

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
COUNTRY FIRST POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 228 S WASHINGTON STREET SUITE 115
 Check if different than previously reported. (ACC)
ALEXANDRIA VA 22314

2. **FEC IDENTIFICATION NUMBER** C00457705
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

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

5. Covering Period 04 01 2011 through 04 30 2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Sal Purpura
Signature of Treasurer Electronically Filed by Sal Purpura Date 05 09 2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
COUNTRY FIRST POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		16155.86
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	35322.18									
(c) Total Receipts (from Line 19)	96184.19	264792.08								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	131506.37	280947.94								
7. Total Disbursements (from Line 31)	35956.09	185397.66								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	95550.28	95550.28								
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:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	12250.00	76940.00
(ii) Unitemized	1308.90	70302.78
(iii) TOTAL (add Lines 11(a)(i) and (ii)	13558.90	147242.78
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	7500.00	33500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	21058.90	180742.78
12. Transfers From Affiliated/Other Party Committees	0.00	8077.02
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)	32.44	879.43
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	75092.85	75092.85
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))	96184.19	264792.08
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	96184.19	264792.08

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.....	35956.09	155347.66
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	35956.09	155347.66
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	0.00	30000.00
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	50.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	50.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	35956.09	185397.66
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	35956.09	185397.66

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)	21058.90	180742.78
34. Total Contribution Refunds (from Line 28(d))	0.00	50.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	21058.90	180692.78
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	35956.09	155347.66
37. Offsets to Operating Expenditures (from Line 15, page 3)	32.44	879.43
38. Net Operating Expenditures (subtract Line 37 from Line 36)	35923.65	154468.23

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

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

FOR LINE NUMBER: PAGE 6 / 20
(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. Full Name (Last, First, Middle Initial)
MR. DOUGLAS W. HILL

Mailing Address 8045 E. DEL CUARZO DRIVE

City State Zip Code
SCOTTSDALE AZ 85258-2255

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

Name of Employer Occupation
GENERAL DYNAMICS ENGINEER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 01 / 2011

Transaction ID: SA11.3076542

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. KEITH JACKSON

Mailing Address 11527 E. CHOCHISE DRIVE

City State Zip Code
SCOTTSDALE AZ 85259-4904

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

Name of Employer Occupation
O.N. SEMICONDUCTOR C.E.O.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 28 / 2011

Transaction ID: SA11.3076676

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. VICKIE JACKSON

Mailing Address 11527 E. CHOCHISE DRIVE

City State Zip Code
SCOTTSDALE AZ 85259-4904

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 ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 28 / 2011

Transaction ID: SA11.3076675

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 10250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.

Full Name (Last, First, Middle Initial) MS. ARLENE MALINSKI		Date of Receipt MM / DD / YYYY 04 / 15 / 2011
Mailing Address 7400 N. SHADOW MOUNTAIN ROAD		Transaction ID: SA11.3076667
City PARADISE VALLEY	State AZ	Zip Code 85253-3381
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.

Full Name (Last, First, Middle Initial) MR. PHILIPPE G. MASSOUD		Date of Receipt MM / DD / YYYY 04 / 05 / 2011
Mailing Address 10 EAST 29TH STREET APARTMENT 23G		Transaction ID: SA11.3076548
City NEW YORK	State NY	Zip Code 10016-7436
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer INTERNATIONAL HOSPITALITY INVESTMENTS	Occupation OWNER	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	12250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 20
(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)
FEDERAL EXPRESS PAC

Mailing Address 101 CONSTITUTION AVENUE NW
SUITE 801 E.

City WASHINGTON State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C** C00068692

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt MM / DD / YYYY
04 / 20 / 2011

Transaction ID: SA11.3076673

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
GENERAL ELECTRIC COMPANY PAC

Mailing Address 1299 PENNSYLVANIA AVENUE NW
SUITE 900W

City WASHINGTON State DC Zip Code 20004-2400

FEC ID number of contributing federal political committee. **C** C00024869

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt MM / DD / YYYY
04 / 01 / 2011

Transaction ID: SA11.3076545

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)	7500.00
TOTAL This Period (last page this line number only)	7500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 20	
	(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

A.	Full Name (Last, First, Middle Initial) DERBY H. WATKINS		Date of Receipt
	Mailing Address 16301 KELLY WOODS DR		<input type="text" value="04"/> / <input type="text" value="14"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	FT MYERS	FL	33908
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	Transaction ID: SA17.1
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="75092.85"/>	<input type="text" value="75092.85"/>
			LIST RENTAL INCOME

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="75092.85"/>
TOTAL This Period (last page this line number only)	<input type="text" value="75092.85"/>

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>A. Full Name (Last, First, Middle Initial) THOMAS HOLTRUP</p> <p>Mailing Address 7539 W VILLA THERESA DR</p> <p>City GLENDALE State AZ Zip Code 85308</p> <p>Purpose of Disbursement COMPLIANCE CONSULTING</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>Transaction ID: SB21.4</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="250.00"/></p>
<p>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>Transaction ID: SB21.14</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3235.71"/></p>
<p>C. 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>Transaction ID: SB21.15</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3235.71"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="6721.42"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) BRENDAN NARCIA</p> <p>Mailing Address PO BOX 5035</p> <p>City GLENDALE State AZ Zip Code 85312</p> <p>Purpose of Disbursement TRAVEL</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>Transaction ID: SB21.25</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="47.30"/></p>
<p>B. Full Name (Last, First, Middle Initial) SALVATORE PURPURA</p> <p>Mailing Address 3870 NW 99TH AVE</p> <p>City CORAL SPRINGS State FL Zip Code 33065</p> <p>Purpose of Disbursement COMPLIANCE CONSULTING</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>Transaction ID: SB21.5</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="700.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) MARSHALL SALTER</p> <p>Mailing Address 308 W MYRTLE ST</p> <p>City ALEXANDRIA State VA Zip Code 22301</p> <p>Purpose of Disbursement POLITICAL STRATEGY CONSULTING</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>Transaction ID: SB21.22</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="6000.00"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="6747.30"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) REBECCA TALENT	Transaction ID: SB21.26 Date of Disbursement 04 / 20 / 2011
	Mailing Address 4140 N 27TH ST	Amount of Each Disbursement this Period 501.63
	City PHOENIX State AZ Zip Code 85016	
	Purpose of Disbursement TRAVEL	
	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) REBECCA TALENT	Transaction ID: SB21.3 Date of Disbursement 04 / 04 / 2011
	Mailing Address 4140 N 27TH ST	Amount of Each Disbursement this Period 167.14
	City PHOENIX State AZ Zip Code 85016	
	Purpose of Disbursement CATERING	
	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) ADMINISTAFF	Transaction ID: SB21.16 Date of Disbursement 04 / 15 / 2011
	Mailing Address 19001 CRESCENT SPRINGS DR	Amount of Each Disbursement this Period 875.49
	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 State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	1544.26
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) ADMINISTAFF	Transaction ID: SB21.17 Date of Disbursement
	Mailing Address 19001 CRESCENT SPRINGS DR	<input type="text" value="04"/> / <input type="text" value="29"/> / <input type="text" value="2011"/>
	City KINGWOOD State TX Zip Code 77339	Amount of Each Disbursement this Period
	Purpose of Disbursement PAYROLL SVC-INSUR-TAXES	<input type="text" value="875.49"/>
	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) AMERICAN EXPRESS	Transaction ID: SB21.8 Date of Disbursement
	Mailing Address PO BOX 1270	<input type="text" value="04"/> / <input type="text" value="04"/> / <input type="text" value="2011"/>
	City NEWARK State NJ Zip Code 07101	Amount of Each Disbursement this Period
	Purpose of Disbursement CREDIT CARD MERCHANT FEE	<input type="text" value="125.17"/>
	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) BANKCARD CENTER	Transaction ID: SB21.28 Date of Disbursement
	Mailing Address PO BOX 569200	<input type="text" value="04"/> / <input type="text" value="12"/> / <input type="text" value="2011"/>
	City DALLAS State TX Zip Code 75356	Amount of Each Disbursement this Period
	Purpose of Disbursement CREDIT CARD PAYMENT	<input type="text" value="2822.71"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3823.37"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) BANKCARD CENTER <hr/> Mailing Address PO BOX 569200 <hr/> City DALLAS State TX Zip Code 75356 <hr/> Purpose of Disbursement BANK FEE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21.100 Date of Disbursement 04 / 12 / 2011 <hr/> Amount of Each Disbursement this Period 63.78 <hr/> [MEMO ITEM] X
B.	Full Name (Last, First, Middle Initial) MACNAIR TRAVEL AGENCY <hr/> Mailing Address 4100 FAIRFAX DR STE 600 <hr/> City ARLINGTON State VA Zip Code 22203 <hr/> Purpose of Disbursement TRAVEL Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21.102 Date of Disbursement 04 / 12 / 2011 <hr/> Amount of Each Disbursement this Period 70.00 <hr/> [MEMO ITEM] X
C.	Full Name (Last, First, Middle Initial) TARBELL'S <hr/> Mailing Address 3213 E CAMELBACK RD <hr/> City PHOENIX State AZ Zip Code 85018 <hr/> Purpose of Disbursement CATERING Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21.101 Date of Disbursement 04 / 12 / 2011 <hr/> Amount of Each Disbursement this Period 1206.73 <hr/> [MEMO ITEM] X

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial) US AIRWAYS Mailing Address 4000 E SKY HARBOR BLVD City PHOENIX State AZ Zip Code 85034 Purpose of Disbursement TRAVEL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21.103 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 1 1
	Amount of Each Disbursement this Period 1482.20 [MEMO ITEM] X

B. Full Name (Last, First, Middle Initial) 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: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21.27 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 1 1
	Amount of Each Disbursement this Period 3387.34

C. Full Name (Last, First, Middle Initial) 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: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21.13 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 1 1
	Amount of Each Disbursement this Period 206.50

SUBTOTAL of Disbursements This Page (optional) ▶	3593.84
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)

PAGE 16 / 20

<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) CAPLIN & DRYSDALE	Transaction ID: SB21.29 Date of Disbursement 04 / 29 / 2011
	Mailing Address ONE THOMAS CIR NW STE 1100	Amount of Each Disbursement this Period -245.00
	City WASHINGTON State DC Zip Code 20005	
	Purpose of Disbursement VOID-LEGAL CONSULTING	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CHAIN BRIDGE BANK	Transaction ID: SB21.2 Date of Disbursement 04 / 15 / 2011
	Mailing Address 1445-A LAUGHLIN AVE	Amount of Each Disbursement this Period 101.71
	City MCLEAN State VA Zip Code 22101	
	Purpose of Disbursement BANK FEE	
	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) CITY OF ALEXANDRIA	Transaction ID: SB21.23 Date of Disbursement 04 / 29 / 2011
	Mailing Address PO BOX 34901	Amount of Each Disbursement this Period 485.77
	City ALEXANDRIA State VA Zip Code 22334	
	Purpose of Disbursement TAXES	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	342.48
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) CMDI	Transaction ID: SB21.10 Date of Disbursement
	Mailing Address 7704 LEESBURG PKE	<input type="text" value="04"/> / <input type="text" value="29"/> / <input type="text" value="2011"/>
	City FALLS CHURCH State VA Zip Code 22043	Amount of Each Disbursement this Period
	Purpose of Disbursement DATABASE/PRINTING	<input type="text" value="2605.28"/>
	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) CMDI	Transaction ID: SB21.9 Date of Disbursement
	Mailing Address 7704 LEESBURG PKE	<input type="text" value="04"/> / <input type="text" value="01"/> / <input type="text" value="2011"/>
	City FALLS CHURCH State VA Zip Code 22043	Amount of Each Disbursement this Period
	Purpose of Disbursement DATABASE/PRINTING	<input type="text" value="2686.96"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) INTERNAL REVENUE SERVICE	Transaction ID: SB21.18 Date of Disbursement
	Mailing Address 400 N EIGHTH ST	<input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2011"/>
	City RICHMOND State VA Zip Code 23219	Amount of Each Disbursement this Period
	Purpose of Disbursement PAYROLL TAXES	<input type="text" value="876.05"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="6168.29"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) INTERNAL REVENUE SERVICE Mailing Address 400 N EIGHTH ST City RICHMOND State VA Zip Code 23219 Purpose of Disbursement PAYROLL TAXES Candidate Name _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21.20 Date of Disbursement 04 / 29 / 2011 Amount of Each Disbursement this Period 876.05
B.	Full Name (Last, First, Middle Initial) INTERNAL REVENUE SERVICE Mailing Address 400 N EIGHTH ST City RICHMOND State VA Zip Code 23219 Purpose of Disbursement TAXES Candidate Name _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21.24 Date of Disbursement 04 / 29 / 2011 Amount of Each Disbursement this Period 52.40
C.	Full Name (Last, First, Middle Initial) LOCKART ATCHLEY & ASSOCIATES LLP Mailing Address 6850 AUSTIN CTR BLVD STE 180 City AUSTIN State TX Zip Code 78731 Purpose of Disbursement ACCOUNTING 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) ▼	Transaction ID: SB21.1 Date of Disbursement 04 / 29 / 2011 Amount of Each Disbursement this Period 2547.16

SUBTOTAL of Disbursements This Page (optional) ▶	3475.61
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) LOCKTON RISK SERVICES	Transaction ID: SB21.12 Date of Disbursement																			
	Mailing Address PO BOX 87-9610	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	5		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	5		2	0	1	1												
	City KANSAS CITY State MO Zip Code 64187	Amount of Each Disbursement this Period																			
	Purpose of Disbursement INSURANCE	<table border="1"><tr><td>1250.00</td></tr></table>	1250.00																		
1250.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) LOVAS CO LLC	Transaction ID: SB21.11 Date of Disbursement																			
	Mailing Address 6740 W DEER VALLEY RD	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	1		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	1		2	0	1	1												
	City GLENDALE State AZ Zip Code 85310	Amount of Each Disbursement this Period																			
	Purpose of Disbursement FINANCE CONSULTING	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) MD STATE DEPARTMENT OF TAXATION	Transaction ID: SB21.19 Date of Disbursement																			
	Mailing Address 301 W PRESTON ST	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	5		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	5		2	0	1	1												
	City BALTIMORE State MD Zip Code 21201	Amount of Each Disbursement this Period																			
	Purpose of Disbursement PAYROLL TAXES	<table border="1"><tr><td>290.32</td></tr></table>	290.32																		
290.32																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>2540.32</td></tr></table>	2540.32
2540.32		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

**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) MD STATE DEPARTMENT OF TAXATION <hr/> Mailing Address 301 W PRESTON ST <hr/> City BALTIMORE State MD Zip Code 21201 <hr/> Purpose of Disbursement PAYROLL TAXES Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21.21 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 1 1
	Amount of Each Disbursement this Period 290.32

B. Full Name (Last, First, Middle Initial) NOVA-ELAVON <hr/> Mailing Address 7300 CHAPMAN HWY <hr/> City KNOXVILLE State TN Zip Code 37920 <hr/> Purpose of Disbursement CREDIT CARD MERCHANT FEE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21.7 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 1 1
	Amount of Each Disbursement this Period 151.88

C. Full Name (Last, First, Middle Initial) YUMA SOLUTIONS INC <hr/> Mailing Address PO BOX 152075 <hr/> City TAMPA State FL Zip Code 33684 <hr/> Purpose of Disbursement COMPUTER SUPPORT Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21.6 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 1 1
	Amount of Each Disbursement this Period 557.00

SUBTOTAL of Disbursements This Page (optional)	999.20
TOTAL This Period (last page this line number only)	35956.09