

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

COUNTRY FIRST POLITICAL ACTION COMMITTEE

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		125048.34
(b) Cash on Hand at Beginning of Reporting Period.....	192785.25	
(c) Total Receipts (from Line 19)	54450.00	541108.11
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	247235.25	666156.45
7. Total Disbursements (from Line 31).....	15624.07	434545.27
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	231611.18	231611.18
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

COUNTRY FIRST POLITICAL ACTION COMMITTEE

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	25350.00	129025.00
(ii) Unitemized	50.00	28027.62
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	25400.00	157052.62
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	94000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	30400.00	251052.62
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	90.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	24050.00	289965.49
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))..... ▶	54450.00	541108.11
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	54450.00	541108.11

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	15624.07	239760.27
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	15624.07	239760.27
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	194785.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	15624.07	434545.27
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15624.07	434545.27

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	30400.00	251052.62
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	30400.00	251052.62
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	15624.07	239760.27
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	90.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	15624.07	239670.27

**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 22
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. MR. CESAR L. ALVAREZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 333 SE 2ND AVE., 4TH FLOOR
 City MIAMI State FL Zip Code 33131-2176
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GREENBERG TRAURIG Occupation EXECUTIVE CHAIRMAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 10 / 2014
Transaction ID : SA11.3085385
 Amount of Each Receipt this Period 5000.00
 CONTRIBUTION

B. MRS. DEBORAH BHARUCHA
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 BIXBY COURT
 City RYE State NY Zip Code 10580-1133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 12 / 03 / 2014
Transaction ID : SA11.3085372
 Amount of Each Receipt this Period 100.00
 CONTRIBUTION

C. MRS. DEBORAH BHARUCHA
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 BIXBY COURT
 City RYE State NY Zip Code 10580-1133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 12 / 17 / 2014
Transaction ID : SA11.3085438
 Amount of Each Receipt this Period 100.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 5200.00
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 22
	<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"/>	<input type="checkbox"/> 17

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

A. DR. MIGUEL B. FERNANDEZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 121 ALHAMBRA PLAZA
 SUITE 1100
 City State Zip Code
 CORAL GABLES FL 33134-4522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MBF HEALTHCARE PARTNERS PHYSICIAN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2014
Transaction ID : SA11.3085386
 Amount of Each Receipt this Period
 5000.00
 CONTRIBUTION

B. MR. JOEL NEWMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 355 OCEAN BLVD
 City State Zip Code
 GOLDEN BEACH FL 33160-2211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CRAIG ELECTRONICS PRESIDENT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2014
Transaction ID : SA11.3085389
 Amount of Each Receipt this Period
 5000.00
 CONTRIBUTION

C. DIANE M. PADEL FORD
 Full Name (Last, First, Middle Initial)
 Mailing Address 18104 S SUMMER AVE
 City State Zip Code
 ARTESIA CA 90701-3913
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 HOMEMAKER HOMEMAKER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 03 / 2014
Transaction ID : SA11.3085374
 Amount of Each Receipt this Period
 150.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 10150.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 8 OF 22
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. MS. CRISTINA PEREYRA
 Full Name (Last, First, Middle Initial)
 Mailing Address 11905 SW 66TH AVE.
 City PINECREST State FL Zip Code 33156-4809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer JAMS LEGAL SERVICES Occupation ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 10 / 2014
Transaction ID : SA11.3085387
 Amount of Each Receipt this Period 5000.00
 CONTRIBUTION

B. MS. KATHLEEN ANN RYAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 3341 POINCIANA AVENUE
 City COCONUT GROVE State FL Zip Code 33133-6522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HOMEMAKER Occupation HOMEMAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 10 / 2014
Transaction ID : SA11.3085388
 Amount of Each Receipt this Period 5000.00
 CONTRIBUTION

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	10000.00
TOTAL This Period (last page this line number only).....▶	25350.00

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

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

FOR LINE NUMBER: PAGE 9 OF 22
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. UNITED ASSOCIATION POLITICAL EDUCATION COMMITTEE

Mailing Address **THREE PARK PLACE**

City State Zip Code
ANNAPOLIS MD 21401-3687

FEC ID number of contributing federal political committee. **C C00012476**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
12 / 31 / 2014

Transaction ID : SA11.3085475

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

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

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

FOR LINE NUMBER: PAGE 10 OF 22
(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
COUNTRY FIRST POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
A. DERBY H WATKINS

Mailing Address 16301 KELLY WOODS DR

City State Zip Code
FT MYERS FL 33908

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
68922.65

Date of Receipt
M M / D D / Y Y Y Y
11 / 25 / 2014

Transaction ID : SA17.1

Amount of Each Receipt this Period
24050.00

LIST RENTAL INCOME

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	24050.00
TOTAL This Period (last page this line number only).....▶	24050.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. SALVATORE PURPURA

Mailing Address 6334 PUMPERNICKEL LANE

City MONROE State NC Zip Code 28110

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB21.3

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

B. A. MILANO STRATEGIES

Mailing Address 7401 N FEDERAL HWY

City BOCA RATON State FL Zip Code 33487

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB21.8

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. A. MILANO STRATEGIES

Mailing Address 7401 N FEDERAL HWY

City BOCA RATON State FL Zip Code 33487

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB21.9

Amount of Each Disbursement this Period

500.00

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

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

5500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. CAMPAIGN SOLUTIONS

Mailing Address 117 N ST ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
WEB SERVICE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 22 / 2014

Transaction ID : SB21.13

Amount of Each Disbursement this Period

1504.63

Full Name (Last, First, Middle Initial)

B. CAPLIN & DRYSDALE

Mailing Address ONE THOMAS CIR NW STE 1100

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 03 / 2014

Transaction ID : SB21.10

Amount of Each Disbursement this Period

1558.00

Full Name (Last, First, Middle Initial)

C. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2014

Transaction ID : SB21.2

Amount of Each Disbursement this Period

17.63

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

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

3080.26

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL RD

City State Zip Code
TYSONS CORNER VA 22182

Purpose of Disbursement
DATABASE MANAGEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		03		2014

Transaction ID : **SB21.7**

Amount of Each Disbursement this Period

1250.00

Full Name (Last, First, Middle Initial)

B. EDONATION

Mailing Address 117 NORTH ST ASAPH ST

City State Zip Code
ALEXANDRIA VA 22314

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		03		2014

Transaction ID : **SB21.5**

Amount of Each Disbursement this Period

45.32

Full Name (Last, First, Middle Initial)

C. EDONATION

Mailing Address 117 NORTH ST ASAPH ST

City State Zip Code
ALEXANDRIA VA 22314

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		17		2014

Transaction ID : **SB21.6**

Amount of Each Disbursement this Period

35.05

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

1330.37

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. ELAVON

Mailing Address 1 CONCOURSE PKWY

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

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

Transaction ID : SB21.1

Amount of Each Disbursement this Period

5	2	.	9	9
---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. FIRST BANKCARD

Mailing Address PO BOX 2340

City OMAHA State NE Zip Code 68103

Purpose of Disbursement
CREDIT CARD PAYMENT

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			0	9			2	0	1	4		

Transaction ID : SB21.14

Amount of Each Disbursement this Period

4	2	9	7	.	9	2
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address PO BOX 582820 MD 766

City TULSA State OK Zip Code 74158

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			0	9			2	0	1	4		

Transaction ID : SB21.101

Amount of Each Disbursement this Period

6	9	7	.	1	0
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[MEMO ITEM]

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

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

4	3	5	0	.	9	1
---	---	---	---	---	---	---

4	3	5	0	.	9	1
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. AMTRAK

Mailing Address PO BOX 2464

City WASHINGTON State DC Zip Code 20013

Purpose of Disbursement CREDIT-TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

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

Transaction ID : SB21.102

Amount of Each Disbursement this Period

-643.20

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. AT&T MOBILITY

Mailing Address PO BOX 6463

City CAROL STREAM State IL Zip Code 60197

Purpose of Disbursement PHONE SVC

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

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

Transaction ID : SB21.103

Amount of Each Disbursement this Period

360.52

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. CAREY INTERNATIONAL INC

Mailing Address 4530 WISCONSIN AVE NW

City WASHINGTON State DC Zip Code 20016

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

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

Transaction ID : SB21.104

Amount of Each Disbursement this Period

1053.23

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. MACNAIR TRAVEL AGENCY

Mailing Address 4100 FAIRFAX DR STE 600

City ARLINGTON State VA Zip Code 22203

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB21.100

Amount of Each Disbursement this Period

265.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. PARK LANE HOTEL

Mailing Address 36 CENTRAL PARK S

City NEW YORK State NY Zip Code 10019

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB21.106

Amount of Each Disbursement this Period

394.91

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. SOUTHWEST AIRLINES

Mailing Address PO BOX 36611

City DALLAS State TX Zip Code 75235

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB21.105

Amount of Each Disbursement this Period

239.10

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. US AIRWAYS

Mailing Address 4000 E SKY HARBOR BLVD

City PHOENIX State AZ Zip Code 85034

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB21.107

Amount of Each Disbursement this Period

1469.40

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. US POSTMASTER

Mailing Address 8409 LEE HWY

City MERRIFIELD State VA Zip Code 22116

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB21.108

Amount of Each Disbursement this Period

1.05

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. VENETIAN HOTEL

Mailing Address 3355 S LAS VEGAS BLVD

City LAS VEGAS State NV Zip Code 89109

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB21.109

Amount of Each Disbursement this Period

333.76

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. WALMART.COM

Mailing Address 850 CHERRY AVE

City SAN BRUNO State CA Zip Code 94066

Purpose of Disbursement
COMPUTER EQUIPMENT

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB21.110

Amount of Each Disbursement this Period

127.05

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. FIRST BANKCARD

Mailing Address PO BOX 2340

City OMAHA State NE Zip Code 68103

Purpose of Disbursement
CREDIT CARD PAYMENT

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB21.15

Amount of Each Disbursement this Period

929.55

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address PO BOX 582820 MD 766

City TULSA State OK Zip Code 74158

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB21.112

Amount of Each Disbursement this Period

200.00

[MEMO ITEM]

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

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

929.55

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. AT&T MOBILITY

Mailing Address PO BOX 6463

City CAROL STREAM State IL Zip Code 60197

Purpose of Disbursement
PHONE SVC

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : SB21.117

Amount of Each Disbursement this Period

399.40

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. CAREY INTERNATIONAL INC

Mailing Address 4530 WISCONSIN AVE NW

City WASHINGTON State DC Zip Code 20016

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : SB21.116

Amount of Each Disbursement this Period

106.41

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. INTUIT

Mailing Address 2632 MARINE WAY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement
PRINTING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : SB21.113

Amount of Each Disbursement this Period

89.65

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. MACNAIR TRAVEL AGENCY

Mailing Address 4100 FAIRFAX DR STE 600

City ARLINGTON State VA Zip Code 22203

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB21.115

Amount of Each Disbursement this Period

70.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. PARK LANE HOTEL

Mailing Address 36 CENTRAL PARK S

City NEW YORK State NY Zip Code 10019

Purpose of Disbursement
CREDIT-TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB21.118

Amount of Each Disbursement this Period

-394.91

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. SOUTHWEST AIRLINES

Mailing Address PO BOX 36611

City DALLAS State TX Zip Code 75235

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB21.114

Amount of Each Disbursement this Period

1041.10

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. US AIRWAYS

Mailing Address 4000 E SKY HARBOR BLVD

City PHOENIX State AZ Zip Code 85034

Purpose of Disbursement
CREDIT-TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2014

Transaction ID : SB21.119

Amount of Each Disbursement this Period

-610.10

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. VENETIAN HOTEL

Mailing Address 3355 S LAS VEGAS BLVD

City LAS VEGAS State NV Zip Code 89109

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2014

Transaction ID : SB21.111

Amount of Each Disbursement this Period

28.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. INTUIT

Mailing Address 2632 MARINE WAY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement
PRINTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 10 / 2014

Transaction ID : SB21.11

Amount of Each Disbursement this Period

99.77

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

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

99.77

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. US MONITOR

Mailing Address 86 MAPLE AVE

City NEW YORK State NY Zip Code 10956

Purpose of Disbursement
SUBSCRIPTIONS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	03	/	2014

Transaction ID : SB21.12

Amount of Each Disbursement this Period

3.21

Full Name (Last, First, Middle Initial)

B. YUMA SOLUTIONS INC

Mailing Address PO BOX 152075

City TAMPA State FL Zip Code 33684

Purpose of Disbursement
COMPUTER SUPPORT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB21.4

Amount of Each Disbursement this Period

330.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

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

333.21

15624.07
