

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
 Check if different than previously reported. (ACC)
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 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 02 01 2011 through 02 28 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 Sal Purpura
Signature of Treasurer Electronically Filed by Sal Purpura Date 03 11 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.

Office Use Only **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	2

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	2

D	D
2	8

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>Y</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>	Y	Y	Y	Y	2	0	1	1		16155.86
Y	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	33661.40									
(c) Total Receipts (from Line 19)	57400.79	113353.07								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	91062.19	129508.93								
7. Total Disbursements (from Line 31)	42263.28	80710.02								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	48798.91	48798.91								
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**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
COUNTRY FIRST POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	2

D	D
2	8

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)	20000.00	46500.00
(ii) Unitemized	19400.79	43127.58
(iii) TOTAL (add Lines 11(a)(i) and (ii)	39400.79	89627.58
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	18000.00	23000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	57400.79	112627.58
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
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	725.49
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	0.00
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))	57400.79	113353.07
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	57400.79	113353.07

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	42213.28	80660.02
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	42213.28	80660.02
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
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	50.00
(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	50.00
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))..	42263.28	80710.02
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	42263.28	80710.02

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)	57400.79	112627.58
34. Total Contribution Refunds (from Line 28(d))	50.00	50.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	57350.79	112577.58
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	42213.28	80660.02
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	725.49
38. Net Operating Expenditures (subtract Line 37 from Line 36)	42213.28	79934.53

**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 6 / 25
	<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) KEITH CARTER	Date of Receipt MM / DD / YYYY 02 / 09 / 2011
	Mailing Address 5311 W 4TH STREET	Transaction ID: SA11.3075616
	City State Zip Code HATTIESBURG MS 39402-9785	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation DIGITAL IMAGING SOLUTIONS, LLC CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) MR. MICHAEL FRISBIE	Date of Receipt MM / DD / YYYY 02 / 09 / 2011
	Mailing Address 7793 EAST HIWAY 4	Transaction ID: SA11.3075653
	City State Zip Code GYPSUM KS 67449	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation FRISBIE CONST CO INC. PRESIDENT	
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) MR. GREGORY B. MAFFEI	Date of Receipt MM / DD / YYYY 02 / 04 / 2011
	Mailing Address 4175 S. HUMBOLDT STREET	Transaction ID: SA11.3075266
	City State Zip Code CHERRY HILLS VILLA CO 80113-4818	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation LIBERTY MEDIA CORPORATION PRESIDENT & C.E.O.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	5500.00
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 7 / 25
	<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	

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NAME OF COMMITTEE (In Full)
COUNTRY FIRST POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) MR. JOHN W. MITCHELL	Date of Receipt MM / DD / YYYY 02 / 09 / 2011
	Mailing Address 250 EAST 54TH STREET APARTMENT 38D	Transaction ID: SA11.3075353
	City NEW YORK State NY Zip Code 10022-4819	Amount of Each Receipt this Period 2000.00
	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 ▼ 2000.00	

B.	Full Name (Last, First, Middle Initial) MR. ARUN PAUL NARANG	Date of Receipt MM / DD / YYYY 02 / 09 / 2011
	Mailing Address 23689 W. PETITE LAKE RD	Transaction ID: SA11.3075734
	City LAKE VILLA State IL Zip Code 60046-7298	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer BLUE CROSS BLUE SHIELD AS-SOCIATION Occupation INFORMATION TECHNOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00	

C.	Full Name (Last, First, Middle Initial) MR. ARUN PAUL NARANG	Date of Receipt MM / DD / YYYY 02 / 09 / 2011
	Mailing Address 23689 W. PETITE LAKE RD	Transaction ID: SA11.3075735
	City LAKE VILLA State IL Zip Code 60046-7298	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer BLUE CROSS BLUE SHIELD AS-SOCIATION Occupation INFORMATION TECHNOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00	

SUBTOTAL of Receipts This Page (optional)	2500.00
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 8 / 25
	<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	

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NAME OF COMMITTEE (In Full)
COUNTRY FIRST POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) MR. ARUN PAUL NARANG	Date of Receipt MM / DD / YYYY 02 / 09 / 2011
	Mailing Address 23689 W. PETITE LAKE RD	Transaction ID: SA11.3075736
	City State Zip Code LAKE VILLA IL 60046-7298	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
Name of Employer BLUE CROSS BLUE SHIELD AS-SOCIATION	Occupation INFORMATION TECHNOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

B.	Full Name (Last, First, Middle Initial) BETH ANN PETTYJOHN	Date of Receipt MM / DD / YYYY 02 / 09 / 2011
	Mailing Address 70 GLENMOOR DRIVE	Transaction ID: SA11.3075563
	City State Zip Code ENGLEWOOD CO 80113-7116	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
Name of Employer OVERHEAD DOOR COMPANY	Occupation SELF-EMPLOYED	
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) MS. SARAH P. PYLE	Date of Receipt MM / DD / YYYY 02 / 09 / 2011
	Mailing Address 1456 HAMPTON HILL CIRCLE	Transaction ID: SA11.3075352
	City State Zip Code MCLEAN VA 22101-6010	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
Name of Employer N/A	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
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 9 / 25
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
COUNTRY FIRST POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
J. MICHAEL RANDLE

Mailing Address 5500 NORTH STREET

City State Zip Code
NACOGDOCHES TX 75965-1372

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
NACOGDOCHES NEUROSURGERY NEUROSURGEON

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
02 / 09 / 2011

Transaction ID: SA11.3075660

Amount of Each Receipt this Period 250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. GREGORY W. WENDT

Mailing Address 1 MUIR LOOP
SUITE 1800

City State Zip Code
SAN FRANCISCO CA 94129-1123

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
CAPITAL GROUP EXECUTIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt MM / DD / YYYY
02 / 09 / 2011

Transaction ID: SA11.3075268

Amount of Each Receipt this Period 5000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. LISA WENDT

Mailing Address 1 MUIR LOOP

City State Zip Code
SAN FRANCISCO CA 94129-1123

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
WR HAMBRECHT & COMPANY FINANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt MM / DD / YYYY
02 / 09 / 2011

Transaction ID: SA11.3075269

Amount of Each Receipt this Period 5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) 10250.00

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 / 25	
	(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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
COUNTRY FIRST POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) ROBERT WRIGLEY		Date of Receipt
	Mailing Address 420 MILL RD		<input type="text" value="02"/> / <input type="text" value="09"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	HATFIELD	PA	19440-1200
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer TREFOIL PROPERTIES, LP		Occupation REAL ESTATE DEVELOPER	Transaction ID: SA11.3075659
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="250.00"/>
		<input type="text" value="250.00"/>	CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="250.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="20000.00"/>

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

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

FOR LINE NUMBER: PAGE 11 / 25
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
COUNTRY FIRST POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
A.T. & T. INC. FEDERAL PAC

Mailing Address 208 S. AKARD STREET
SUITE 3521

City State Zip Code
DALLAS TX 75202-4206

FEC ID number of contributing federal political committee. **C** C00109017

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

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

Transaction ID: SA11.3075915

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
BLUE SHIELD OF CALIFORNIA PAC

Mailing Address 50 Beale Street
17-C356

City State Zip Code
SAN FRANCISCO CA 94105

FEC ID number of contributing federal political committee. **C** C00340364

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	7	/	2	0	1	1

Transaction ID: SA11.3075267

Amount of Each Receipt this Period
3000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
NATIONAL CABLE AND TELECOMMUNICATIONS ASSOCIATION PAC

Mailing Address 25 MASSACHUSETTS AVENUE NW
SUITE 100

City State Zip Code
WASHINGTON DC 20001-1434

FEC ID number of contributing federal political committee. **C** C00010082

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

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

Transaction ID: SA11.3075914

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **13000.00**

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 / 25
(check only one)

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

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NAME OF COMMITTEE (In Full)
COUNTRY FIRST POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
PINNACLE WEST PAC

Mailing Address 400 N. 5TH STREET

City State Zip Code
PHOENIX AZ 85004-3902

FEC ID number of contributing federal political committee. **C** C00015933

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 1 8 / 2 0 1 1

Transaction ID: SA11.3075916

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)	▶	5000.00
TOTAL This Period (last page this line number only)	▶	18000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 13 / 25	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
COUNTRY FIRST POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) PATRIOT FIRST PAC		Date of Receipt																					
	Mailing Address PO BOX 16664		<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>2</td><td></td><td>0</td><td>1</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	2		0	1		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	2		0	1		2	0	1	1														
	City State Zip Code ARLINGTON VA 22215		Transaction ID: SA.1																					
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2948598.00																					
Name of Employer Occupation		TRANSFER OF EXCESS FUNDS/- ASSETS-MAILING																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2948598.00																						
		[MEMO ITEM]																						

SUBTOTAL of Receipts This Page (optional)	0.00
TOTAL This Period (last page this line number only)	0.00

**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

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NAME OF COMMITTEE (In Full)
COUNTRY FIRST POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) AMBER JOHNSON	Transaction ID: SB21.12 Date of Disbursement
	Mailing Address PO BOX 16664	<input type="text" value="02"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City ARLINGTON State VA Zip Code 22216	Amount of Each Disbursement this Period
	Purpose of Disbursement PAYROLL	<input type="text" value="3235.71"/>
	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: SB21.13 Date of Disbursement
	Mailing Address PO BOX 16664	<input type="text" value="02"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City ARLINGTON State VA Zip Code 22216	Amount of Each Disbursement this Period
	Purpose of Disbursement PAYROLL	<input type="text" value="3235.71"/>
	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
	Mailing Address 3870 NW 99TH AVE	<input type="text" value="02"/> <input type="text" value="24"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City CORAL SPRINGS State FL Zip Code 33065	Amount of Each Disbursement this Period
	Purpose of Disbursement COMPLIANCE CONSULTING/POSTAGE	<input type="text" value="744.00"/>
	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)	<input type="text" value="7215.42"/>
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)

<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

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NAME OF COMMITTEE (In Full)
COUNTRY FIRST POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) ADMINISTAFF	Transaction ID: SB21.14 Date of Disbursement 02 / 15 / 2011
	Mailing Address 19001 CRESCENT SPRINGS DR	Amount of Each Disbursement this Period 794.04
	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) ADMINISTAFF	Transaction ID: SB21.15 Date of Disbursement 02 / 28 / 2011
	Mailing Address 19001 CRESCENT SPRINGS DR	Amount of Each Disbursement this Period 702.82
	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:	

C.	Full Name (Last, First, Middle Initial) CAMPAIGN SOLUTIONS	Transaction ID: SB21.11 Date of Disbursement 02 / 10 / 2011
	Mailing Address 117 N ST ASAPH ST	Amount of Each Disbursement this Period 5740.23
	City ALEXANDRIA State VA Zip Code 22314	
	Purpose of Disbursement FINANCE CONSULTING/WEB SERVICE	
	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:	

SUBTOTAL of Disbursements This Page (optional)	7237.09
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

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NAME OF COMMITTEE (In Full)
COUNTRY FIRST POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) CHAIN BRIDGE BANK Mailing Address 1445-A LAUGHLIN AVE City MCLEAN State VA Zip Code 22101 Purpose of Disbursement BANK FEE Candidate Name 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) ▼	Transaction ID: SB21.1 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 1 1	Amount of Each Disbursement this Period 45.83
B.	Full Name (Last, First, Middle Initial) CMDI Mailing Address 7704 LEESBURG PKE City FALLS CHURCH State VA Zip Code 22043 Purpose of Disbursement DATABASE SERVICES/PRINTING Candidate Name 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) ▼	Transaction ID: SB21.7 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 1 1	Amount of Each Disbursement this Period 2298.04
C.	Full Name (Last, First, Middle Initial) CMDI Mailing Address 7704 LEESBURG PKE City FALLS CHURCH State VA Zip Code 22043 Purpose of Disbursement DATABASE SERVICES Candidate Name 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) ▼	Transaction ID: SB21.8 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 1 1	Amount of Each Disbursement this Period 50.00

SUBTOTAL of Disbursements This Page (optional)	2393.87
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

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NAME OF COMMITTEE (In Full)
COUNTRY FIRST POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) CMDI	Transaction ID: SB21.9 Date of Disbursement
	Mailing Address 7704 LEESBURG PKE	<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2011"/>
	City FALLS CHURCH State VA Zip Code 22043	Amount of Each Disbursement this Period
	Purpose of Disbursement DATABASE SERVICES/PRINTING	<input type="text" value="2572.58"/>
	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) EDONATION	Transaction ID: SB21.5 Date of Disbursement
	Mailing Address 117 N ST ASAPH ST	<input type="text" value="02"/> / <input type="text" value="10"/> / <input type="text" value="2011"/>
	City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period
	Purpose of Disbursement CREDIT CARD MERCHANT FEE	<input type="text" value="24.11"/>
	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) EDONATION	Transaction ID: SB21.6 Date of Disbursement
	Mailing Address 117 N ST ASAPH ST	<input type="text" value="02"/> / <input type="text" value="10"/> / <input type="text" value="2011"/>
	City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period
	Purpose of Disbursement CREDIT CARD MERCHANT FEE	<input type="text" value="1507.54"/>
	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)

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

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NAME OF COMMITTEE (In Full)
COUNTRY FIRST POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) FEDEX	Transaction ID: SB21.10 Date of Disbursement 02 / 17 / 2011
	Mailing Address PO BOX 660481	Amount of Each Disbursement this Period 19.37
	City DALLAS State TX Zip Code 75266	
	Purpose of Disbursement DELIVERY	
	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) HUCKABY DAVIS LISKER	Transaction ID: SB21.2 Date of Disbursement 02 / 02 / 2011
	Mailing Address 228 S WASHINGTON ST STE 115	Amount of Each Disbursement this Period 481.25
	City ALEXANDRIA State VA Zip Code 22314	
	Purpose of Disbursement COMPLIANCE CONSULTING	
	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) INTERNAL REVENUE SERVICE	Transaction ID: SB21.16 Date of Disbursement 02 / 15 / 2011
	Mailing Address 400 N EIGHTH ST	Amount of Each Disbursement this Period 876.05
	City RICHMOND State VA Zip Code 23219	
	Purpose of Disbursement PAYROLL TAXES	
	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)	▶	1376.67
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

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NAME OF COMMITTEE (In Full)
COUNTRY FIRST POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) INTERNAL REVENUE SERVICE	Transaction ID: SB21.18 Date of Disbursement
	Mailing Address 400 N EIGHTH ST	<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2011"/>
	City RICHMOND State VA Zip Code 23219	Amount of Each Disbursement this Period
	Purpose of Disbursement PAYROLL TAXES	<input type="text" value="876.05"/>
	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) MD STATE DEPARTMENT OF TAXATION	Transaction ID: SB21.17 Date of Disbursement
	Mailing Address 301 W PRESTON ST	<input type="text" value="02"/> / <input type="text" value="15"/> / <input type="text" value="2011"/>
	City BALTIMORE State MD Zip Code 21201	Amount of Each Disbursement this Period
	Purpose of Disbursement PAYROLL TAXES	<input type="text" value="290.32"/>
	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) MD STATE DEPARTMENT OF TAXATION	Transaction ID: SB21.19 Date of Disbursement
	Mailing Address 301 W PRESTON ST	<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2011"/>
	City BALTIMORE State MD Zip Code 21201	Amount of Each Disbursement this Period
	Purpose of Disbursement PAYROLL TAXES	<input type="text" value="290.32"/>
	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)	<input type="text" value="1456.69"/>
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 20 / 25

<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

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NAME OF COMMITTEE (In Full)
COUNTRY FIRST POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) NEP, INC.	Transaction ID: SB21.22 Date of Disbursement
	Mailing Address 1200 WAKE FOREST DR	<input type="text" value="02"/> / <input type="text" value="04"/> / <input type="text" value="2011"/>
	City ALEXANDRIA State VA Zip Code 22307	Amount of Each Disbursement this Period
	Purpose of Disbursement PRINTING	<input type="text" value="263.50"/>
	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) NOVA-ELAVON	Transaction ID: SB21.4 Date of Disbursement
	Mailing Address 7300 CHAPMAN HWY	<input type="text" value="02"/> / <input type="text" value="02"/> / <input type="text" value="2011"/>
	City KNOXVILLE State TN Zip Code 37920	Amount of Each Disbursement this Period
	Purpose of Disbursement CREDIT CARD MERCHANT FEE	<input type="text" value="75.00"/>
	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) SOUTHWEST PUBLISHING	Transaction ID: SB21.21 Date of Disbursement
	Mailing Address 2600 NW TOPEKA BLVD	<input type="text" value="02"/> / <input type="text" value="18"/> / <input type="text" value="2011"/>
	City TOPEKA State KS Zip Code 66617	Amount of Each Disbursement this Period
	Purpose of Disbursement POSTAGE	<input type="text" value="10388.81"/>
	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)	<input type="text" value="10727.31"/>
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 21 / 25

<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

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NAME OF COMMITTEE (In Full)
COUNTRY FIRST POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
UNITED STATES TREASURY

Mailing Address INTERNAL REVENUE SERVICE CENTER

City OGDEN State UT Zip Code 84409

Purpose of Disbursement
TAXES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21.23
Date of Disbursement

02 / 15 / 2011

Amount of Each Disbursement this Period

6932.00

B.

Full Name (Last, First, Middle Initial)
US POSTMASTER

Mailing Address 8409 LEE HWY

City MERRIFIELD State VA Zip Code 22116

Purpose of Disbursement
POSTAGE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21.20
Date of Disbursement

02 / 16 / 2011

Amount of Each Disbursement this Period

770.00

SUBTOTAL of Disbursements This Page (optional)

7702.00

TOTAL This Period (last page this line number only)

42213.28

**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 / 25

<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

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NAME OF COMMITTEE (In Full)
COUNTRY FIRST POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
WILLIAM DIPPERY, SR

Mailing Address 59 PRINCE ST

City REEDSVILLE State PA Zip Code 17084

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB28.2

Date of Disbursement

02 / 10 / 2011

Amount of Each Disbursement this Period

25.00

B.

Full Name (Last, First, Middle Initial)
ADOLF SGAMBELLURI

Mailing Address 9 LADERA CIR

City PITI State GU Zip Code 96915

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB28.1

Date of Disbursement

02 / 10 / 2011

Amount of Each Disbursement this Period

25.00

SUBTOTAL of Disbursements This Page (optional) ▶

50.00

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

50.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 23 / 25	
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
COUNTRY FIRST POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor UNITED STATE TREASURY			Nature of Debt (Purpose): TAXES
Mailing Address INTERNAL REVENUE SERVICE			
City OGDEN	State UT	ZIP Code 84409	

Outstanding Balance Beginning This Period		Transaction ID: SD10-04	
6932.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	6932.00	0.00	

1) SUBTOTALS This Period This Page (optional).....	▶	0.00
2) TOTALS This Period (last page this line number only).....	▶	0.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	0.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/>	9
<input type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
COUNTRY FIRST POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor CARLY FOR CALIFORNIA			Nature of Debt (Purpose): REIMBURSEMENT-LIST RENTAL
Mailing Address 455 CAPITOL MALL SUITE 801			
City SACRAMENTO	State CA	ZIP Code 95814	

Outstanding Balance Beginning This Period		Transaction ID: SD9.01	
12315.57			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
-12315.57	0.00	0.00	

1) SUBTOTALS This Period This Page (optional).....	0.00
2) TOTALS This Period (last page this line number only).....	0.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	0.00

A. Form/Schedule : **SD9**
Transaction ID : **SD9.01**

Carly for CA and Country First PAC entered into a list exch agreement valued at \$ 12,315.57 for the benefit of Country First PAC