

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5

COUNTRY FIRST

ADDRESS (number and street) PO BOX 2385 OTTAWA IL 61350

2. FEC IDENTIFICATION NUMBER C00771113 3. IS THIS REPORT NEW (N) OR AMENDED (A)

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

5. Covering Period 04 01 2021 through 06 30 2021

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. KILGORE, PAUL, , , Type or Print Name of Treasurer

Signature of Treasurer KILGORE, PAUL, , , [Electronically Filed] Date 06 30 2021

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

COUNTRY FIRST

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="0"/>	<input type="text"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="0.00"/>	<input type="text"/>
(c) Total Receipts (from Line 19)	<input type="text" value="104315.00"/>	<input type="text" value="104315.00"/>
(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="104315.00"/>	<input type="text" value="104315.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="98815.00"/>	<input type="text" value="98815.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="5500.00"/>	<input type="text" value="5500.00"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	<input type="text"/>
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	<input type="text"/>

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

COUNTRY FIRST

Report Covering the Period: From: 04 / 01 / 2021 To: 06 / 30 / 2021

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).....	100450.00	100450.00
(ii) Unitemized	3365.00	3365.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	103815.00	103815.00
(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)	103815.00	103815.00
12. Transfers From Affiliated/Other Party Committees.....	500.00	500.00
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)).....▶	104315.00	104315.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	104315.00	104315.00

DETAILED SUMMARY PAGE
of Disbursements

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	4092.55	4092.55
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	4092.55	4092.55
22. Transfers to Affiliated/Other Party Committees.....	94722.45	94722.45
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	98815.00	98815.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	98815.00	98815.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	103815.00	103815.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	103815.00	103815.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	4092.55	4092.55
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	4092.55	4092.55

**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 50
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
COUNTRY FIRST

A. ABROMS, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 125 SOUTH STATE ROAD 7
 104364
 City WELLINGTON State FL Zip Code 33414-4385
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) EXECUTIVE
 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
 05 / 20 / 2021
Transaction ID : SA11A.53011
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION

B. ADELL, SIMON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 WARTON RD
 City NASHUA State NH Zip Code 03062-2536
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TRIPLELIFT Occupation (for Individual) FINANCE
 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
 05 / 24 / 2021
Transaction ID : SA11A.53515
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

C. AILEY, ASHER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 BELCREST
 City LAGUNA NIGUEL State CA Zip Code 92677-2940
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RESEARCH AFFILIATES LLC Occupation (for Individual) ATTORNEY
 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
 05 / 20 / 2021
Transaction ID : SA11A.53014
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00
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 OF 50
	<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)
COUNTRY FIRST

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. ALT, AARON, , ,			Date of Receipt MM / DD / YYYY 05 / 23 / 2021
Mailing Address 2002 SWALLOWTAIL CIRCLE			Transaction ID : SA11A.53507
City WESTLAKE	State TX	Zip Code 76262-4823	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) SYSCO		Occupation (for Individual) CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. BARRON, THOMAS, , ,			Date of Receipt MM / DD / YYYY 05 / 14 / 2021
Mailing Address 545 PEARL STREET			Transaction ID : SA11A.50172
City BOULDER	State CO	Zip Code 80302-5001	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) THOMAS A BARRON LLC		Occupation (for Individual) AUTHOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. BEKEMEYER, SCOTT, , MR.,			Date of Receipt MM / DD / YYYY 06 / 17 / 2021
Mailing Address 530 S. 15TH STREET			Transaction ID : SA11A.54954
City SAN JOSE	State CA	Zip Code 95112-2365	Amount of Each Receipt this Period 10000.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) THE PARTNER COMPANIESNIES		Occupation (for Individual) MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 10000.00		

SUBTOTAL of Receipts This Page (optional).....▶	15500.00
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 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
COUNTRY FIRST

A. BERGSTROM, HANS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7303 NORTHEAST 8TH DRIVE
 City BOCA RATON State FL Zip Code 33487-2422
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 05 / 23 / 2021
Transaction ID : SA11A.53504
 Amount of Each Receipt this Period 2000.00
 Memo Item CONTRIBUTION

B. BISHOP, ANDREW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2426 STONEHEDGE RD
 City THE PLAINS State VA Zip Code 20198-1602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 25 / 2021
Transaction ID : SA11A.53538
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION

C. BLAKE, PHILIP, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 46 ARBOREDGE WAY
 City FITCHBURG State WI Zip Code 53711-7213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 20 / 2021
Transaction ID : SA11A.53002
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	2750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
COUNTRY FIRST

A. BLITSTEIN, NEIL, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15W344 PLAINFIELD ROAD
 City BURR RIDGE State IL Zip Code 60527-5257
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 19 / 2021
Transaction ID : SA11A.54958
 Amount of Each Receipt this Period 1000.00
 Memo Item CONTRIBUTION

B. BLUE, BRENT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 15240
 City JACKSON State WY Zip Code 83002-5240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 20 / 2021
Transaction ID : SA11A.53013
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

C. BURDAKIN, DAVID, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 340 EAST RANDOLPH STREET #4401
 City CHICAGO State IL Zip Code 60601-7926
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) JBT Occupation (for Individual) EXECUTIVE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 17 / 2021
Transaction ID : SA11A.54957
 Amount of Each Receipt this Period 500.00
 Memo Item 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: (check only one)	PAGE 10 OF 50
	<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

A. BURKE, CHRISTOPHER, B., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8S201 COLLEGE RD

City NAPERVILLE	State IL	Zip Code 60540-9400
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CBBEL	Occupation (for Individual) ENGINEER
--	---

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
06		21		2021

Transaction ID : SA11A.54909

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

B. CAPOCCIA, DONALD, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 45 GREAT JONES STREET

City NEW YORK	State NY	Zip Code 10012-1627
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BFC PARTNERS DEVELOPMENT, LLC	Occupation (for Individual) BUILDER
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		21		2021

Transaction ID : SA11A.53488

Amount of Each Receipt this Period
2900.00

Memo Item
CONTRIBUTION

C. CARLSEN, DAVID, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4340 FREMONT AVENUE SOUTH

City MINNEAPOLIS	State MN	Zip Code 55409-1721
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
10800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		23		2021

Transaction ID : SA11A.53512

Amount of Each Receipt this Period
10800.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	13950.00
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 11 OF 50
	<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

A. CASTNER, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7211 WISTERIA WAY
 City CARLSBAD State CA Zip Code 92011-4844
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NOT EMPLOYED Occupation (for Individual) NOT EMPLOYED
 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
 05 / 20 / 2021
Transaction ID : SA11A.53009
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION

B. CHESMORE, GREG, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5018 FLAMBEAU ROAD
 City MADISON State WI Zip Code 53705-1302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ACCELERON Occupation (for Individual) VICE 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
 05 / 22 / 2021
Transaction ID : SA11A.53492
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

C. CLARK, ALFRED, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4440 PGA BOULEVARD
 City PALM BEACH GARDENS State FL Zip Code 33410-6539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ABERIDIN, INC. Occupation (for Individual) PRESIDENT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 24 / 2021
Transaction ID : SA11A.53537
 Amount of Each Receipt this Period
 10000.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	10750.00
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 50
<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

A. COHEN, RAFE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15060 VENTURA BOULEVARD #350
 City SHERMAN OAKS State CA Zip Code 91403-2484
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GALAXY THEATRES Occupation (for Individual) EXECUTIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 21 / 2021
Transaction ID : SA11A.53482
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

B. COLLUM, CHARLOTTE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 58176
 City NASHVILLE State TN Zip Code 37205-8176
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 23 / 2021
Transaction ID : SA11A.53508
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

C. COMSTOCK, BARBARA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6822 , WEMBERLY WAY
 City MCLEAN State VA Zip Code 22101-1531
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BAKER DONELSON Occupation (for Individual) ADVISER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 24 / 2021
Transaction ID : SA11A.53532
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	1000.00
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 13 OF 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
COUNTRY FIRST

A. CUEVAS, JOSE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 50607
 City MIDLAND State TX Zip Code 79710-0607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) JUMBURRITO INC. Occupation (for Individual) OWNER
 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
 05 / 20 / 2021
Transaction ID : SA11A.53005
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 CONTRIBUTION

B. DANAHER, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1355 HAMILTON AVE
 City PALO ALTO State CA Zip Code 94301-3123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WILSON SONSINI Occupation (for Individual) ATTORNEY
 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
 05 / 24 / 2021
Transaction ID : SA11A.53514
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

C. DAVE, AMAR, , DR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1209 STARFIRE DRIVE STE #1
 City OTTAWA State IL Zip Code 61350-1688
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PEDIATRICS CENTER Occupation (for Individual) MEDICAL
 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
 05 / 24 / 2021
Transaction ID : SA11A.53526
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

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 14 OF 50
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
COUNTRY FIRST

A. DOWER, GARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 102 EAST GENESEE STREET
 City SKANEATELES State NY Zip Code 13152-1328
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 23 / 2021
Transaction ID : SA11A.53497
 Amount of Each Receipt this Period 1000.00
 Memo Item CONTRIBUTION

B. DRAKE, RAYMOND, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3N734 HERMAN MELVILLE LANE
 City ST. CHARLES State IL Zip Code 60175-6533
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UPS Occupation (for Individual) VICE PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 24 / 2021
Transaction ID : SA11A.53522
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION

C. DUMOULIN, CARL, F., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18311 IL ROUTE 72
 City HAMPSHIRE State IL Zip Code 60140-7314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MIDLAND STATES BANK Occupation (for Individual) LOAN OFFICER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 03 / 2021
Transaction ID : SA11A.53814
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00
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 50
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
COUNTRY FIRST

A. EARLS, ANDREW, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 29 CLIFFDALE ROAD

City GREENWICH	State CT	Zip Code 06831-2901
-------------------	-------------	------------------------

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

Name of Employer (for Individual) MORGAN STANLEY	Occupation (for Individual) INVESTMENT BANKER
---	--

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
05		23		2021

Transaction ID : SA11A.53498

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

B. FERRIS, RICHARD, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 155 QUAIL HAVEN DRIVE

City TROUTMAN	State NC	Zip Code 28166-7668
------------------	-------------	------------------------

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

Name of Employer (for Individual) NOT EMPLOYED	Occupation (for Individual) NOT 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
05		24		2021

Transaction ID : SA11A.53517

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

C. FRIEDBERG, BARRY, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 134 EAST 71ST STREET

City NEW YORK	State NY	Zip Code 10021-5011
------------------	-------------	------------------------

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

Name of Employer (for Individual) NEW YORK PRIVATE BANK & TRUST	Occupation (for Individual) BANKING
--	--

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
06		01		2021

Transaction ID : SA11A.53796

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
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 16 OF 50
	<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)
COUNTRY FIRST

A. GIBSON, MEG, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 85 NORTH INDIAN HILL ROAD
 City WINNETKA State IL Zip Code 60093-3934
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) KIRKLAND & ELIS LLP Occupation (for Individual) ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 24 / 2021
Transaction ID : SA11A.53529
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

B. GLASSGOW, JOHN, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1744 WEST DIVISION STREET 2
 City CHICAGO State IL Zip Code 60622-8816
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SHEPPARD MULLIN Occupation (for Individual) ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 24 / 2021
Transaction ID : SA11A.53531
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION

C. GLICKEN, DOUGLAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1344 W COLONIAL DR.
 City ORLANDO State FL Zip Code 32804-7119
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LAW OFFICE OF DOUGLAS H. GLICKEN Occupation (for Individual) ATTORNEY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 20 / 2021
Transaction ID : SA11A.53012
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
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 50
	<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

A. GREY, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 HAVEN WAY
 City BEVERLY State MA Zip Code 01915-2256
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FAMILY FIDUCIARY SERVICES, INC. Occupation (for Individual) INVESTMENTS
 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
 05 / 24 / 2021
Transaction ID : SA11A.53524
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

B. HAFNER, BRUCE, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1A CARNEGIE AVENUE
 City COLD SPRING HARBOR State NY Zip Code 11724-2017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) ATTORNEY
 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
 05 / 21 / 2021
Transaction ID : SA11A.53486
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

C. HENNINGSEN, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 813 SCHOONER BAY DR
 City REDWOOD CITY State CA Zip Code 94065-1774
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SUTRO BIOPHARMA Occupation (for Individual) SCIENTIST
 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
 05 / 24 / 2021
Transaction ID : SA11A.53534
 Amount of Each Receipt this Period
 250.00
 Memo Item
 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 18 OF 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
COUNTRY FIRST

A. HUMMER, MELANIE, S., MRS.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 680 NORTH LAKE SHORE DRIVE #906
 City CHICAGO State IL Zip Code 60611-4477
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) CPA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 20 / 2021
Transaction ID : SA11A.53000
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

B. ISAAC, PAUL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 75 PROSPECT AVENUE
 City LARCHMONT State NY Zip Code 10538-3634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ARBITER PARTNERS CAPITAL MGMT Occupation (for Individual) ANALYST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2900.00

Date of Receipt 05 / 23 / 2021
Transaction ID : SA11A.53493
 Amount of Each Receipt this Period 2900.00
 Memo Item CONTRIBUTION

C. JONES, JASON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 180 BEACON STREET 9C
 City BOSTON State MA Zip Code 02116-1401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MCLEAN HOSPITAL Occupation (for Individual) PSYCHIATRIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 24 / 2021
Transaction ID : SA11A.53523
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	3400.00
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 50
	<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

A. JONES, STEVEN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3718 ARNOLD STREET

City HOUSTON	State TX	Zip Code 77005-2004
-----------------	-------------	------------------------

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

Name of Employer (for Individual) WATERBRIDGE RESOURCES	Occupation (for Individual) 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
05		24		2021

Transaction ID : SA11A.53533

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

B. KANSTEINER, WALTER, H., MR., III
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21980 QUAKER LANE

City MIDDLEBURG	State VA	Zip Code 20117-3947
--------------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
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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
06		30		2021

Transaction ID : SA11A.56880

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

C. KERR, HARRIS, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1701 NORTH L STREET

City MIDLAND	State TX	Zip Code 79705-8630
-----------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
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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
05		24		2021

Transaction ID : SA11A.53525

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	1000.00
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 20 OF 50
	(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)
COUNTRY FIRST

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. KERRIGAN, RYAN, , ,

Mailing Address 1169 LAKESHORE BOULEVARD

City INCLINE VILLAGE	State NV	Zip Code 89451-9355
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) KERRIGAN ADVISORS	Occupation (for Individual) INVESTMENT BANKER
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2021

Transaction ID : SA11A.53008

Amount of Each Receipt this Period
2900.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. KNOLL, JOCELYN, , ,

Mailing Address 16181 ANDRIE STREET NORTHWEST

City RAMSEY	State MN	Zip Code 55303-3195
----------------	-------------	------------------------

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

Name of Employer (for Individual) DORSEY & WHITNEY LLP	Occupation (for Individual) ATTORNEY
---	---

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
05		23		2021

Transaction ID : SA11A.53501

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. KURNIT, SCOTT, , MR.,

Mailing Address 7700 STEIN WAY

City PARK CITY	State UT	Zip Code 84060-5132
-------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) INVESTOR/ADVISOR
--	---

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
06		28		2021

Transaction ID : SA11A.56675

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	3400.00
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 50
	<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

A. KVEDARAS, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22W724 ELMWOOD DRIVE
 City GLEN ELLYN State IL Zip Code 60137-6961
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 22 / 2021
Transaction ID : SA11A.53491
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

B. LEVIN, JACK, S., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 985 SHERIDAN ROAD
 City WINNETKA State IL Zip Code 60093-1558
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) KIRKLAND & ELLIS Occupation (for Individual) ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 24 / 2021
Transaction ID : SA11A.53520
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

C. LOCOH, ETIENNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 43 W 24TH ST, 10TH FL
 City NEW YORK State NY Zip Code 10010-3527
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 28 / 2021
Transaction ID : SA11A.56674
 Amount of Each Receipt this Period 250.00
 Memo Item 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 22 OF 50
	<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

A. LOGAN, LORAYNE, , MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4701 E STATE ST
 City ROCKFORD State IL Zip Code 61108-2206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WORKPLACE Occupation (for Individual) OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 21 / 2021
Transaction ID : SA11A.53481
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

B. MANTEI, KRISTIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14260 214TH WAY NE
 City WOODINVILLE State WA Zip Code 98077-5119
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CELLNETIX PATHOLOGY Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 22 / 2021
Transaction ID : SA11A.53490
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

C. MARSTON, MICHAEL, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PMB 536
 City SANTA BARBARA State CA Zip Code 93105-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BES
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 30 / 2021
Transaction ID : SA11A.56879
 Amount of Each Receipt this Period 1000.00
 Memo Item CONTRIBUTION

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: (check only one)	PAGE 23 OF 50
	<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

A. MAYNES, TODD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19318 GREEN LAKES LOOP
 City BEND State OR Zip Code 97702-1187
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) KIRKLAND & ELLIS LLP Occupation (for Individual) ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 23 / 2021
Transaction ID : SA11A.53500
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

B. MCCLOSKEY, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 625 N. FLAGLER DR. SUITE 501
 City WEST PALM BEACH State FL Zip Code 33401-4025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FRI INVESTORS Occupation (for Individual) CHMN / CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 21 / 2021
Transaction ID : SA11A.53484
 Amount of Each Receipt this Period 1000.00
 Memo Item CONTRIBUTION

C. MCDERMOTT, JEFF, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 765 PARK AVENUE
 City NEW YORK State NY Zip Code 10021-4254
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NOMURAGREENTECH Occupation (for Individual) MANAGING DIRECTOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2900.00

Date of Receipt 05 / 24 / 2021
Transaction ID : SA11A.53528
 Amount of Each Receipt this Period 2900.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 4150.00
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 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
COUNTRY FIRST

A. MCGRATH, MICHAEL, J., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1250 W DIVISION STREET
 City CHICAGO State IL Zip Code 60642-4133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MCGRATH LEXUS Occupation (for Individual) OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 03 / 2021
Transaction ID : SA11A.53813
 Amount of Each Receipt this Period 1000.00
 Memo Item CONTRIBUTION

B. METTLER, LISA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 60 E MONROE ST UNIT 3501
 City CHICAGO State IL Zip Code 60603-2751
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NOT EMPLOYED Occupation (for Individual) NOT EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 21 / 2021
Transaction ID : SA11A.53485
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

C. MEYER, DON, E., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 736 PERU RD
 City AMBOY State IL Zip Code 61310-9654
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 21 / 2021
Transaction ID : SA11A.53487
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

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: (check only one)	PAGE 25 OF 50
	<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)
COUNTRY FIRST

A. MINCHEW, RANDY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 330 WEST MARKET STREET
 City LEESBURG State VA Zip Code 20176-2601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WALSH, COLUCCI Occupation (for Individual) ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 24 / 2021
Transaction ID : SA11A.53527
 Amount of Each Receipt this Period 1000.00
 Memo Item CONTRIBUTION

B. MOFFETT, EDWARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3870 TULSA WAY APT 2 APT 2
 City FORT WORTH State TX Zip Code 76107-3313
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 24 / 2021
Transaction ID : SA11A.53536
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

C. MOORE, ERIC, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 0N061 PIERCE AVE.
 City WHEATON State IL Zip Code 60187-3963
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 23 / 2021
Transaction ID : SA11A.53502
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

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: (check only one)	PAGE 26 OF 50
	<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)
COUNTRY FIRST

A. NANNA, JOHN, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1240 N LAKE SHORE DR
19B

City CHICAGO State IL Zip Code 60610-6649

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

Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
05 / 24 / 2021
Transaction ID : SA11A.53516

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

B. NASH, KIM, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7585 WILSON RD

City WARRENTON State VA Zip Code 20186-7463

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

Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
05 / 26 / 2021
Transaction ID : SA11A.53540

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

C. NIEWOLD, ROBIN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 859N 1700E RD

City LODA State IL Zip Code 60948-9411

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

Name of Employer (for Individual) PRO-TYPE PRINTING, INC. Occupation (for Individual) OWNER

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt
06 / 17 / 2021
Transaction ID : SA11A.54956

Amount of Each Receipt this Period
250.00

Memo Item
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 27 OF 50
	<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

A. O'BRIEN, DOUGLAS, S., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 510 MEADOW RD

City WINNETKA	State IL	Zip Code 60093-4017
------------------	-------------	------------------------

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

Name of Employer (for Individual) RUSH UNIVERSITY MEDICAL CENTER	Occupation (for Individual) VICE PRESIDENT
---	---

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
05		23		2021

Transaction ID : SA11A.53499

Amount of Each Receipt this Period
250.00

Memo Item CONTRIBUTION

B. O'BRIEN, DOUGLAS, S., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 510 MEADOW RD

City WINNETKA	State IL	Zip Code 60093-4017
------------------	-------------	------------------------

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

Name of Employer (for Individual) RUSH UNIVERSITY MEDICAL CENTER	Occupation (for Individual) VICE PRESIDENT
---	---

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
06		28		2021

Transaction ID : SA11A.56878

Amount of Each Receipt this Period
250.00

Memo Item CONTRIBUTION

C. OLDING, MICHAEL, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2540 MASSACHUSETTS AVE NW
505

City WASHINGTON	State DC	Zip Code 20008-2843
--------------------	-------------	------------------------

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

Name of Employer (for Individual) GW MFA	Occupation (for Individual) PHYSICIAN
---	--

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
05		25		2021

Transaction ID : SA11A.53539

Amount of Each Receipt this Period
250.00

Memo Item 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 28 OF 50
	<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

A. PAPAMARCOS, ANDREW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 117 CHAMBERS RD
 City WEST GROVE State PA Zip Code 19390-9724
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 24 / 2021
Transaction ID : SA11A.53518
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

B. PERLIN, JEAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 1581
 City MIDDLEBURG State VA Zip Code 20118-1581
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 15 / 2021
Transaction ID : SA11A.54236
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION

C. PERRY, NICOLE, , MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 426
 City UPPERVILLE State VA Zip Code 20185-0426
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 30 / 2021
Transaction ID : SA11A.53795
 Amount of Each Receipt this Period 500.00
 Memo Item 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: (check only one)	PAGE 29 OF 50
	<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)
COUNTRY FIRST

A. PETRI, THOMAS , , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3333 PROSPECT ST NW
 City WASHINGTON State DC Zip Code 20007-3217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 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
 05 / 26 / 2021
Transaction ID : SA11A.53024
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

B. PFLUGNER, JEFF, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5204 SIESTA COVE DR
 City SARASOTA State FL Zip Code 34242-1709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) ATTORNEY
 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
 05 / 24 / 2021
Transaction ID : SA11A.53519
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

C. PLOTKIN, BEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 270 S PARKWOOD AVE
 City PASADENA State CA Zip Code 91107-4716
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UCLA Occupation (for Individual) PHYSICIAN
 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
 05 / 20 / 2021
Transaction ID : SA11A.53003
 Amount of Each Receipt this Period
 250.00
 Memo Item
 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 30 OF 50
	<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

A. POWER, PATRICIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2577 W CROWN DRIVE
 City TRAVERSE CITY State MI Zip Code 49685-6724
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 23 / 2021
Transaction ID : SA11A.53503
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

B. RICHTER, PETER, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19717 SW MOUNT BACHELOR DR
 City BEND State OR Zip Code 97702-1901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MILLER NASH LLP Occupation (for Individual) ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 28 / 2021
Transaction ID : SA11A.56677
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION

C. ROBBINS, MELANIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 E BEACH DR
 City BALD HEAD ISLAND State NC Zip Code 28461-5048
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 20 / 2021
Transaction ID : SA11A.53010
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00
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 31 OF 50
	<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

A. RUSSELL, JOHN, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 708 THORNRIDGE DR

City MORTON	State IL	Zip Code 61550-8501
----------------	-------------	------------------------

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

Name of Employer (for Individual) MORTON BUILDINGS	Occupation (for Individual) CEO
---	------------------------------------

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
06		20		2021

Transaction ID : SA11A.54964

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

B. RYAN, ADAM, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 741 ONEIDA PL

City MADISON	State WI	Zip Code 53711-2913
-----------------	-------------	------------------------

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

Name of Employer (for Individual) RYAN INC CENTRAL	Occupation (for Individual) OWNER
---	--------------------------------------

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
05		21		2021

Transaction ID : SA11A.53479

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

C. RYAN, DAVID, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 449 SOUTH ATWOOD AVE.

City JANESVILLE	State WI	Zip Code 53545-4801
--------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) 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
05		21		2021

Transaction ID : SA11A.53480

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	1000.00
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 32 OF 50
<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

A. SACKS, GEORGE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 590 PHILLIPS DRIVE

City BOCA RATON	State FL	Zip Code 33432-2836
--------------------	-------------	------------------------

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

Name of Employer (for Individual) COMMERCIAL FLORIDA	Occupation (for Individual) REAL ESTATE INVESTOR
---	---

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
05	/	23	/	2021

Transaction ID : SA11A.53496

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

B. SAWCHUK, AARON, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 54 HARVARD ST

City CHARLESTOWN	State MA	Zip Code 02129-3720
---------------------	-------------	------------------------

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

Name of Employer (for Individual) FIRSTLIGHT FIBER	Occupation (for Individual) EXECUTIVE
---	--

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
06	/	28	/	2021

Transaction ID : SA11A.56680

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. SCHADDEL, JACK, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6498 GLICK RD

City PLEASANT PLAINS	State IL	Zip Code 62677-3428
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) FARMER
--	---------------------------------------

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
06	/	30	/	2021

Transaction ID : SA11A.56883

Amount of Each Receipt this Period
500.00

Memo Item
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: (check only one)	PAGE 33 OF 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
COUNTRY FIRST

A. SCHMITT, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 529 N WOOD ST
 City GIBSON CITY State IL Zip Code 60936-1158
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GIBSON AREA HOSPITAL AND HEALTH SERVIC Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 24 / 2021
Transaction ID : SA11A.53530
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

B. SCHWARTZ, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7275 NORTH RACHEL WAY
 City JACKSON State WY Zip Code 83001-8443
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WATERTON Occupation (for Individual) REAL ESTATE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 23 / 2021
Transaction ID : SA11A.53495
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION

C. SHETH, VEERAL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24 E 57TH ST
 City HINSDALE State IL Zip Code 60521-4983
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 05 / 20 / 2021
Transaction ID : SA11A.52999
 Amount of Each Receipt this Period 1000.00
 Memo Item 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: (check only one)	PAGE 34 OF 50
	<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

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. SHETH, VEERAL, , ,

Mailing Address **24 E 57TH ST**

City HINSDALE	State IL	Zip Code 60521-4983
-------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) PHYSICIAN
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
06 / 17 / 2021

Transaction ID : SA11A.54952

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. SJOBRING, LARS, , ,

Mailing Address **820 PURITAN AVENUE**

City BIRMINGHAM	State MI	Zip Code 48009-4629
---------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) VEONEER	Occupation (for Individual) ATTORNEY
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
05 / 23 / 2021

Transaction ID : SA11A.53494

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. SMITH-BURTON, AMBER, , ,

Mailing Address **2442 W. BRAMLET DRIVE**

City CONROE	State TX	Zip Code 77304-2170
-----------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt
05 / 20 / 2021

Transaction ID : SA11A.53004

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

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: (check only one)	PAGE 35 OF 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
COUNTRY FIRST

A. SMITH, KEVIN, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 801 COLFAX AVE
 City ELMHURST State IL Zip Code 60126-4532
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CNA INSURANCE Occupation (for Individual) INSURANCE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 28 / 2021
Transaction ID : SA11A.56679
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

B. SMITH, PETER, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2137 N SEMINARY AVE
 City CHICAGO State IL Zip Code 60614-4113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 20 / 2021
Transaction ID : SA11A.54962
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

C. STOCKWELL, WILLIAM, B., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 237 SUTTON ROAD
 City NEW LONDON State NH Zip Code 03257-5972
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) STOCKWELL ELASTOMERICS, INC Occupation (for Individual) EXECUTIVE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 05 / 20 / 2021
Transaction ID : SA11A.53007
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	1000.00
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 36 OF 50
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
COUNTRY FIRST

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. STOCKWELL, WILLIAM, B., MR.,			Date of Receipt
Mailing Address 237 SUTTON ROAD			<input type="text" value="06"/> / <input type="text" value="28"/> / <input type="text" value="2021"/>
City NEW LONDON	State NH	Zip Code 03257-5972	Transaction ID : SA11A.56682
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="250.00"/>
Name of Employer (for Individual) STOCKWELL ELASTOMERICS, INC		Occupation (for Individual) EXECUTIVE	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="750.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. STRUCKMEYER, ERICH, , ,			Date of Receipt
Mailing Address 60 SPRING CREEK ROAD			<input type="text" value="05"/> / <input type="text" value="21"/> / <input type="text" value="2021"/>
City BARRINGTON	State IL	Zip Code 60010-9632	Transaction ID : SA11A.53483
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="1000.00"/>
Name of Employer (for Individual) CHAMBERLAIN GROUP		Occupation (for Individual) GM	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. SWEENEY, DENNIS, , MR.,			Date of Receipt
Mailing Address 6927 PENNSYLVANIA AVE			<input type="text" value="06"/> / <input type="text" value="29"/> / <input type="text" value="2021"/>
City KANSAS CITY	State MO	Zip Code 64113-2034	Transaction ID : SA11A.56666
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="250.00"/>
Name of Employer (for Individual) DENNIS SWEENEY BUSINESS CONSULTING		Occupation (for Individual) SALES CONSULTANT	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="1500.00"/>
TOTAL This Period (last page this line number only).....	<input type="text"/>

**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 37 OF 50
	<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)
COUNTRY FIRST

A. TALMUD, HOWARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27 SAGG POND CT
 PO BOX 523
 City SAGAPONACK State NY Zip Code 11962-2020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 23 / 2021
Transaction ID : SA11A.53510
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

B. TEMPLETON, W.M., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10455 STRAIT LANE
 City DALLAS State TX Zip Code 75229-6537
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10800.00

Date of Receipt 05 / 12 / 2021
Transaction ID : SA11A.50171
 Amount of Each Receipt this Period 10800.00
 Memo Item CONTRIBUTION

C. TOUHY, MARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 132 EAST DELAWARE PLACE
 APT. 6602
 City CHICAGO State IL Zip Code 60611-4959
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 20 / 2021
Transaction ID : SA11A.53001
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	11300.00
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 38 OF 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
COUNTRY FIRST

A. TURNBULL, DAVID, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2101 W CLEARVUE CT
 City EAGLE State ID Zip Code 83616-6941
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BRIGHTON CORPORATION Occupation (for Individual) OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 28 / 2021
Transaction ID : SA11A.56678
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION

B. TYLER, MARYLOU, , MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2814 FOREST DR
 City DES MOINES State IA Zip Code 50312-4414
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MARYLOU TYLER LLC Occupation (for Individual) CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 29 / 2021
Transaction ID : SA11A.56670
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION

C. VIELLIEU, KEN, A., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 MOCKINGBIRD TRAIL
 City PALM BEACH State FL Zip Code 33480-3118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MOELIS & COMPANY Occupation (for Individual) INVESTMENT ADVISOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 24 / 2021
Transaction ID : SA11A.53521
 Amount of Each Receipt this Period 1000.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	2000.00
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 39 OF 50
	<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

A. WILEY, LYNN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 33
 City THE PLAINS State VA Zip Code 20198-0033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 15 / 2021
Transaction ID : SA11A.54237
 Amount of Each Receipt this Period 1000.00
 Memo Item CONTRIBUTION

B. WILSON, MARTY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2760 BUSH ST
 City SAN FRANCISCO State CA Zip Code 94115-2928
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MDW GROUP, INC. Occupation (for Individual) PRESIDENT
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 25 / 2021
Transaction ID : SA11A.56683
 Amount of Each Receipt this Period 1000.00
 Memo Item CONTRIBUTION

C. WINTER, JACK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1033
 City MALAKOFF State TX Zip Code 75148-1033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 23 / 2021
Transaction ID : SA11A.53506
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 2250.00
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 40 OF 50
	<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

A. WINTER, PAULA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1033
 City MALAKOFF State TX Zip Code 75148-1033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) 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
 05 / 23 / 2021
Transaction ID : SA11A.53505
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

B. WOTTRICH, SCOTT, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2111 TAYSIDE CROSSING NW
 City KENNESAW State GA Zip Code 30152-8269
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) QUANTUM RADIOLOGY Occupation (for Individual) 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
 06 / 28 / 2021
Transaction ID : SA11A.56676
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 CONTRIBUTION

C. YAGHMAIE, BABAK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16 EAST 71ST STREET F
 City NEW YORK State NY Zip Code 10021-4938
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) ATTORNEY
 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
 05 / 20 / 2021
Transaction ID : SA11A.53006
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	100450.00

**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 41 OF 50
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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

A. KINZINGER FOR CONGRESS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 2365

City OTTAWA State IL Zip Code 61350

FEC ID number of contributing federal political committee. **C** C00458877

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 16 / 2021

Transaction ID : SA12.13883

Amount of Each Receipt this Period
500.00

Memo Item
TRANSFER FOR JFC EXPENSES

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

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	500.00

**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"/> 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

Full Name (Last, First, Middle Initial)

A. ANEDOT

Mailing Address PO BOX 84314

City
BATON ROUGE

State
LA

Zip Code
70884-4314

Purpose of Disbursement
JFC CC TRANSACTION FEES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.I1282
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOT

Mailing Address PO BOX 84314

City
BATON ROUGE

State
LA

Zip Code
70884-4314

Purpose of Disbursement
JFC CC TRANSACTION FEES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.I1385f
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOT

Mailing Address PO BOX 84314

City
BATON ROUGE

State
LA

Zip Code
70884-4314

Purpose of Disbursement
JFC CC TRANSACTION FEES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.I1387
Amount of Each Disbursement this Period

Memo Item

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"/> 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

Full Name (Last, First, Middle Initial)

A. ANEDOT

Mailing Address PO BOX 84314

City
BATON ROUGE

State
LA

Zip Code
70884-4314

Purpose of Disbursement
JFC CC TRANSACTION 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
0	5		2	2		2	0	2	1

FEC Identification Number

C []

Transaction ID : SB21B.I1387i

Amount of Each Disbursement this Period

[] 30.90

Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOT

Mailing Address PO BOX 84314

City
BATON ROUGE

State
LA

Zip Code
70884-4314

Purpose of Disbursement
JFC CC TRANSACTION 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
0	5		2	3		2	0	2	1

FEC Identification Number

C []

Transaction ID : SB21B.I1387i

Amount of Each Disbursement this Period

[] 839.90

Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOT

Mailing Address PO BOX 84314

City
BATON ROUGE

State
LA

Zip Code
70884-4314

Purpose of Disbursement
JFC CC TRANSACTION 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
0	5		2	4		2	0	2	1

FEC Identification Number

C []

Transaction ID : SB21B.I1388

Amount of Each Disbursement this Period

[] 837.20

Memo Item

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

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

[] 1708.00

[]

**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"/> 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

Full Name (Last, First, Middle Initial) A. ANEDOT		Date of Disbursement MM / DD / YYYY 05 / 25 / 2021	
Mailing Address PO BOX 84314		FEC Identification Number C [] Transaction ID : SB21B.I1388' Amount of Each Disbursement this Period [] 30.60	
City BATON ROUGE	State LA	Zip Code 70884-4314	Category/ Type []
Purpose of Disbursement JFC CC TRANSACTION FEES		Candidate Name	
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. ANEDOT		Date of Disbursement MM / DD / YYYY 05 / 26 / 2021	
Mailing Address PO BOX 84314		FEC Identification Number C [] Transaction ID : SB21B.I13882 Amount of Each Disbursement this Period [] 10.30	
City BATON ROUGE	State LA	Zip Code 70884-4314	Category/ Type []
Purpose of Disbursement JFC CC TRANSACTION FEES		Candidate Name	
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. ANEDOT		Date of Disbursement MM / DD / YYYY 05 / 30 / 2021	
Mailing Address PO BOX 84314		FEC Identification Number C [] Transaction ID : SB21B.I1388 Amount of Each Disbursement this Period [] 20.30	
City BATON ROUGE	State LA	Zip Code 70884-4314	Category/ Type []
Purpose of Disbursement JFC CC TRANSACTION FEES		Candidate Name	
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 61.20
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"/> 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

Full Name (Last, First, Middle Initial)

A. ANEDOT

Mailing Address PO BOX 84314

City
BATON ROUGE

State
LA

Zip Code
70884-4314

Purpose of Disbursement
JFC CC TRANSACTION FEES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.I1499f
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOT

Mailing Address PO BOX 84314

City
BATON ROUGE

State
LA

Zip Code
70884-4314

Purpose of Disbursement
JFC CC TRANSACTION FEES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.I1500f
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOT

Mailing Address PO BOX 84314

City
BATON ROUGE

State
LA

Zip Code
70884-4314

Purpose of Disbursement
JFC CC TRANSACTION FEES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.I1502
Amount of Each Disbursement this Period

Memo Item

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"/> 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

Full Name (Last, First, Middle Initial) A. ANEDOT		Date of Disbursement MM / DD / YYYY 06 / 28 / 2021
Mailing Address PO BOX 84314		FEC Identification Number C Transaction ID : SB21B.I1502 Amount of Each Disbursement this Period 168.00
City BATON ROUGE	State LA	
Zip Code 70884-4314		Memo Item <input type="checkbox"/>
Purpose of Disbursement JFC CC TRANSACTION FEES		
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:		

Full Name (Last, First, Middle Initial) B. ANEDOT		Date of Disbursement MM / DD / YYYY 06 / 29 / 2021
Mailing Address PO BOX 84314		FEC Identification Number C Transaction ID : SB21B.I1502 Amount of Each Disbursement this Period 56.40
City BATON ROUGE	State LA	
Zip Code 70884-4314		Memo Item <input type="checkbox"/>
Purpose of Disbursement JFC CC TRANSACTION FEES		
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:		

Full Name (Last, First, Middle Initial) C. ANEDOT		Date of Disbursement MM / DD / YYYY 06 / 30 / 2021
Mailing Address PO BOX 84314		FEC Identification Number C Transaction ID : SB21B.I1502 Amount of Each Disbursement this Period 10.60
City BATON ROUGE	State LA	
Zip Code 70884-4314		Memo Item <input type="checkbox"/>
Purpose of Disbursement JFC CC TRANSACTION FEES		
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).....▶	235.00
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"/> 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

A. CMDI

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City VIENNA State VA Zip Code 22182

Purpose of Disbursement JFC SOFTWARE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 06 / 01 / 2021

FEC Identification Number: C

Transaction ID : SB21B.I1389

Amount of Each Disbursement this Period: 250.00

Memo Item

B. CMDI

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City VIENNA State VA Zip Code 22182

Purpose of Disbursement JFC SOFTWARE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 06 / 16 / 2021

FEC Identification Number: C

Transaction ID : SB21B.I14934

Amount of Each Disbursement this Period: 250.00

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: / /

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	4069.80

**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 type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<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

Full Name (Last, First, Middle Initial) A. KINZINGER FOR CONGRESS		Date of Disbursement MM / DD / YYYY 06 / 30 / 2021
Mailing Address PO BOX 2365		FEC Identification Number C 000458877 Transaction ID : SB22.I15044 Amount of Each Disbursement this Period 64840.83
City OTTAWA	State IL	Zip Code 61350
Purpose of Disbursement TRANSFER OF NET JFC FUNDS		Category/ Type
Candidate Name KINZINGER, ADAM, , ,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL	District: 16	
<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. KINZINGER FOR CONGRESS		Date of Disbursement MM / DD / YYYY 06 / 30 / 2021
Mailing Address PO BOX 2365		FEC Identification Number C 000458877 Transaction ID : SB22.I15045 Amount of Each Disbursement this Period 13093.17
City OTTAWA	State IL	Zip Code 61350
Purpose of Disbursement TRANSFER OF NET JFC FUNDS		Category/ Type
Candidate Name KINZINGER, ADAM, , ,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL	District: 16	
<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. ADAM KINZINGER - FUTURE 1ST COMMITTEE		Date of Disbursement MM / DD / YYYY 06 / 30 / 2021
Mailing Address P.O. BOX 2381		FEC Identification Number C Transaction ID : SB22.I15047 Amount of Each Disbursement this Period 16788.45
City OTTAWA	State IL	Zip Code 61350-6981
Purpose of Disbursement TRANSFER OF NET JFC FUNDS		Category/ Type
Candidate Name		
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:	
<input type="checkbox"/> Memo Item		

SUBTOTAL of Disbursements This Page (optional).....▶	94722.45
TOTAL This Period (last page this line number only).....▶	94722.45