

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

USA First PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="207817.11"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="53755.33"/>	<input type="text" value="430827.89"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="261572.44"/>	<input type="text" value="430827.89"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="60390.33"/>	<input type="text" value="229645.78"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="201182.11"/>	<input type="text" value="201182.11"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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

USA First PAC

Report Covering the Period: From: / / To: / /

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).....	28625.00	186582.42
(ii) Unitemized	25130.33	244245.47
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	53755.33	430827.89
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	53755.33	430827.89
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	0.00
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 Transfers (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))..... ▶	53755.33	430827.89
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	53755.33	430827.89

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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	60390.33	199045.78
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	60390.33	199045.78
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	30600.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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	0.00	0.00
(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)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	60390.33	229645.78
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	60390.33	229645.78

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	53755.33	430827.89
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	53755.33	430827.89
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	60390.33	199045.78
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	60390.33	199045.78

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 36
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
USA First PAC

A. PETER AGUR
Full Name (Last, First, Middle Initial)

Mailing Address 30 W LAMBERT LANE UNIT 217

City	State	Zip Code
ORO VALLEY	AZ	85737-7140

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 ▼
225.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	25	/	2014

Transaction ID : SA11.5847

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B. MR. RICHARD CARL BAKER
Full Name (Last, First, Middle Initial)

Mailing Address 363 STONE MILL DRIVE

City	State	Zip Code
BRENHAM	TX	77833-5630

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

Name of Employer	Occupation
INFORMATION REQUESTED PER BEST EFFORTS	INFORMATION REQUESTED PER BEST EFF

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	12	/	2014

Transaction ID : SA11.6222

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C. ALAN BATES
Full Name (Last, First, Middle Initial)

Mailing Address 426 BAYBERRY LANE

City	State	Zip Code
WEST GROVE	PA	19390-9491

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
12	/	23	/	2014

Transaction ID : SA11.6522

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	700.00
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 OF 36
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
USA First PAC

Full Name (Last, First, Middle Initial)
A. KLAUS BECKMANN

Mailing Address P.O. BOX 167

City State Zip Code
AMSTERDAM NY 12010-0167

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

Name of Employer Occupation
SELF-EMPLOYED SELF-EMPLOYED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2014
Transaction ID : SA11.6417

Amount of Each Receipt this Period
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. PATTI BISHOP

Mailing Address 34890 SCENIC LANE

City State Zip Code
ROUND HILL VA 20141-2246

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 M / D D D / Y Y Y Y Y Y
 12 / 17 / 2014
Transaction ID : SA11.6393

Amount of Each Receipt this Period
100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. FRANCESCO BORGHESE

Mailing Address 705 OCEAN CLUB PLACE

City State Zip Code
FERNANDINA BEACH FL 32034-6565

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

Name of Employer Occupation
MULTIMEDIA EXPOSURE INC TREASURER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 14 / 2014
Transaction ID : SA11.6098

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 850.00

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 OF 36
	<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)
USA First PAC

A. MR. GRANT L. CAMPBELL
Full Name (Last, First, Middle Initial)

Mailing Address 9910 HILLSPRING DRIVE

City HUNTERSVILLE State NC Zip Code 28078-2616

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

Name of Employer CAROLINAS HEALTHCARE SYSTEM.U.S. ARI Occupation PHYSICIAN/AUTHOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 12 / 2014
Transaction ID : SA11.6230

Amount of Each Receipt this Period 500.00

CONTRIBUTION

B. JO CANON
Full Name (Last, First, Middle Initial)

Mailing Address 102 TIQUEWOOD CIRCLE

City ABILENE State TX Zip Code 79605-4937

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 12 / 16 / 2014
Transaction ID : SA11.6346

Amount of Each Receipt this Period 500.00

CONTRIBUTION

C. ROBERT CLEMENTS
Full Name (Last, First, Middle Initial)

Mailing Address 1625 LYNN DR

City BULLHEAD CITY State AZ Zip Code 86442-6320

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 ▼ 250.00

Date of Receipt 12 / 19 / 2014
Transaction ID : SA11.6496

Amount of Each Receipt this Period 250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00

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 OF 36
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
USA First PAC

A. MRS. EDNA CORNFORTH
 Full Name (Last, First, Middle Initial)
 Mailing Address 2308 WEYBRIDGE DRIVE
 City State Zip Code
 BAKERSFIELD CA 93311-2919
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2014
Transaction ID : SA11.6155
 Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

B. STEVEN CYR
 Full Name (Last, First, Middle Initial)
 Mailing Address 15 ESQUIRE
 City State Zip Code
 SAN ANTONIO TX 78257-1384
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF-EMPLOYED SPINE SURGEON
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2014
Transaction ID : SA11.5898
 Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

C. MRS. ELIZABETH M. DAVIDSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 SADDLEBACK ROAD
 City State Zip Code
 ROLLING HILLS CA 90274-5143
 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 M / D D D / Y Y Y Y Y Y
 12 / 12 / 2014
Transaction ID : SA11.6111
 Amount of Each Receipt this Period
 200.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 550.00
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 OF 36
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
USA First PAC

Full Name (Last, First, Middle Initial)
A. PETER DE BEUKELAER

Mailing Address 182 SWAN SEA LANE

City State Zip Code
MADISON MS 39110-9429

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

Name of Employer Occupation
DBC CORP PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 11 / 2014
Transaction ID : SA11.5977

Amount of Each Receipt this Period
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. WILLIAM DEMBSKI

Mailing Address 1173 HIGHWAY T17

City State Zip Code
PELLA IA 50219-7945

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

Name of Employer Occupation
DISCOVERY INSTITUTE EDUCATOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : SA11.6472

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. JOHN DICKERSON

Mailing Address 1050 ANDREWS FARM RD

City State Zip Code
SPARTANBURG SC 29302-2862

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

Name of Employer Occupation
CHS PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 14 / 2014
Transaction ID : SA11.6090

Amount of Each Receipt this Period
250.00

CONTRIBUTION

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: PAGE 11 OF 36
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
USA First PAC

Full Name (Last, First, Middle Initial)
A. JAMES DREW

Mailing Address **DREW'S RIVERVIEW FARM**

City State Zip Code
RIDGEFIELD WA 98642-

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
12 / 16 / 2014

Transaction ID : SA11.6320

Amount of Each Receipt this Period
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. MRS. RUTH L. ELSEROD

Mailing Address **5423 MT. GILEAD ROAD**

City State Zip Code
REISTERSTOWN MD 21136-4110

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
12 / 12 / 2014

Transaction ID : SA11.6184

Amount of Each Receipt this Period
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. GLENN ENGEN

Mailing Address **965 SE DATE AVE**

City State Zip Code
COLLEGE PLACE WA 99324-1634

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
12 / 17 / 2014

Transaction ID : SA11.6405

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ► **750.00**

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 12 OF 36
	<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)
USA First PAC

A. DALE ENGS KOV
Full Name (Last, First, Middle Initial)

Mailing Address 11225 DAVENPORT ST

City OMAHA	State NE	Zip Code 68154-2641
---------------	-------------	------------------------

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

Name of Employer CORNERSTONE FINANCIAL GROUP	Occupation INVESTMENT ADVISOR
---	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12	/	11	/	2014

Transaction ID : SA11.5914

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B. MRS. SYBIL FERGUSON
Full Name (Last, First, Middle Initial)

Mailing Address 352 N. FORREST STREET

City MESA	State AZ	Zip Code 85203-
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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 ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12	/	12	/	2014

Transaction ID : SA11.6170

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

C. MR. CHARLES D. FORAN
Full Name (Last, First, Middle Initial)

Mailing Address 11815 MEADOWSPRING LANE

City DALLAS	State TX	Zip Code 75218-1208
----------------	-------------	------------------------

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 ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12	/	12	/	2014

Transaction ID : SA11.6228

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	5350.00
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 OF 36
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
USA First PAC

A. MR. CHARLES D. FORAN
Full Name (Last, First, Middle Initial)

Mailing Address 11815 MEADOWSPRING LANE

City	State	Zip Code
DALLAS	TX	75218-1208

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 ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2014

Transaction ID : SA11.6478

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B. WILLIAM GARDNER
Full Name (Last, First, Middle Initial)

Mailing Address 11960 FLAGSTONE TURN

City	State	Zip Code
FRANKFORT	IL	60423-8972

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

Name of Employer	Occupation
MARINOWARE INDUSTRIES	PRESIDENT/CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2014

Transaction ID : SA11.6579

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C. DIANNE GARNER
Full Name (Last, First, Middle Initial)

Mailing Address 1203 NORTH 1270 WEST

City	State	Zip Code
PROVO	UT	84604-6005

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

Name of Employer	Occupation
SMITH BROTHERS HOBBY CENTER	SECRETARY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	16	/	2014

Transaction ID : SA11.6273

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	700.00
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 14 OF 36
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
USA First PAC

A. SANDRA HABERKORN
 Full Name (Last, First, Middle Initial)
 Mailing Address 6500 SMITHTOWN ROAD
 City EXCELSIOR State MN Zip Code 55331-8210
 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 ▼ 1100.00

Date of Receipt 12 / 11 / 2014
Transaction ID : SA11.5991
 Amount of Each Receipt this Period 1000.00
 CONTRIBUTION

B. SHAWN HARRIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 46 OLD COURSE DR
 City NEWPORT BEACH State CA Zip Code 92660-4275
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLPYED Occupation ACTRESS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2350.00

Date of Receipt 12 / 16 / 2014
Transaction ID : SA11.6377
 Amount of Each Receipt this Period 100.00
 CONTRIBUTION

C. SHAWN HARRIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 46 OLD COURSE DR
 City NEWPORT BEACH State CA Zip Code 92660-4275
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLPYED Occupation ACTRESS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2350.00

Date of Receipt 12 / 18 / 2014
Transaction ID : SA11.6428
 Amount of Each Receipt this Period 100.00
 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 15 OF 36
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
USA First PAC

Full Name (Last, First, Middle Initial)
A. WILLIAM HERMANN
 Mailing Address 103 RIVER RIDGE RD
 City State Zip Code
 SEALY TX 77474-8525
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEMORIAL PATHOLOGY CONSULTANTS, PA PHYSICIAN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2014
Transaction ID : SA11.6294
 Amount of Each Receipt this Period
 50.00
 CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. DAVID HOFF
 Mailing Address 1452 SOUTH ELLSWORTH RD
 City State Zip Code
 MESA AZ 85209-3700
 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 M / D D D / Y Y Y Y Y Y
 12 / 11 / 2014
Transaction ID : SA11.5958
 Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. ROBERT HOLBROOK
 Mailing Address 5591 MARION JOHNSON ROAD
 City State Zip Code
 ATHENS OH 45701-8943
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 OHIO UNIVERSITY PROFESSOR
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2014
Transaction ID : SA11.6312
 Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 550.00
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 16 OF 36
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
USA First PAC

Full Name (Last, First, Middle Initial)
A. GARY JOHNSON

Mailing Address 1045 COPPER LANDING CT.

City State Zip Code
MODESTO CA 95355-8911

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

Name of Employer Occupation
SELF-EMPLOYED BUILDING CONTRACTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 26 / 2014
Transaction ID : SA11.6562

Amount of Each Receipt this Period
500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. ROLAND JOHNSON

Mailing Address 4156 KIRKALDY DR

City State Zip Code
PALM HARBOR FL 34685-1056

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 M / D D D / Y Y Y Y Y Y
 11 / 27 / 2014
Transaction ID : SA11.5874

Amount of Each Receipt this Period
50.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. OLIVER JONES

Mailing Address 5035 ESMOND AVE.

City State Zip Code
RICHMOND CA 94805-1423

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 M / D D D / Y Y Y Y Y Y
 11 / 25 / 2014
Transaction ID : SA11.5863

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 800.00

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 17 OF 36
<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)
USA First PAC

A. GEORGE KNAPP
Full Name (Last, First, Middle Initial)

Mailing Address 33 HORICON AVENUE

City GLENS FALLS State NY Zip Code 12801-2616

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 ▼ 350.00

Date of Receipt 12 / 24 / 2014
Transaction ID : SA11.6549

Amount of Each Receipt this Period 100.00

CONTRIBUTION

B. NANCU LAO
Full Name (Last, First, Middle Initial)

Mailing Address 641 CORTNEY DRIVE

City ELKO State NV Zip Code 89801-2456

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

Name of Employer PREMISE HEALTH Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 13 / 2014
Transaction ID : SA11.6040

Amount of Each Receipt this Period 500.00

CONTRIBUTION

C. GERALD LEOPOLD
Full Name (Last, First, Middle Initial)

Mailing Address 2507 AMHERST DR

City WICHITA FALLS State TX Zip Code 76308-5327

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

Name of Employer UNITED SUPERMARKETS Occupation REGISTERED PHARMACIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 24 / 2014
Transaction ID : SA11.6551

Amount of Each Receipt this Period 50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶ 650.00

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 18 OF 36
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
USA First PAC

A. LINDA MAGGLOS
Full Name (Last, First, Middle Initial)

Mailing Address 5601 SEA VIEW DR

City MALIBU State CA Zip Code 90265-3746

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

Name of Employer: **HOMEMAKER** Occupation: **HOMEMAKER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **4500.00**

Date of Receipt
 / /

Transaction ID : SA11.5848

Amount of Each Receipt this Period

CONTRIBUTION

B. CURTIS MCINTOSH
Full Name (Last, First, Middle Initial)

Mailing Address 26291 PEACH AVENUE

City KEOSAUQUA State IA Zip Code 52565-8315

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 ▼ **350.00**

Date of Receipt
 / /

Transaction ID : SA11.6436

Amount of Each Receipt this Period

CONTRIBUTION

C. MICHAEL NASON
Full Name (Last, First, Middle Initial)

Mailing Address 33675 FLYING JIB

City DANA POINT State CA Zip Code 92629-4479

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

Name of Employer: **SELF-EMPLOYED** Occupation: **MEDIA**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 / /

Transaction ID : SA11.6400

Amount of Each Receipt this Period

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... **850.00**

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 19 OF 36
	<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)
USA First PAC

A. LORRIE OKERLUND
Full Name (Last, First, Middle Initial)

Mailing Address 48035 RIVERSIDE PLACE

City SIOUX FALLS State SD Zip Code 57108-8209

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

Name of Employer SELF EMPLOYED Occupation DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 11 / 2014
Transaction ID : SA11.5906

Amount of Each Receipt this Period 500.00

CONTRIBUTION

B. FRANK OTEY
Full Name (Last, First, Middle Initial)

Mailing Address 133 DEER CREEK RD

City RUIDOSO State NM Zip Code 88345-7307

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 ▼ 250.00

Date of Receipt 12 / 11 / 2014
Transaction ID : SA11.5935

Amount of Each Receipt this Period 50.00

CONTRIBUTION

C. FRANK OTEY
Full Name (Last, First, Middle Initial)

Mailing Address 133 DEER CREEK RD

City RUIDOSO State NM Zip Code 88345-7307

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 ▼ 250.00

Date of Receipt 12 / 16 / 2014
Transaction ID : SA11.6291

Amount of Each Receipt this Period 25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 575.00

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 20 OF 36
<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)
USA First PAC

A. WILFRED PERKINS
Full Name (Last, First, Middle Initial)

Mailing Address 1724 PINE MESA G.V.

City COLORADO SPRINGS State CO Zip Code 80918-

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
 M M M / D D D / Y Y Y Y Y Y
 11 / 29 / 2014

Transaction ID : SA11.5878

Amount of Each Receipt this Period
 50.00

CONTRIBUTION

B. MS. NADINE PIEDMONT
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 844

City HUNTINGTON State IN Zip Code 46750-0844

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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2014

Transaction ID : SA11.6231

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

C. HANK PIERSON
Full Name (Last, First, Middle Initial)

Mailing Address 132 AZALEA WAY

City EUREKA State CA Zip Code 95503-9550

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
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014

Transaction ID : SA11.6484

Amount of Each Receipt this Period
 100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 400.00

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 21 OF 36
	<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)
USA First PAC

A. SALVATORE PRESTI
Full Name (Last, First, Middle Initial)
Mailing Address 75 LIVINGSTON STREET APT 17D

City BROOKLYN	State NY	Zip Code 11201-5052
------------------	-------------	------------------------

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 ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11	/	25	/	2014

Transaction ID : SA11.5864

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B. ALBERT RICHARDSON
Full Name (Last, First, Middle Initial)
Mailing Address 3400 PACKSADDLE DRIVE

City HORSESHOE BAY	State TX	Zip Code 78657-5907
-----------------------	-------------	------------------------

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

M M M	/	D D D	/	Y Y Y Y Y
12	/	16	/	2014

Transaction ID : SA11.6321

Amount of Each Receipt this Period
100.00

CONTRIBUTION

C. LISA SHANK
Full Name (Last, First, Middle Initial)
Mailing Address 57424 WILBUR HILL RD

City DOWAGIAC	State MI	Zip Code 49047-9755
------------------	-------------	------------------------

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

M M M	/	D D D	/	Y Y Y Y Y
12	/	16	/	2014

Transaction ID : SA11.6244

Amount of Each Receipt this Period
50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	650.00
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 22 OF 36
	<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)
USA First PAC

A. MS. JENNIFER A. SILVIA
Full Name (Last, First, Middle Initial)

Mailing Address 3524 KEMPTOWN CHURCH RD.

City MONROVIA	State MD	Zip Code 21770-8706
------------------	-------------	------------------------

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

Name of Employer SELF-EMPLOYED	Occupation WRITER
-----------------------------------	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
475.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	25	/	2014

Transaction ID : SA11.5844

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B. MS. JENNIFER A. SILVIA
Full Name (Last, First, Middle Initial)

Mailing Address 3524 KEMPTOWN CHURCH RD.

City MONROVIA	State MD	Zip Code 21770-8706
------------------	-------------	------------------------

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

Name of Employer SELF-EMPLOYED	Occupation WRITER
-----------------------------------	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
475.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2014

Transaction ID : SA11.5946

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C. MS. JENNIFER A. SILVIA
Full Name (Last, First, Middle Initial)

Mailing Address 3524 KEMPTOWN CHURCH RD.

City MONROVIA	State MD	Zip Code 21770-8706
------------------	-------------	------------------------

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

Name of Employer SELF-EMPLOYED	Occupation WRITER
-----------------------------------	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
475.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	16	/	2014

Transaction ID : SA11.6328

Amount of Each Receipt this Period

50.00

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: (check only one)	PAGE 23 OF 36
	<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)
USA First PAC

A. ALLEN SIMON
Full Name (Last, First, Middle Initial)
Mailing Address 1383 N CRISS ST
City CHANDLER State AZ Zip Code 85226-1307
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 ▼ 2200.00

Date of Receipt 12 / 11 / 2014
Transaction ID : SA11.5936
Amount of Each Receipt this Period 1000.00
CONTRIBUTION

B. ED TAVARES
Full Name (Last, First, Middle Initial)
Mailing Address 589 PRATHER RD
City GRIDLEY State CA Zip Code 95948-9481
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 ▼ 250.00

Date of Receipt 12 / 14 / 2014
Transaction ID : SA11.6088
Amount of Each Receipt this Period 250.00
CONTRIBUTION

C. MR. E. ALAN THOMPSON
Full Name (Last, First, Middle Initial)
Mailing Address 3626 S. RANGE ROAD
City COLUMBIANA State OH Zip Code 44408-9765
FEC ID number of contributing federal political committee. **C**
Name of Employer SELF-EMPLOYED Occupation FINANCIAL ADVISOR
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 12 / 2014
Transaction ID : SA11.6215
Amount of Each Receipt this Period 300.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶ 1550.00
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 24 OF 36
	<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)
USA First PAC

A. JOHN JENNIFER THURSTON
 Full Name (Last, First, Middle Initial)
 Mailing Address BOX 3355
 City GRAND CANYON State AZ Zip Code 86023-3355
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation HOTELIER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **12 / 16 / 2014**
Transaction ID : SA11.6256
 Amount of Each Receipt this Period **100.00**
 CONTRIBUTION

B. VINCENT TRAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 4700 NORTH BANK ROAD
 City CRESCENT CITY State CA Zip Code 95531-9576
 FEC ID number of contributing federal political committee. **C**
 Name of Employer STATE OF CALIFORNIA Occupation DENTIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt **11 / 26 / 2014**
Transaction ID : SA11.5867
 Amount of Each Receipt this Period **100.00**
 CONTRIBUTION

C. VINCENT TRAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 4700 NORTH BANK ROAD
 City CRESCENT CITY State CA Zip Code 95531-9576
 FEC ID number of contributing federal political committee. **C**
 Name of Employer STATE OF CALIFORNIA Occupation DENTIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt **12 / 31 / 2014**
Transaction ID : SA11.6580
 Amount of Each Receipt this Period **100.00**
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... **300.00**
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 25 OF 36
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USA First PAC

A. KIM WALTON
Full Name (Last, First, Middle Initial)

Mailing Address 172 OAK PARK RD

City ADKINS State TX Zip Code 78101-2408

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

Name of Employer DOD Occupation LAND MANAGER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 17 / 2014

Transaction ID : SA11.6397

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

B. EDGAR WEAVER
Full Name (Last, First, Middle Initial)

Mailing Address 2502 STANLEY AVE.

City ROANOKE State VI Zip Code 24104-

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

Name of Employer CARILION HEALTH SYSTEMS Occupation PHYSICIAN/SURGEON

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2014

Transaction ID : SA11.6360

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

C. RONALD WONG
Full Name (Last, First, Middle Initial)

Mailing Address 355 CAMPUS DRIVE SUITE B

City HANFORD State CA Zip Code 93230-4338

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

Name of Employer RONALD N. WONG M.D. INC Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2014

Transaction ID : SA11.6576

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
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 26 OF 36
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
USA First PAC

Full Name (Last, First, Middle Initial)
A. MICHAELON A. WRIGHT

Mailing Address 940 CAPE CARCO DRIVE #2003

City State Zip Code
MARCO ISLAND FL 34145-6639

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

Name of Employer Occupation
TMWENT.INC. BUSINESS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 12 / 2014
Transaction ID : SA11.6166

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. ED ZINKE

Mailing Address 1909 ARMOND LN

City State Zip Code
SILVER SPRING MD 20905-3925

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 ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 14 / 2014
Transaction ID : SA11.6086

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C.

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ▶ 3500.00

TOTAL This Period (last page this line number only)..... ▶ 28625.00

**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)
USA First PAC

Full Name (Last, First, Middle Initial)

A. CLINTON GATES JR

Mailing Address 4710 AUTH PLACE STE 420

City SUITLAND State MD Zip Code 20746

Purpose of Disbursement
TRANSPORTATION SERVICE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		11		2014

Transaction ID : SB21B.120

Amount of Each Disbursement this Period

450.00

Full Name (Last, First, Middle Initial)

B. MICHAEL NASON

Mailing Address 33675 FLYING JIB

City DANA POINT State CA Zip Code 92629

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		11		2014

Transaction ID : SB21B.121

Amount of Each Disbursement this Period

3312.30

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address 4333 AMMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		11		2014

Transaction ID : SB21B.1219

Amount of Each Disbursement this Period

1066.20

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶

3762.30

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

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**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)
USA First PAC

Full Name (Last, First, Middle Initial)

A. GRAND HYATT

Mailing Address 1000 H STREET NW

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 11 / 2014

Transaction ID : **SB21B.1220**

Amount of Each Disbursement this Period

1652.50

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. HOTEL 373

Mailing Address 373 FIFTH AVENUE

City NEW YORK State NY Zip Code 10016

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 11 / 2014

Transaction ID : **SB21B.1221**

Amount of Each Disbursement this Period

593.60

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. AKILI WEST

Mailing Address 1342 U STREET SE SUITE C

City WASHINGTON State DC Zip Code 20020

Purpose of Disbursement
DIGITAL CONSULTING/WEB SERVICE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 08 / 2014

Transaction ID : **SB21B.113**

Amount of Each Disbursement this Period

8546.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

8546.00

**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)
USA First PAC

Full Name (Last, First, Middle Initial)

A. ADRIAN GRAY CONSULTING LLC

Mailing Address 9 COLONIAL THOMAS LANE

City State Zip Code
BEDFORD NY 10506

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			08			2014			

Transaction ID : SB21B.115

Amount of Each Disbursement this Period

10000.00

Full Name (Last, First, Middle Initial)

B. AMERICAN EXPRESS

Mailing Address PO BOX 1270

City State Zip Code
NEWARK NJ 07101

Purpose of Disbursement
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			05			2014			

Transaction ID : SB21B.106

Amount of Each Disbursement this Period

252.42

Full Name (Last, First, Middle Initial)

C. BB&T

Mailing Address 2200 WILSON BLVD

City State Zip Code
ARLINGTON VA 22201

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			01			2014			

Transaction ID : SB21B.100

Amount of Each Disbursement this Period

5.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

10257.42

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**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)
USA First PAC

Full Name (Last, First, Middle Initial)

A. BB&T

Mailing Address 2200 WILSON BLVD

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 03 / 2014

Transaction ID : SB21B.101

Amount of Each Disbursement this Period

30.00

Full Name (Last, First, Middle Initial)

B. BB&T

Mailing Address 2200 WILSON BLVD

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 22 / 2014

Transaction ID : SB21B.102

Amount of Each Disbursement this Period

12.00

Full Name (Last, First, Middle Initial)

C. BROADNET TELESERVICES LLC

Mailing Address PO BOX 975202

City DALLAS State TX Zip Code 75397

Purpose of Disbursement
TELEPHONE SERVICE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 09 / 2014

Transaction ID : SB21B.119

Amount of Each Disbursement this Period

10537.38

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

10579.38

**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)
USA First PAC

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL ROAD SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 25 / 2014

Transaction ID : SB21B.104

Amount of Each Disbursement this Period

2.96

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 1593 SPRING HILL ROAD SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 02 / 2014

Transaction ID : SB21B.105

Amount of Each Disbursement this Period

207.13

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 1593 SPRING HILL ROAD SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 09 / 2014

Transaction ID : SB21B.107

Amount of Each Disbursement this Period

21.40

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

231.49

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)
USA First PAC

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL ROAD SUITE 400

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	6		2	0	1	4

City State Zip Code
TYSONS CORNER VA 22182

Transaction ID : **SB21B.108**

Purpose of Disbursement
CREDIT CARD MERCHANT FEES

Amount of Each Disbursement this Period

5	8	3	.	3	0
---	---	---	---	---	---

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 1593 SPRING HILL ROAD SUITE 400

Date of Disbursement

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

City State Zip Code
TYSONS CORNER VA 22182

Transaction ID : **SB21B.109**

Purpose of Disbursement
CREDIT CARD MERCHANT FEES

Amount of Each Disbursement this Period

8	5	2	.	3	4
---	---	---	---	---	---

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 1593 SPRING HILL ROAD SUITE 400

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	3		2	0	1	4

City State Zip Code
TYSONS CORNER VA 22182

Transaction ID : **SB21B.110**

Purpose of Disbursement
CREDIT CARD MERCHANT FEES

Amount of Each Disbursement this Period

1	3	1	.	2	9
---	---	---	---	---	---

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

1	5	6	.	9	3
---	---	---	---	---	---

1	5	6	.	9	3
---	---	---	---	---	---

**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)
USA First PAC

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL ROAD SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATABASE MANAGEMENT SERVICE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 02 / 2014

Transaction ID : **SB21B.111**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 1593 SPRING HILL ROAD SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATABASE MANAGEMENT SERVICE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2014

Transaction ID : **SB21B.112**

Amount of Each Disbursement this Period

1075.98

Full Name (Last, First, Middle Initial)

C. GOBER HILGERS PLLC

Mailing Address 1005 CONGRESS AVENUE SUITE 350

City AUSTIN State TX Zip Code 78701

Purpose of Disbursement
LEGAL CONSULTING/TRAVEL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2014

Transaction ID : **SB21B.114**

Amount of Each Disbursement this Period

9714.11

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

13290.09

**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)
USA First PAC

Full Name (Last, First, Middle Initial)

A. GODADDY.COM

Mailing Address 14455 N HAYDEN RD SUITE 226

City State Zip Code
SCOTTSDALE AZ 85260

Purpose of Disbursement
WEB SERVICE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 08 / 2014

Transaction ID : SB21B.122

Amount of Each Disbursement this Period

179.25

Full Name (Last, First, Middle Initial)

B. INTUIT

Mailing Address 2632 MARINES WAY

City State Zip Code
MOUNTAIN VIEW CA 94043

Purpose of Disbursement
SUBSCRIPTIONS

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 19 / 2014

Transaction ID : SB21B.118

Amount of Each Disbursement this Period

18.86

Full Name (Last, First, Middle Initial)

C. NATIONBUILDER

Mailing Address 520 S. GRAND AVE 2ND FLOOR

City State Zip Code
LOS ANGELES CA 90071

Purpose of Disbursement
WEB SERVICE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 19 / 2014

Transaction ID : SB21B.124

Amount of Each Disbursement this Period

176.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

374.11

**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)
USA First PAC

Full Name (Last, First, Middle Initial)

A. PRECISION DATA MANAGEMENT

Mailing Address 2000 EDMUND HALLEY DRIVE SUITE 250

City RESTON State VA Zip Code 20191

Purpose of Disbursement
WEB SERVICE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2014

Transaction ID : SB21B.123

Amount of Each Disbursement this Period

900.00

Full Name (Last, First, Middle Initial)

B. RIGHTSIDE COMPLIANCE LLC

Mailing Address PO BOX 2309

City AUSTIN State TX Zip Code 78768

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 09 / 2014

Transaction ID : SB21B.103

Amount of Each Disbursement this Period

10500.00

Full Name (Last, First, Middle Initial)

C. THE UPS STORE

Mailing Address 8705B COLESVILLE RD SUITE B

City SILVER SPRING State MD Zip Code 20910

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2014

Transaction ID : SB21B.116

Amount of Each Disbursement this Period

60.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

11460.00

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)
USA First PAC

Full Name (Last, First, Middle Initial)

A. THE UPS STORE

Mailing Address 8705B COLESVILLE RD SUITE B

City SILVER SPRING State MD Zip Code 20910

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2014

Transaction ID : SB21B.117

Amount of Each Disbursement this Period

322.61

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional)..... ▶

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

322.61

60390.33
