



**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
COUNTRY FIRST POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		253482.46
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	35323.00									
(c) Total Receipts (from Line 19) .....	47782.59	506985.01								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	83105.59	760467.47								
7. Total Disbursements (from Line 31) .....	67144.52	744506.40								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	15961.07	15961.07								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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

Write or Type Committee Name

COUNTRY FIRST POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

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) .....	22900.00	162130.00
(ii) Unitemized .....	9034.60	216803.18
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	31934.60	378933.18
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	13000.00	66000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	44934.60	444933.18
12. Transfers From Affiliated/Other Party Committees .....	0.00	2503.54
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	74.30
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	2847.99	59473.99
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	47782.59	506985.01
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	47782.59	506985.01

## DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	61144.52	640201.40
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	61144.52	640201.40
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6000.00	87700.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	4465.00
(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	4465.00
29. Other Disbursements.....	0.00	12140.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	67144.52	744506.40
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	67144.52	744506.40

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	44934.60	444933.18
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	4465.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	44934.60	440468.18
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	61144.52	640201.40
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	74.30
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	61144.52	640127.10

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MS. BEATRICE G. BACON	Date of Receipt MM / DD / YYYY 09 / 02 / 2010
	Mailing Address 14082 W. 152ND TERRACE SUITE 4201	<b>Transaction ID:</b> SA11.3066273
	City State Zip Code OLATHE KS 66062-7719	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
	Name of Employer Occupation RETIRED RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. ED BOSARGE	Date of Receipt MM / DD / YYYY 09 / 21 / 2010
	Mailing Address 4203 YOAKUM BLVD. SUITE 200	<b>Transaction ID:</b> SA11.3067441
	City State Zip Code HOUSTON TX 77006-5455	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
	Name of Employer Occupation CAPITAL TECHNOLOGIES, INC. BUSINESSMAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00	<b>REATTRIBUTION REQUESTED.</b>

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. ED BOSARGE	Date of Receipt MM / DD / YYYY 09 / 21 / 2010
	Mailing Address 4203 YOAKUM BLVD. SUITE 200	<b>Transaction ID:</b> SA11.3067442
	City State Zip Code HOUSTON TX 77006-5455	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
	Name of Employer Occupation CAPITAL TECHNOLOGIES, INC. BUSINESSMAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>10250.00</b>
<b>TOTAL</b> 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 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) BARBARA CARDIN	Date of Receipt MM / DD / YYYY 09 / 02 / 2010
	Mailing Address 815 JANTAIL COURT	<b>Transaction ID:</b> SA11.3066293
	City State Zip Code REDDING CA 96003-4577	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	<b>CONTRIBUTION</b>
	Name of Employer Occupation RETIRED RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) BARBARA CARDIN	Date of Receipt MM / DD / YYYY 09 / 21 / 2010
	Mailing Address 815 JANTAIL COURT	<b>Transaction ID:</b> SA11.3067378
	City State Zip Code REDDING CA 96003-4577	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	<b>CONTRIBUTION</b>
	Name of Employer Occupation RETIRED RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) DR. FREDERICK CONARD	Date of Receipt MM / DD / YYYY 09 / 02 / 2010
	Mailing Address 22 SUNSET FARM ROAD	<b>Transaction ID:</b> SA11.3066294
	City State Zip Code WEST HARTFORD CT 06107-1314	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	<b>CONTRIBUTION</b>
	Name of Employer Occupation JEFFERSON RADIOLOGY, PC PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	75.00
<b>TOTAL</b> 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 / 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) DR. FREDERICK CONARD	Date of Receipt MM / DD / YYYY 09 / 21 / 2010
	Mailing Address 22 SUNSET FARM ROAD	<b>Transaction ID:</b> SA11.3067379
	City State Zip Code WEST HARTFORD CT 06107-1314	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
	Name of Employer Occupation JEFFERSON RADIOLOGY, PC PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. RICHARD DALE	Date of Receipt MM / DD / YYYY 09 / 15 / 2010
	Mailing Address 11029 N. 54TH STREET	<b>Transaction ID:</b> SA11.3066639
	City State Zip Code SCOTTSDALE AZ 85254-4706	Amount of Each Receipt this Period 2500.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
	Name of Employer Occupation I.X.P. CORPORATION C.E.O.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MRS. DEBRA I. DAY	Date of Receipt MM / DD / YYYY 09 / 02 / 2010
	Mailing Address 2342 NE 29TH STREET	<b>Transaction ID:</b> SA11.3066299
	City State Zip Code LIGHTHOUSE POINT FL 33064-8131	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
	Name of Employer Occupation HOMEMAKER HOMEMAKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2575.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 33

(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 POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
MRS. DEBRA I. DAY

Mailing Address 2342 NE 29TH STREET

City State Zip Code  
LIGHTHOUSE POINT FL 33064-8131

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 ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 21 / 2010

Transaction ID: SA11.3067384

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. JAMES M. DILLON

Mailing Address 3920 PETERSON DRIVE

City State Zip Code  
CALISTOGA CA 94515-9621

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

Name of Employer Occupation  
RETIRED RETIRED

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

Date of Receipt

M M / D D / Y Y Y Y  
09 / 02 / 2010

Transaction ID: SA11.3066280

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MS. DIANA DUPONT

Mailing Address 12079 S. MAGPIE PT

City State Zip Code  
FLORAL CITY FL 34436-4247

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 21 / 2010

Transaction ID: SA11.3067281

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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

550.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 33  
(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 POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial) MR. F. PHILIP HANDY		Date of Receipt MM / DD / YYYY 09 / 24 / 2010
Mailing Address 222 S. PENNSYLVANIA AVENUE SUITE 200		Transaction ID: SA11.3067524
City WINTER PARK	State FL	Zip Code 32789-4105
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 5000.00
Name of Employer STRATEGIC INDUSTRIES	Occupation CHIEF EXECUTIVE OFFICER	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

**B.**

Full Name (Last, First, Middle Initial) THOMAS IRWIN		Date of Receipt MM / DD / YYYY 09 / 02 / 2010
Mailing Address 1542 NEWPORT BLVD		Transaction ID: SA11.3066287
City COSTA MESA	State CA	Zip Code 92627-3715
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer NEWPORT MESA ANIMAL HOSPITAL	Occupation VETERINARIAN	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**C.**

Full Name (Last, First, Middle Initial) THOMAS IRWIN		Date of Receipt MM / DD / YYYY 09 / 21 / 2010
Mailing Address 1542 NEWPORT BLVD		Transaction ID: SA11.3067359
City COSTA MESA	State CA	Zip Code 92627-3715
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer NEWPORT MESA ANIMAL HOSPITAL	Occupation VETERINARIAN	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	5100.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 33

(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 POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
ROBERT LANPHIER

Mailing Address 2681 S. NEWARK CT.

City State Zip Code  
AURORA CO 80014-1835

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

Name of Employer Occupation  
2681 S. NEWARK CT. RESTAURANT OWNER

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

Date of Receipt

M M / D D / Y Y Y Y  
09 / 02 / 2010

Transaction ID: SA11.3066296

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
ROBERT LANPHIER

Mailing Address 2681 S. NEWARK CT.

City State Zip Code  
AURORA CO 80014-1835

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

Name of Employer Occupation  
2681 S. NEWARK CT. RESTAURANT OWNER

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

Date of Receipt

M M / D D / Y Y Y Y  
09 / 21 / 2010

Transaction ID: SA11.3067381

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
DR. JOHN F. LEHMAN, JR.

Mailing Address 101 WARREN STREET APT 2710

City State Zip Code  
NEW YORK NY 10007-1395

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

Name of Employer Occupation  
JF LEHMAN AND COMPANY INVESTOR

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 15 / 2010

Transaction ID: SA11.3066640

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

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

2050.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 33  
(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 POLITICAL ACTION COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**ELIZABETH MARTIN**

Mailing Address **1721-2 NANTUCKET**

City **HOUSTON** State **TX** Zip Code **77057-3362**

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

Name of Employer **SELF-EMPLOYED** Occupation **RANCHER**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt: **09 / 02 / 2010**  
**Transaction ID: SA11.3066301**  
 Amount of Each Receipt this Period: **1000.00**  
**CONTRIBUTION**

**B.** Full Name (Last, First, Middle Initial)  
**MR. JAMES MCCORMICK**

Mailing Address **5 PREMIUM PT**

City **NEW ROCHELLE** State **NY** Zip Code **10801-5327**

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

Name of Employer **FIRST MANHATTAN CONSULTING GROUP** Occupation **MANAGEMENT CONSULTING**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt: **09 / 21 / 2010**  
**Transaction ID: SA11.3067368**  
 Amount of Each Receipt this Period: **250.00**  
**CONTRIBUTION**

**C.** Full Name (Last, First, Middle Initial)  
**MS. LEIGH A. MILLS**

Mailing Address **7617 WEXFORD CLUB DRIVE WEST**

City **JACKSONVILLE** State **FL** Zip Code **32256-2311**

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

Name of Employer **GREENE-HAZEL & ASSOCIATES** Occupation **EMPLOYEE BENEFITS CONSULTANT**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt: **09 / 02 / 2010**  
**Transaction ID: SA11.3066289**  
 Amount of Each Receipt this Period: **25.00**  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1275.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 33

(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)  
MS. LEIGH A. MILLS

Mailing Address 7617 WEXFORD CLUB DRIVE WEST

City State Zip Code  
JACKSONVILLE FL 32256-2311

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

Name of Employer Occupation  
GREENE-HAZEL & ASSOCIATES EMPLOYEE BENEFITS CONSULTANT

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

Date of Receipt

M M / D D / Y Y Y Y  
09 / 21 / 2010

Transaction ID: SA11.3067316

Amount of Each Receipt this Period

25.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
MR. PATRICK K. MURPHY

Mailing Address W267 N2899 WOODLAND DRIVE

City State Zip Code  
PEWAUKEE WI 53072-4474

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

Name of Employer Occupation  
SELF-EMPLOYED HEALTH CARE

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

Date of Receipt

M M / D D / Y Y Y Y  
09 / 02 / 2010

Transaction ID: SA11.3066279

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
MS. COURTNEY PRISK

Mailing Address 7801 NW 37TH ST  
PTY 11826

City State Zip Code  
DORAL FL 33166-6503

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

Name of Employer Occupation  
RETIRED RETIRED

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

Date of Receipt

M M / D D / Y Y Y Y  
09 / 21 / 2010

Transaction ID: SA11.3067464

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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

525.00

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 / 33  
(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 POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
MARY JO PUGH

Mailing Address 428 CAVAYO TRL

City State Zip Code  
HELOTES TX 78023-4392

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

Name of Employer Occupation  
VA RESEARCH HEALTH SCIENTIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
09 / 02 / 2010

Transaction ID: SA11.3066300

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MARY JO PUGH

Mailing Address 428 CAVAYO TRL

City State Zip Code  
HELOTES TX 78023-4392

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

Name of Employer Occupation  
VA RESEARCH HEALTH SCIENTIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
09 / 21 / 2010

Transaction ID: SA11.3067385

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
OLGA SEYB

Mailing Address P.O. BOX 8062

City State Zip Code  
NEWPORT BEACH CA 92658-8062

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

Name of Employer Occupation  
MAD SCIENCE AFTER SCHOOL PROGRAM TEACHER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
09 / 02 / 2010

Transaction ID: SA11.3066295

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **75.00**

**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 15 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) OLGA SEYB		Date of Receipt
	Mailing Address P.O. BOX 8062		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 21 / 2010
	City	State	Zip Code
	NEWPORT BEACH	CA	92658-8062
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11.3067380
Name of Employer MAD SCIENCE		Occupation AFTER SCHOOL PROGRAM TEACHER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 25.00
CONTRIBUTION			

<b>B.</b>	Full Name (Last, First, Middle Initial) ADOLF SGAMBELLURI		Date of Receipt
	Mailing Address 9 LADERA CIRCLE NIMITZHILL ESTATES		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 02 / 2010
	City	State	Zip Code
	PITI	GU	96915-5404
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11.3066285
Name of Employer RETIREE		Occupation U.S. MARINE CORPS (RET)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	<input type="text"/> 25.00
CONTRIBUTION			

<b>C.</b>	Full Name (Last, First, Middle Initial) ADOLF SGAMBELLURI		Date of Receipt
	Mailing Address 9 LADERA CIRCLE NIMITZHILL ESTATES		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 21 / 2010
	City	State	Zip Code
	PITI	GU	96915-5404
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11.3067446
Name of Employer RETIREE		Occupation U.S. MARINE CORPS (RET)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	<input type="text"/> 25.00
CONTRIBUTION			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 75.00
<b>TOTAL</b> 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:	PAGE 16 / 33
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR. MARC TERRILL	Date of Receipt MM / DD / YYYY 09 / 02 / 2010
	Mailing Address 5615 W. ACOMA DRIVE APT. 7	<b>Transaction ID:</b> SA11.3066286
	City State Zip Code GLENDALE AZ 85306-4260	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
	Name of Employer Occupation US AIRWAYS GROUP, LLC PILOT INSTRUCTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. MARC TERRILL	Date of Receipt MM / DD / YYYY 09 / 21 / 2010
	Mailing Address 5615 W. ACOMA DRIVE APT. 7	<b>Transaction ID:</b> SA11.3067358
	City State Zip Code GLENDALE AZ 85306-4260	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
	Name of Employer Occupation US AIRWAYS GROUP, LLC PILOT INSTRUCTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MS. JANINE WEGNER	Date of Receipt MM / DD / YYYY 09 / 02 / 2010
	Mailing Address 13913 S 39TH CIR	<b>Transaction ID:</b> SA11.3066276
	City State Zip Code BELLEVUE NE 68123-3723	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
	Name of Employer Occupation THANKSGIVING LUTHERAN YOUTH AND FAMILY COORDINATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	75.00
<b>TOTAL</b> 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 17 / 33  
(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 POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
MS. JANINE WEGNER

Mailing Address 13913 S 39TH CIR

City State Zip Code  
BELLEVUE NE 68123-3723

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

Name of Employer Occupation  
THANKSGIVING LUTHERAN YOUTH AND FAMILY COORDINATOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 21 / 2010

Transaction ID: SA11.3067297

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. CHARLES R. WIRT

Mailing Address 2280 W. 84 ST. # 5B

City State Zip Code  
HIALEAH FL 33016-5705

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

Name of Employer Occupation  
SOUTHEAST INSURANCE CENTE- R, INC. INSURANCE AGENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 21 / 2010

Transaction ID: SA11.3067418

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	275.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	22900.00

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

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

FOR LINE NUMBER: PAGE 18 / 33  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

**A.** Full Name (Last, First, Middle Initial)  
JOHN MCCAIN 2008, INC.  
Mailing Address P.O. BOX 16118

City State Zip Code  
ARLINGTON VA 22215-1118

FEC ID number of contributing federal political committee. **C** C00430470

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	1	0

**Transaction ID:** SA11.3068499  
 Amount of Each Receipt this Period  
 5000.00  
**CONTRIBUTION**

**B.** Full Name (Last, First, Middle Initial)  
ANADARKO PETROLEUM CORP. PAC  
Mailing Address 1201 LAKE ROBBINS DRIVE

City State Zip Code  
THE WOODLANDS TX 77380-1176

FEC ID number of contributing federal political committee. **C** C00231951

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	3	/	2	0	1	0

**Transaction ID:** SA11.3066571  
 Amount of Each Receipt this Period  
 2500.00  
**CONTRIBUTION**

**C.** Full Name (Last, First, Middle Initial)  
DLA PIPER LLP PAC  
Mailing Address 500 8TH STREET NW  
SUITE 700

City State Zip Code  
WASHINGTON DC 20004-2131

FEC ID number of contributing federal political committee. **C** C00151340

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	3	/	2	0	1	0

**Transaction ID:** SA11.3066570  
 Amount of Each Receipt this Period  
 500.00  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) ..... ► **8000.00**

**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 19 / 33
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial) EMPLOYEES OF NORTHROP GRUMMAN CORP. PAC		Date of Receipt
Mailing Address 3699 WILSHIRE BLVD. SUITE 1290		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 20 / 2010
City	State	Zip Code
LOS ANGELES	CA	90010-2732
FEC ID number of contributing federal political committee.		Transaction ID: SA11.3066713
<input type="text"/> C <input type="text"/> C00088591		Amount of Each Receipt this Period
Name of Employer		<input type="text"/> 5000.00
Occupation		CONTRIBUTION
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/> 5000.00	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 5000.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/> 13000.00

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

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

FOR LINE NUMBER: PAGE 20 / 33

(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 checked="" type="checkbox"/> 16

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

**A.**

Full Name (Last, First, Middle Initial)  
CARLY FOR CALIFORNIA

Mailing Address 520 CAPITOL MALL STE 220

City State Zip Code  
SACRAMENTO CA 95814

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2487.50

Date of Receipt

M M / D D / Y Y Y Y  
09 / 07 / 2010

Transaction ID: SA17.1

Amount of Each Receipt this Period

2487.50

REIMBURSEMENT-LIST RENTAL

**B.**

Full Name (Last, First, Middle Initial)  
MEG WHITMAN FOR GOVERNOR 2010

Mailing Address 455 CAPITOL MALL STE 801

City State Zip Code  
SACRAMENTO CA 95814

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.49

Date of Receipt

M M / D D / Y Y Y Y  
09 / 20 / 2010

Transaction ID: SA17.2

Amount of Each Receipt this Period

360.49

REIMBURSEMENT-LIST RENTAL

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

2847.99

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

2847.99

# 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

<p><b>A.</b> Full Name (Last, First, Middle Initial) WHITNEY CLARK</p> <p>Mailing Address PO BOX 16664</p> <p>City ARLINGTON State VA Zip Code 22215</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB31.2</p> <p>Date of Disbursement 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 818.87</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) WHITNEY CLARK</p> <p>Mailing Address PO BOX 16664</p> <p>City ARLINGTON State VA Zip Code 22215</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB31.5</p> <p>Date of Disbursement 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 138.52</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) AMBER JOHNSON</p> <p>Mailing Address PO BOX 16664</p> <p>City ARLINGTON State VA Zip Code 22216</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB31.1</p> <p>Date of Disbursement 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 3138.01</p>

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

4095.40

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) <b>AMBER JOHNSON</b>	<b>Transaction ID:</b> SB31.3 Date of Disbursement 09 / 30 / 2010	
	Mailing Address PO BOX 16664		
	City ARLINGTON State VA Zip Code 22216	Amount of Each Disbursement this Period	3138.01
	Purpose of Disbursement PAYROLL Candidate Name	Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) <b>SALVATORE PURPURA</b>	<b>Transaction ID:</b> SB31.4 Date of Disbursement 09 / 30 / 2010	
	Mailing Address PO BOX 16664		
	City ARLINGTON State VA Zip Code 22215	Amount of Each Disbursement this Period	168.33
	Purpose of Disbursement PAYROLL Candidate Name	Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) <b>ADMINISTAFF</b>	<b>Transaction ID:</b> SB31.20 Date of Disbursement 09 / 30 / 2010	
	Mailing Address 19001 CRESCENT SPRINGS DR		
	City KINGWOOD State TX Zip Code 77339	Amount of Each Disbursement this Period	962.17
	Purpose of Disbursement PAYROLL SVC-INSUR Candidate Name	Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>4268.51</b>
<b>TOTAL</b> 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)

PAGE 23 / 33

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

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

A.	Full Name (Last, First, Middle Initial) ADMINISTAFF	Transaction ID: SB31.21 Date of Disbursement 09 / 15 / 2010
	Mailing Address 19001 CRESCENT SPRINGS DR	Amount of Each Disbursement this Period 1112.35
	City KINGWOOD State TX Zip Code 77339	
	Purpose of Disbursement PAYROLL SVC-INSUR-TAXES	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	Transaction ID: SB31.14 Date of Disbursement 09 / 04 / 2010
	Mailing Address PO BOX 1270	Amount of Each Disbursement this Period 29.35
	City NEWARK State NJ Zip Code 07101	
	Purpose of Disbursement CREDIT CARD MERCHANT FEE	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) BB&T	Transaction ID: SB31.7 Date of Disbursement 09 / 21 / 2010
	Mailing Address 300 SOUTH WASHINGTON ST	Amount of Each Disbursement this Period 64.00
	City ALEXANDRIA State VA Zip Code 22314	
	Purpose of Disbursement BANK FEE	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1205.70
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) BROWN PALACE DENVER	Transaction ID: SB31.29 Date of Disbursement
	Mailing Address 321 17TH STREET	<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2010"/>
	City DENVER State CO Zip Code 80202	Amount of Each Disbursement this Period
	Purpose of Disbursement TRAVEL	<input type="text" value="257.37"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) BROWN PALACE DENVER	Transaction ID: SB31.30 Date of Disbursement
	Mailing Address 321 17TH STREET	<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2010"/>
	City DENVER State CO Zip Code 80202	Amount of Each Disbursement this Period
	Purpose of Disbursement TRAVEL	<input type="text" value="257.37"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) CAMPAIGN SOLUTIONS	Transaction ID: SB31.32 Date of Disbursement
	Mailing Address 118 N ST ASAPH ST	<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period
	Purpose of Disbursement WEB SERVICE	<input type="text" value="2723.97"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3238.71"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) <b>CAMPAIGN SOLUTIONS</b> Mailing Address 118 N ST ASAPH ST City ALEXANDRIA State VA Zip Code 22314 Purpose of Disbursement WEB SERVICE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB31.33 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 1 0
	Amount of Each Disbursement this Period 9857.81

<b>B.</b> Full Name (Last, First, Middle Initial) <b>CAPLIN &amp; DRYSDALE</b> Mailing Address ONE THOMAS CIR NW STE 1100 City WASHINGTON State DC Zip Code 20005 Purpose of Disbursement LEGAL CONSULTING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB31.19 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 7 / 2 0 1 0
	Amount of Each Disbursement this Period 1894.44

<b>C.</b> Full Name (Last, First, Middle Initial) <b>CD INC</b> Mailing Address PO BOX 1877 City ALEXANDRIA State VA Zip Code 22313 Purpose of Disbursement WEB SERVICE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB31.31 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 7 / 2 0 1 0
	Amount of Each Disbursement this Period 489.79

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	12242.04
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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)

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

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

A.	Full Name (Last, First, Middle Initial) CHAIN BRIDGE BANK	Transaction ID: SB31.6 Date of Disbursement 09 / 15 / 2010
	Mailing Address 1445-A LAUGHLIN AVE	Amount of Each Disbursement this Period 118.69
	City MCLEAN State VA Zip Code 22101	
	Purpose of Disbursement BANK FEE	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:	

B.	Full Name (Last, First, Middle Initial) CMDI	Transaction ID: SB31.16 Date of Disbursement 09 / 08 / 2010
	Mailing Address 7704 LEESBURG PKE	Amount of Each Disbursement this Period 4495.36
	City FALLS CHURCH State VA Zip Code 22043	
	Purpose of Disbursement DATA ENTRY	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:	

C.	Full Name (Last, First, Middle Initial) CMDI	Transaction ID: SB31.17 Date of Disbursement 09 / 23 / 2010
	Mailing Address 7704 LEESBURG PKE	Amount of Each Disbursement this Period 3528.75
	City FALLS CHURCH State VA Zip Code 22043	
	Purpose of Disbursement DATA ENTRY	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>8142.80</b>
<b>TOTAL</b> 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)

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

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

A.	Full Name (Last, First, Middle Initial) CMDI	Transaction ID: SB31.18 Date of Disbursement 09 / 30 / 2010
	Mailing Address 7704 LEESBURG PKE	Amount of Each Disbursement this Period 3538.00
	City FALLS CHURCH State VA Zip Code 22043	
	Purpose of Disbursement DATA ENTRY	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) EDONATION	Transaction ID: SB31.13 Date of Disbursement 09 / 03 / 2010
	Mailing Address 118 NORTH ST ASAPH ST	Amount of Each Disbursement this Period 245.62
	City ALEXANDRIA State VA Zip Code 22314	
	Purpose of Disbursement CREDIT CARD MERCHANT FEE	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) EDONATION	Transaction ID: SB31.15 Date of Disbursement 09 / 23 / 2010
	Mailing Address 118 NORTH ST ASAPH ST	Amount of Each Disbursement this Period 1186.61
	City ALEXANDRIA State VA Zip Code 22314	
	Purpose of Disbursement CREDIT CARD MERCHANT FEE	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4970.23
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) FGP CONSULTING LLC	Transaction ID: SB31.27 Date of Disbursement 09 / 17 / 2010
	Mailing Address 901 KING ST STE 400	Amount of Each Disbursement this Period 2500.00
	City ALEXANDRIA State VA Zip Code 22314	
	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) HUCKABY DAVIS LISKER	Transaction ID: SB31.9 Date of Disbursement 09 / 23 / 2010
	Mailing Address 228 S WASHINGTON ST STE 115	Amount of Each Disbursement this Period 1512.50
	City ALEXANDRIA State VA Zip Code 22314	
	Purpose of Disbursement COMPLIANCE CONSULTING	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) INTERNAL REVENUE SERVICE	Transaction ID: SB31.22 Date of Disbursement 09 / 15 / 2010
	Mailing Address 400 N EIGHTH ST	Amount of Each Disbursement this Period 1278.15
	City RICHMOND State VA Zip Code 23219	
	Purpose of Disbursement PAYROLL TAXES	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5290.65
<b>TOTAL</b> 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)

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

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

A.	Full Name (Last, First, Middle Initial) INTERNAL REVENUE SERVICE	Transaction ID: SB31.25 Date of Disbursement
	Mailing Address 400 N EIGHTH ST	<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City RICHMOND State VA Zip Code 23219	Amount of Each Disbursement this Period
	Purpose of Disbursement PAYROLL TAXES	<input type="text" value="1616.08"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) LOCKART ATCHLEY & ASSOCIATES LLP	Transaction ID: SB31.8 Date of Disbursement
	Mailing Address 6850 AUSTIN CTR BLVD STE 180	<input type="text" value="09"/> / <input type="text" value="17"/> / <input type="text" value="2010"/>
	City AUSTIN State TX Zip Code 78731	Amount of Each Disbursement this Period
	Purpose of Disbursement COMPLIANCE CONSULTING	<input type="text" value="413.20"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) MAIL AMERICA COMMUNICATIONS	Transaction ID: SB31.28 Date of Disbursement
	Mailing Address 1174 ELKTON FARM RD	<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City FOREST State VA Zip Code 24551	Amount of Each Disbursement this Period
	Purpose of Disbursement PRINTING	<input type="text" value="10844.96"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="12874.24"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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<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

<b>A.</b> Full Name (Last, First, Middle Initial) MD STATE DEPARTMENT OF TAXATION Mailing Address 301 W PRESTON ST City BALTIMORE State MD Zip Code 21201 Purpose of Disbursement PAYROLL TAXES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB31.23 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2010
	Amount of Each Disbursement this Period 286.65
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>B.</b> Full Name (Last, First, Middle Initial) MD STATE DEPARTMENT OF TAXATION Mailing Address 301 W PRESTON ST City BALTIMORE State MD Zip Code 21201 Purpose of Disbursement PAYROLL TAXES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB31.26 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2010
	Amount of Each Disbursement this Period 286.65
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>C.</b> Full Name (Last, First, Middle Initial) NOVA-ELAVON Mailing Address 7300 CHAPMAN HWY City KNOXVILLE State TN Zip Code 37920 Purpose of Disbursement CREDIT CARD MERCHANT FEE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB31.12 Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2010
	Amount of Each Disbursement this Period 75.60
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	648.90
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.

Full Name (Last, First, Middle Initial)  
VA TAX DEPARTMENT

Mailing Address PO BOX 1115

City RICHMOND State VA Zip Code 23218

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB31.24  
Date of Disbursement

09 / 15 / 2010

Amount of Each Disbursement this Period

40.23

B.

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

Mailing Address PO BOX 152075

City TAMPA State FL Zip Code 33684

Purpose of Disbursement  
COMPUTER SUPPORT

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB31.10  
Date of Disbursement

09 / 17 / 2010

Amount of Each Disbursement this Period

2543.78

C.

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

Mailing Address PO BOX 152075

City TAMPA State FL Zip Code 33684

Purpose of Disbursement  
COMPUTER SUPPORT

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB31.11  
Date of Disbursement

09 / 30 / 2010

Amount of Each Disbursement this Period

1583.33

SUBTOTAL of Disbursements This Page (optional) ▶

4167.34

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

61144.52

**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)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) KELLY FOR CONGRESS Mailing Address PO BOX 89520 City TUCSON State AZ Zip Code 85752 Purpose of Disbursement COMMITTEE CONTRIBUTION Candidate Name JESSE KELLY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 08 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.1 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 1 0
	Amount of Each Disbursement this Period 3000.00
<b>B.</b> Full Name (Last, First, Middle Initial) PAUL GOSAR FOR CONGRESS Mailing Address 2222 E. CEDAR AVE City FLAGSTAFF State AZ Zip Code 86004 Purpose of Disbursement COMMITTEE CONTRIBUTION Candidate Name PAUL GOSAR Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.2 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 1 0
	Amount of Each Disbursement this Period 3000.00

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

6000.00

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

6000.00

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

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

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> CAMPAIGN SOLUTIONS			Nature of Debt (Purpose): WEB SERVICE
Mailing Address 118 N ST ASAPH ST			
City	State	ZIP Code	
ALEXANDRIA	VA	22314	

Outstanding Balance Beginning This Period		Transaction ID: SD10-02	
9857.81			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
2723.97	12581.78	0.00	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> CAPLIN & DRYSDALE			Nature of Debt (Purpose): LEGAL CONSULTING
Mailing Address ONE THOMAS CIR NW SUITE 1100			
City	State	ZIP Code	
WASHINGTON	DC	20005	

Outstanding Balance Beginning This Period		Transaction ID: SD10-03	
1894.44			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	1894.44	0.00	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> YUMA SOLUTIONS INC			Nature of Debt (Purpose): COMPUTER SUPPORT/EQUIPMENT
Mailing Address PO BOX 152075			
City	State	ZIP Code	
TAMPA	FL	33684	

Outstanding Balance Beginning This Period		Transaction ID: SD10-01	
4127.14			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	4127.14	0.00	

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