77339	
	Purpose of Disbursement PAYROLL SVC-INSUR-TAXES	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) BANKCARD CENTER	Transaction ID: SB21.22 Date of Disbursement 08 / 15 / 2011
	Mailing Address PO BOX 569200	Amount of Each Disbursement this Period 2305.39
	City DALLAS State TX Zip Code 75356	
	Purpose of Disbursement CREDIT CARD PAYMENT	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) AMERICAN AIRLINES	Transaction ID: SB21.32 Date of Disbursement 08 / 15 / 2011
	Mailing Address PO BOX 582820 MD 766	Amount of Each Disbursement this Period 644.70
	City TULSA State OK Zip Code 74158	
	Purpose of Disbursement TRAVEL	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ► 3231.88

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)
COUNTRY FIRST POLITICAL ACTION COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) AT&T MOBILITY</p> <p>Mailing Address PO BOX 6463</p> <p>City CAROL STREAM State IL Zip Code 60197</p> <p>Purpose of Disbursement PHONE SERVICE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21.33</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1025.99"/></p> <p>[MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) UNITED AIRLINES</p> <p>Mailing Address 1200 E ALGONQUIN RD</p> <p>City ELK GROVE VILLAGE State IL Zip Code 60007</p> <p>Purpose of Disbursement TRAVEL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21.31</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="634.70"/></p> <p>[MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) CAMPAIGN SOLUTIONS</p> <p>Mailing Address 117 N ST ASAPH ST</p> <p>City ALEXANDRIA State VA Zip Code 22314</p> <p>Purpose of Disbursement WEB SERVICE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21.21</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1938.25"/></p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="1938.25"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 20 / 26

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)
COUNTRY FIRST POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) CHAIN BRIDGE BANK	Transaction ID: SB21.1 Date of Disbursement
	Mailing Address 1445-A LAUGHLIN AVE	<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2011"/>
	City MCLEAN State VA Zip Code 22101	Amount of Each Disbursement this Period
	Purpose of Disbursement BANK FEE	<input type="text" value="62.06"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CMDI	Transaction ID: SB21.6 Date of Disbursement
	Mailing Address 7704 LEESBURG PKE	<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2011"/>
	City FALLS CHURCH State VA Zip Code 22043	Amount of Each Disbursement this Period
	Purpose of Disbursement DATABASE/PRINTING	<input type="text" value="3245.52"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) EDONATION	Transaction ID: SB21.8 Date of Disbursement
	Mailing Address 117 NORTH ST ASAPH ST	<input type="text" value="08"/> / <input type="text" value="04"/> / <input type="text" value="2011"/>
	City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period
	Purpose of Disbursement FINANCE CONSULTING	<input type="text" value="19.01"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3326.59"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 22 / 26

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)
COUNTRY FIRST POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
MD STATE DEPARTMENT OF TAXATION

Mailing Address 301 W PRESTON ST

City Baltimore State MD Zip Code 21201

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21.15

Date of Disbursement

08 / 15 / 2011

Amount of Each Disbursement this Period

290.32

B. Full Name (Last, First, Middle Initial)
MD STATE DEPARTMENT OF TAXATION

Mailing Address 301 W PRESTON ST

City Baltimore State MD Zip Code 21201

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21.17

Date of Disbursement

08 / 31 / 2011

Amount of Each Disbursement this Period

290.32

C. Full Name (Last, First, Middle Initial)
NOVA-ELAVON

Mailing Address 7300 CHAPMAN HWY

City Knoxville State TN Zip Code 37920

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21.5

Date of Disbursement

08 / 02 / 2011

Amount of Each Disbursement this Period

55.30

SUBTOTAL of Disbursements This Page (optional) ▶

635.94

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)
COUNTRY FIRST POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) SOUTHWEST PUBLISHING	Transaction ID: SB21.18 Date of Disbursement																			
	Mailing Address 2600 NW TOPEKA BLVD	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	8		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	8		2	0	1	1												
	City TOPEKA State KS Zip Code 66617	Amount of Each Disbursement this Period																			
	Purpose of Disbursement PRINTING	<table border="1"><tr><td>9006.10</td></tr></table>	9006.10																		
9006.10																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																			
	State: District:	<input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) THE NEW YORK TIMES	Transaction ID: SB21.20 Date of Disbursement																			
	Mailing Address PO BOX 371456	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	2		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	2		2	0	1	1												
	City PITTSBURGH State PA Zip Code 15250	Amount of Each Disbursement this Period																			
	Purpose of Disbursement SUBSCRIPTIONS	<table border="1"><tr><td>181.86</td></tr></table>	181.86																		
181.86																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																			
	State: District:	<input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) US MONITOR	Transaction ID: SB21.19 Date of Disbursement																			
	Mailing Address 86 MAPLE AVE	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	5		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	5		2	0	1	1												
	City NEW YORK State NY Zip Code 10956	Amount of Each Disbursement this Period																			
	Purpose of Disbursement SUBSCRIPTIONS	<table border="1"><tr><td>11.58</td></tr></table>	11.58																		
11.58																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																			
	State: District:	<input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>9199.54</td></tr></table>	9199.54
9199.54		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 24 / 26

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

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)
COUNTRY FIRST POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
YUMA SOLUTIONS INC

Transaction ID: SB21.4
Date of Disbursement

Mailing Address PO BOX 152075

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	3		2	0	1	1

City TAMPA State FL Zip Code 33684

Amount of Each Disbursement this Period

557.00

Purpose of Disbursement
COMPUTER SUPPORT

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

557.00

TOTAL This Period (last page this line number only) ▶

37761.48

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 25 / 26

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)
COUNTRY FIRST POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) PAWLENTY FOR PRESIDENT <hr/> Mailing Address PO BOX 385340 <hr/> City MINNEAPOLIS State MN Zip Code 55438 Purpose of Disbursement CONTRIBUTION-DEBT RETIREMENT Candidate Name TIM PAWLENTY Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 00 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.2 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 6 / 2 0 1 1
	Amount of Each Disbursement this Period 5000.00
B. Full Name (Last, First, Middle Initial) SNOWE FOR SENATE <hr/> Mailing Address PO BOX 2012 <hr/> City PORTLAND State ME Zip Code 04104 Purpose of Disbursement COMMITTEE CONTRIBUTION Candidate Name OLYMPIA SNOWE Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 00 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.1 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 1 1
	Amount of Each Disbursement this Period 5000.00

SUBTOTAL of Disbursements This Page (optional) ►

10000.00

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

10000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 26 / 26

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)
COUNTRY FIRST POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
ARUN PAUL NARANG

Transaction ID: SB28.1
Date of Disbursement

Mailing Address 23689 W PETITE LAKE RD

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	1	1

City State Zip Code
LAKE VILLA IL 60046

Amount of Each Disbursement this Period

50.00

Purpose of Disbursement
CONTRIBUTION REFUND

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

50.00

TOTAL This Period (last page this line number only)

50.00
