

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 01 01 2009 through 06 30 2009

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 KEITH DAVIS

Signature of Treasurer Electronically Filed by KEITH DAVIS Date 07 15 2009

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							
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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	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	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>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		4592.87
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	4592.87									
(c) Total Receipts (from Line 19)	523483.37	523483.37								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	528076.24	528076.24								
7. Total Disbursements (from Line 31)	489345.62	489345.62								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	38730.62	38730.62								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	25990.27									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	15035.55									

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
COUNTRY FIRST POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

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)	183635.00	183635.00
(ii) Unitemized	272563.73	272563.73
(iii) TOTAL (add Lines 11(a)(i) and (ii)	456198.73	456198.73
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	12500.00	12500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	468698.73	468698.73
12. Transfers From Affiliated/Other Party Committees	54491.14	54491.14
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)	213.52	213.52
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	79.98	79.98
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))	523483.37	523483.37
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	523483.37	523483.37

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.....	429121.12	429121.12
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	429121.12	429121.12
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	34500.00	34500.00
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	5424.50	5424.50
(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))	5424.50	5424.50
29. Other Disbursements.....	20300.00	20300.00
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))..	489345.62	489345.62
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	489345.62	489345.62

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 217

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	468698.73	468698.73
34. Total Contribution Refunds (from Line 28(d))	5424.50	5424.50
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	463274.23	463274.23
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	429121.12	429121.12
37. Offsets to Operating Expenditures (from Line 15, page 3)	213.52	213.52
38. Net Operating Expenditures (subtract Line 37 from Line 36)	428907.60	428907.60

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor 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 <input type="text" value="0.00"/>		Transaction ID: SD10-1	
Amount Incurred This Period <input type="text" value="23874.34"/>	Payment This Period <input type="text" value="22524.34"/>	Outstanding Balance at Close of This Period <input type="text" value="1350.00"/>	

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

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		Transaction ID: SD10-2	
Amount Incurred This Period <input type="text" value="30000.00"/>	Payment This Period <input type="text" value="24000.00"/>	Outstanding Balance at Close of This Period <input type="text" value="6000.00"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor CD INC			Nature of Debt (Purpose): WEB SERVICE
Mailing Address PO BOX 1877			
City	State	ZIP Code	
ALEXANDRIA	VA	22313	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		Transaction ID: SD10-3	
Amount Incurred This Period <input type="text" value="1442.58"/>	Payment This Period <input type="text" value="103.11"/>	Outstanding Balance at Close of This Period <input type="text" value="1339.47"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="8689.47"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
ICS CORPORATION

Nature of Debt (Purpose):
POSTAGE/PRINTING

Mailing Address 2225 RICHMOND ST

City State ZIP Code
PHILADELPHIA PA 19125

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10-4

Amount Incurred This Period

111431.95

Payment This Period

106837.87

Outstanding Balance at Close of This Period

4594.08

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
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

0.00

Transaction ID: SD10-5

Amount Incurred This Period

11912.48

Payment This Period

10160.48

Outstanding Balance at Close of This Period

1752.00

1) SUBTOTALS This Period This Page (optional).....	▶	6346.08
2) TOTALS This Period (last page this line number only).....	▶	15035.55
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	15035.55

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 8 / 217	
	FOR LINE NUMBER: (check only one)	<input checked="" type="checkbox"/> 9 <input type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor FRIENDS OF JOHN MCCAIN			Nature of Debt (Purpose): LIST RENTAL
Mailing Address PO BOX 16664			
City ARLINGTON	State VA	ZIP Code 22215	

Outstanding Balance Beginning This Period		Transaction ID: SD9-6	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
25990.27	0.00	25990.27	

1) SUBTOTALS This Period This Page (optional).....	▶	25990.27
2) TOTALS This Period (last page this line number only).....	▶	25990.27
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	25990.27

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 217
	(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) MRS. MARY J. ABROE	Date of Receipt MM / DD / YYYY 02 / 18 / 2009
	Mailing Address 212 WOODBINE AVENUE	Transaction ID: SA11.2951479
	City State Zip Code WILMETTE IL 60091-3332	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation COLLEGE OF LAKE COUNTY IL- LINOIS TEACHER	
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) JOHN ACHENBACH	Date of Receipt MM / DD / YYYY 02 / 12 / 2009
	Mailing Address 2626 PLAYERS COURT	Transaction ID: SA11.2951267
	City State Zip Code WELLINGTON FL 33414-6296	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	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	

C.	Full Name (Last, First, Middle Initial) MS. VICKI AMUNDSON	Date of Receipt MM / DD / YYYY 02 / 18 / 2009
	Mailing Address 842 N. 8TH STREET	Transaction ID: SA11.2951524
	City State Zip Code BLACK RIVER FALLS WI 54615-9107	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation SELF-EMPLOYED SPECIAL PROJECTS/FINANCE & ACCOUNTING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 10 / 217
(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)
ROGER ANDERSON

Mailing Address P.O. BOX 690905

City State Zip Code
CHARLOTTE NC 28227-7016

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

Name of Employer Occupation
RETIRED USAF/AFJROTC INSTRUCTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 15 / 2009

Transaction ID: SA11.2948522

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. LUCIUS ANDREW, III

Mailing Address 800 FIFTH AVENUE #4100

City State Zip Code
SEATTLE WA 98104-3100

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

Name of Employer Occupation
SELF-EMPLOYED PRIVATE INVESTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 15 / 2009

Transaction ID: SA11.2949178

Amount of Each Receipt this Period
250.00

CONTRIBUTION

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

Mailing Address 30 PINE RUN DRIVE

City State Zip Code
HOLLAND PA 18966-2232

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

Name of Employer Occupation
APPELL CONTRACTING SERVICES GENERAL CONTRACTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 15 / 2009

Transaction ID: SA11.2948320

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

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

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

FOR LINE NUMBER: PAGE 11 / 217
(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)
MR. FIDEL S. ARNERO

Mailing Address 4208 W. 5TH COURT

City State Zip Code
HIALEAH FL 33012-3808

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

Name of Employer Occupation
AMERICAN AIRLINES PILOT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 246.00

Date of Receipt
MM / DD / YYYY
02 / 05 / 2009

Transaction ID: SA11.2950126

Amount of Each Receipt this Period
41.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. FIDEL S. ARNERO

Mailing Address 4208 W. 5TH COURT

City State Zip Code
HIALEAH FL 33012-3808

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

Name of Employer Occupation
AMERICAN AIRLINES PILOT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 246.00

Date of Receipt
MM / DD / YYYY
03 / 05 / 2009

Transaction ID: SA11.2953182

Amount of Each Receipt this Period
41.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. FIDEL S. ARNERO

Mailing Address 4208 W. 5TH COURT

City State Zip Code
HIALEAH FL 33012-3808

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

Name of Employer Occupation
AMERICAN AIRLINES PILOT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 246.00

Date of Receipt
MM / DD / YYYY
04 / 09 / 2009

Transaction ID: SA11.2956563

Amount of Each Receipt this Period
41.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **123.00**

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 / 217

(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. FIDEL S. ARNERO

Mailing Address 4208 W. 5TH COURT

City State Zip Code
HIALEAH FL 33012-3808

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

Name of Employer Occupation
AMERICAN AIRLINES PILOT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 246.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 7 / 2 0 0 9

Transaction ID: SA11.2958158

Amount of Each Receipt this Period

41.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. FIDEL S. ARNERO

Mailing Address 4208 W. 5TH COURT

City State Zip Code
HIALEAH FL 33012-3808

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

Name of Employer Occupation
AMERICAN AIRLINES PILOT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 246.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 1 / 2 0 0 9

Transaction ID: SA11.2958790

Amount of Each Receipt this Period

41.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. FIDEL S. ARNERO

Mailing Address 4208 W. 5TH COURT

City State Zip Code
HIALEAH FL 33012-3808

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

Name of Employer Occupation
AMERICAN AIRLINES PILOT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 246.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 1 / 2 0 0 9

Transaction ID: SA11.2961721

Amount of Each Receipt this Period

41.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

123.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 217
	<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. ROBERT C. ATKINSON	Date of Receipt MM / DD / YYYY 02 / 04 / 2009
	Mailing Address 380 W. SHORE TRAIL	Transaction ID: SA11.2949867
	City State Zip Code SPARTA NJ 07871-1427	Amount of Each Receipt this Period 2500.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation COLUMBIA UNIVERSITY C.I.T- .I. RESEARCH DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

B.	Full Name (Last, First, Middle Initial) JEFFREY R. BALE	Date of Receipt MM / DD / YYYY 03 / 26 / 2009
	Mailing Address 3906 GLENWOOD DR.	Transaction ID: SA11.2955166
	City State Zip Code RICHMOND TX 77406-9128	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation THE BALE LAW FIRM, PLLC ATTORNEY	
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) MR. BRIAN D. BALLARD	Date of Receipt MM / DD / YYYY 01 / 21 / 2009
	Mailing Address 403 EAST PARK AVENUE	Transaction ID: SA11.2947511
	City State Zip Code TALLAHASSEE FL 32301-1515	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation SMITH & BALLARD ATTORNEY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

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 14 / 217
(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)
PENNY BARBAKOW

Mailing Address 4301 GULF SHORE BLVD. NORTH
702

City State Zip Code
NAPLES FL 34103-3478

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

Name of Employer Occupation
BARBAKOW ASSOCIATES, INC. MANAGEMENT CONSULTANT

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 26 / 2009

Transaction ID: SA11.2955246

Amount of Each Receipt this Period
250.00

CONTRIBUTION

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

Mailing Address 10803 BROADWATER DRIVE

City State Zip Code
FAIRFAX VA 22032-3004

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

Name of Employer Occupation
RETIRED NAVY OFFICER

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
01 / 15 / 2009

Transaction ID: SA11.2948231

Amount of Each Receipt this Period
250.00

CONTRIBUTION

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

Mailing Address 8431 W UTOPIA RD

City State Zip Code
PEORIA AZ 85382-8815

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 ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 12 / 2009

Transaction ID: SA11.2954315

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 217
(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. JAMES W. BARRETT

Mailing Address 44 CARRINGTON DR

City State Zip Code
GREENWICH CT 06831-3119

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

Name of Employer Occupation
PHARMACOM GROUP INC PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 15 / 2009

Transaction ID: SA11.2947933

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MS. BONNA LEE BEHNKEN

Mailing Address 12170 AIR HILL ROAD

City State Zip Code
BROOKVILLE OH 45309-9364

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 ▼ 330.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2009

Transaction ID: SA11.2950921

Amount of Each Receipt this Period
330.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JOHN P. BENCA

Mailing Address 1110 LANE CREEK TERRACE

City State Zip Code
BISHOP GA 30621-1174

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
03 / 02 / 2009

Transaction ID: SA11.2953103

Amount of Each Receipt this Period
300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 880.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 217
(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. PAUL BERNBAUM

Mailing Address 24943 BLAKELY DRIVE

City State Zip Code
PLAINFIELD IL 60585-7724

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

Name of Employer Occupation
COMPETITIVE PIPING SPRINKLER FITTER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
MM / DD / YYYY
02 / 17 / 2009

Transaction ID: SA11.2951385

Amount of Each Receipt this Period
225.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. ALLEN D. BERRY, JR.

Mailing Address 2100 S. BERRYS CHAPEL ROAD

City State Zip Code
FRANKLIN TN 37069-8302

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

Name of Employer Occupation
SELF-EMPLOYED FARMER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
02 / 09 / 2009

Transaction ID: SA11.2950667

Amount of Each Receipt this Period
300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MRS. MARGARET M. BLOOMFIELD

Mailing Address 1262 CORSICA DRIVE

City State Zip Code
PACIFIC PALISADES CA 90272-4016

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 15 / 2009

Transaction ID: SA11.2947878

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **1525.00**

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 17 / 217

(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. JULIE ANN BORING HARRELL

Mailing Address 2921 CASON STREET

City State Zip Code
HOUSTON TX 77005-3915

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

Name of Employer Occupation
CREATIVE IDEAS ADMINISTRATIVE ASSISTANT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 9 / 2 0 0 9

Transaction ID: SA11.2950637

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
DUDLEY BOYD

Mailing Address 8614 SOUTHWIND DRIVE

City State Zip Code
MEMPHIS TN 38125-0749

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

Name of Employer Occupation
NBT MANAGING DIRECTOR

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

Date of Receipt

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

Transaction ID: SA11.2954282

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
JOSEPH BOYD

Mailing Address 1210 W 84TH LN

City State Zip Code
MERRILLVILLE IN 46410-6635

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

Name of Employer Occupation
AVERY DENNISON MANAGER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: SA11.2948266

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 217
(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. DAVID T. BOYLE

Mailing Address 16841 RANSOM RIDGE ROAD

City ANCHORAGE State AK Zip Code 99516-5337

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 02 / 05 / 2009
Transaction ID: SA11.2949961
 Amount of Each Receipt this Period: 100.00
CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. DAVID T. BOYLE

Mailing Address 16841 RANSOM RIDGE ROAD

City ANCHORAGE State AK Zip Code 99516-5337

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 03 / 31 / 2009
Transaction ID: SA11.2956019
 Amount of Each Receipt this Period: 250.00
CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. PATRICK M. BRADY

Mailing Address 4N752 WARE WOODS DRIVE

City SAINT CHARLES State IL Zip Code 60175-5199

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

Name of Employer DELOITTE TOUCHE Occupation ATTORNEY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 01 / 15 / 2009
Transaction ID: SA11.2949179
 Amount of Each Receipt this Period: 500.00
CONTRIBUTION

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

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

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

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

FOR LINE NUMBER: PAGE 19 / 217

(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)
DR. DAVID A. BRAUNER

Mailing Address 5000 RABBIT CREEK RD

City State Zip Code
ANCHORAGE AK 99516-4901

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

Name of Employer Occupation
SEATTLE CHILDRENS HOSPITAL PHYSICIAN

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: SA11.2948122

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MARGARET BREYA

Mailing Address 5 PEPPERWOOD COURT

City State Zip Code
MENLO PARK CA 94025-3579

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

Name of Employer Occupation
SAP AG EVP & GM, TECHNOLOGY PORTFOLIO

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

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: SA11.2948628

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MS. ROSEMARY H. BRIGGS

Mailing Address 4711 WATAUGA ROAD

City State Zip Code
DALLAS TX 75209-1923

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

Name of Employer Occupation
SELF-EMPLOYED INVESTOR

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 6 / 2 0 0 9

Transaction ID: SA11.2952812

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 217
(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. STEVEN R. BROWN

Mailing Address 17802 GILLETTE AVENUE

City IRVINE State CA Zip Code 92614-6502

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

Name of Employer NEXGEN PHARMA Occupation EXECUTIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 02 / 11 / 2009
Transaction ID: SA11.2951097
Amount of Each Receipt this Period: 2500.00
CONTRIBUTION

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

Mailing Address 3088 RED SPRINGS DRIVE

City LAS VEGAS State NV Zip Code 89135-1548

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

Name of Employer CANTERBURY WEALTH ADVISORS LLC Occupation INVESTMENT ADVISOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 01 / 15 / 2009
Transaction ID: SA11.2948502
Amount of Each Receipt this Period: 500.00
CONTRIBUTION

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

Mailing Address 661 WASHINGTON ST APT 4F

City NEW YORK State NY Zip Code 10014-2875

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

Name of Employer SULLIVAN & CROMWELL LLP Occupation ATTORNEY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 01 / 15 / 2009
Transaction ID: SA11.2948897
Amount of Each Receipt this Period: 250.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 3250.00

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 21 / 217
(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. PAUL W. BURKETT

Mailing Address 18124 WEDGE PARKWAY
#509

City RENO State NV Zip Code 89511-8134

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

Name of Employer SNOASPEN INSURANCE GROUP, INC. Occupation BROKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: MM / DD / YYYY
03 / 12 / 2009

Transaction ID: SA11.2954231

Amount of Each Receipt this Period: 250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
DEBORAH BURT

Mailing Address 1812 FIELD COVE

City PLANO State TX Zip Code 75023-5021

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

Name of Employer SELF EMPLOYED Occupation IT PROJECT MANAGER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: MM / DD / YYYY
02 / 01 / 2009

Transaction ID: SA11.2949609

Amount of Each Receipt this Period: 500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. STEPHEN P. BUTT

Mailing Address P.O. BOX 81

City CHILLICOTHE State OH Zip Code 45601-0081

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

Name of Employer SELF-EMPLOYED Occupation REAL ESTATE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY
02 / 09 / 2009

Transaction ID: SA11.2950706

Amount of Each Receipt this Period: 1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 1750.00

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

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

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

FOR LINE NUMBER: PAGE 22 / 217
(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)
MRS. MARGARETTA H. CALVERT
Mailing Address 41 POND LANE

City State Zip Code
BRYN MAWR PA 19010-1771

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

Name of Employer Occupation
SELF-EMPLOYED ARTIST

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

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

Transaction ID: SA11.2950916
 Amount of Each Receipt this Period
 1000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JOHN D. CAMPBELL
Mailing Address 2447 OLIVE AVENUE

City State Zip Code
LA CRESCENTA CA 91214-2211

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

Name of Employer Occupation
ABERNATHY MCGREGOR GROUP EXECUTIVE

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

Date of Receipt

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

Transaction ID: SA11.2956271
 Amount of Each Receipt this Period
 250.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. SUE M. CANNON
Mailing Address 6420 W. LAKERIDGE ROAD

City State Zip Code
LAKEWOOD CO 80227-3909

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	6	/	2	0	0	9

Transaction ID: SA11.2954402
 Amount of Each Receipt this Period
 5000.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **6250.00**

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 23 / 217
	(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

A.	Full Name (Last, First, Middle Initial) MELINDA CAREVICH	Date of Receipt MM / DD / YYYY 02 / 05 / 2009
	Mailing Address 1415 SOUTH CHERRY	Transaction ID: SA11.2950190
	City State Zip Code TUCSON AZ 85713-1937	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation J&M CORP VICE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) MR. ROYCE D. CARLSON	Date of Receipt MM / DD / YYYY 03 / 24 / 2009
	Mailing Address 518 EASTON AVENUE	Transaction ID: SA11.2954821
	City State Zip Code GENEVA IL 60134-3032	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation SELF-EMPLOYED SALES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) MS. JANE DUNLAP CARVER	Date of Receipt MM / DD / YYYY 02 / 09 / 2009
	Mailing Address 2192 SAINT ANDREWS CIRCLE	Transaction ID: SA11.2950692
	City State Zip Code BETTENDORF IA 52722-6651	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation CARVER PUMP COMPANY CONSULTANT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 217

(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. CAROLINA CASPERSON

Mailing Address 522 NORTH STATE RD, SUITE 102

City State Zip Code
BRIARCLIFF MANOR NY 10510-1536

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

Name of Employer Occupation
SELF-EMPLOYED SONGWRITER SINGER

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 650.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: SA11.2948518

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MS. CAROLINA CASPERSON

Mailing Address 522 NORTH STATE RD, SUITE 102

City State Zip Code
BRIARCLIFF MANOR NY 10510-1536

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

Name of Employer Occupation
SELF-EMPLOYED SONGWRITER SINGER

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 650.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: SA11.2948519

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MS. CAROLINA CASPERSON

Mailing Address 522 NORTH STATE RD, SUITE 102

City State Zip Code
BRIARCLIFF MANOR NY 10510-1536

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

Name of Employer Occupation
SELF-EMPLOYED SONGWRITER SINGER

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 650.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 5 / 2 0 0 9

Transaction ID: SA11.2950226

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

250.00

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 25 / 217
(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)
MS. CAROLINA CASPERSON
Mailing Address 522 NORTH STATE RD, SUITE 102
City Briarcliff Manor State NY Zip Code 10510-1536
FEC ID number of contributing federal political committee. **C**
Name of Employer SELF-EMPLOYED Occupation SONGWRITER SINGER
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 650.00
Date of Receipt 03 / 12 / 2009
Transaction ID: SA11.2954284
Amount of Each Receipt this Period 25.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MS. CAROLINA CASPERSON
Mailing Address 522 NORTH STATE RD, SUITE 102
City Briarcliff Manor State NY Zip Code 10510-1536
FEC ID number of contributing federal political committee. **C**
Name of Employer SELF-EMPLOYED Occupation SONGWRITER SINGER
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 650.00
Date of Receipt 03 / 26 / 2009
Transaction ID: SA11.2955088
Amount of Each Receipt this Period 25.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MS. CAROLINA CASPERSON
Mailing Address 522 NORTH STATE RD, SUITE 102
City Briarcliff Manor State NY Zip Code 10510-1536
FEC ID number of contributing federal political committee. **C**
Name of Employer SELF-EMPLOYED Occupation SONGWRITER SINGER
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 650.00
Date of Receipt 03 / 31 / 2009
Transaction ID: SA11.2956072
Amount of Each Receipt this Period 50.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) **100.00**
TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 26 / 217
(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)
MS. CAROLINA CASPERSON

Mailing Address 522 NORTH STATE RD, SUITE 102

City State Zip Code
BRIARCLIFF MANOR NY 10510-1536

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

Name of Employer SELF-EMPLOYED Occupation SONGWRITER SINGER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 650.00

Date of Receipt

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

Transaction ID: SA11.2956073

Amount of Each Receipt this Period
150.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MS. CAROLINA CASPERSON

Mailing Address 522 NORTH STATE RD, SUITE 102

City State Zip Code
BRIARCLIFF MANOR NY 10510-1536

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

Name of Employer SELF-EMPLOYED Occupation SONGWRITER SINGER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	3	0	/	2	0	0	9

Transaction ID: SA11.2957931

Amount of Each Receipt this Period
100.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MS. CAROLINA CASPERSON

Mailing Address 522 NORTH STATE RD, SUITE 102

City State Zip Code
BRIARCLIFF MANOR NY 10510-1536

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

Name of Employer SELF-EMPLOYED Occupation SONGWRITER SINGER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	4	/	2	0	0	9

Transaction ID: SA11.2959573

Amount of Each Receipt this Period
50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **300.00**

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

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

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

FOR LINE NUMBER: PAGE 27 / 217
(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)
MR. PAUL CHURNETSKI

Mailing Address 258 LEHIGH STATION ROAD

City State Zip Code
WEST HENRIETTA NY 14586-9751

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

Name of Employer Occupation
VUZIX CORPORATION VICE PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 15 / 2009

Transaction ID: SA11.2948008

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DR. ALAN S. CLEPPER

Mailing Address 840 FLOYD ROAD

City State Zip Code
PINE MOUNTAIN GA 31822-4522

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

Name of Employer Occupation
COLUMBUS PATHOLOGY, P.C. PATHOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
01 / 15 / 2009

Transaction ID: SA11.2947976

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DR. ALAN S. CLEPPER

Mailing Address 840 FLOYD ROAD

City State Zip Code
PINE MOUNTAIN GA 31822-4522

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

Name of Employer Occupation
COLUMBUS PATHOLOGY, P.C. PATHOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
02 / 26 / 2009

Transaction ID: SA11.2952835

Amount of Each Receipt this Period
150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 900.00

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 28 / 217
(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)
MRS. JULIA L. CLINE-SELLERS

Mailing Address 5 WOODHILL CIRCLE

City State Zip Code
COLUMBIA SC 29209-1229

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

Name of Employer Occupation
ALMATIS NONE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2009

Transaction ID: SA11.2956024

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MS. FRANCES J. COET

Mailing Address 4716 CASTLE CIRCLE

City State Zip Code
BROOMFIELD CO 80023-4076

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

Name of Employer Occupation
COET & COET, PC. CPAS CPA AND CFP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 15 / 2009

Transaction ID: SA11.2948499

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. DAVID COHEN

Mailing Address 9779 BENT GRASS BEND

City State Zip Code
NAPLES FL 34108-1933

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

Name of Employer Occupation
RETIRED N/A

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 01 / 2009

Transaction ID: SA11.2949597

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 217
(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. RICHARD S. COHEN

Mailing Address 5403 GODBEY DRIVE

City State Zip Code
LACANADA FLINTRIDG CA 91011-1835

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
02 / 11 / 2009

Transaction ID: SA11.2951073

Amount of Each Receipt this Period
300.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. HARRY R. COLEMAN, JR.

Mailing Address 583 BUCK TRAIL COVE

City State Zip Code
CORDOVA TN 38018-7628

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

Name of Employer Occupation
COLEMAN PROPERTIES REAL ESTATE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 17 / 2009

Transaction ID: SA11.2951370

Amount of Each Receipt this Period
250.00

CONTRIBUTION

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

Mailing Address 133 INATA CIRCLE

City State Zip Code
LOUDON TN 37774-2536

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

Name of Employer Occupation
SELF-EMPLOYED INSURANCE SALES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 05 / 2009

Transaction ID: SA11.2950277

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 800.00

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

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

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

FOR LINE NUMBER: PAGE 30 / 217
(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)
MRS. JUNE C. COOK

Mailing Address 3001 BATALLY COURT

City State Zip Code
THE VILLAGES FL 32162-7505

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
MM / DD / YYYY
02 / 10 / 2009

Transaction ID: SA11.2950885

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
REV. OLIVIA R. COSTANGO

Mailing Address 13263 RENSHAW ROAD

City State Zip Code
PRINCESS ANNE MD 21853-8459

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 ▼ 210.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2009

Transaction ID: SA11.2951481

Amount of Each Receipt this Period
210.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. BARRY COX

Mailing Address 3512 COKEFIELD DR

City State Zip Code
FAYETTEVILLE NC 28306-9017

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

Name of Employer Occupation
GEMINI INDUSTRIES BUSINESS MANAGER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 15 / 2009

Transaction ID: SA11.2948643

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **710.00**

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 31 / 217

(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. MARIETTA R. CRANE

Mailing Address 355 BUENA VISTA E. #213W

City State Zip Code
SAN FRANCISCO CA 94117-4173

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

Name of Employer Occupation
TOWNSEND AND TOWNSEND AND CREW DIRECTOR OF FINANCE

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

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: SA11.2947950

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MISS SUSAN F. CRARY

Mailing Address 1015 FOX HILL ROAD

City State Zip Code
STATE COLLEGE PA 16803-1822

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 ▼ 325.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.2951487

Amount of Each Receipt this Period

325.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
LYNNE CRAWFORD

Mailing Address P.O. BOX 29548

City State Zip Code
SAN FRANCISCO CA 94129-0548

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

Name of Employer Occupation
NONE NONE

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

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: SA11.2949457

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

825.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 217
(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)
MS. JEANNE K. CRIDDLE

Mailing Address 1191 RAPPS DAM ROAD
APARTMENT 109

City PHOENIXVILLE State PA Zip Code 19460-4785

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 26 / 2009
Transaction ID: SA11.2952813
Amount of Each Receipt this Period 1000.00
CONTRIBUTION

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

Mailing Address 887 VIA MIRADA

City MONTEREY State CA Zip Code 93940-4615

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

Name of Employer SELF-EMPLOYED Occupation ART & INTERIOR DESIGN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 15 / 2009
Transaction ID: SA11.2949080
Amount of Each Receipt this Period 500.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. KEVIN CUMMINS

Mailing Address 10866 MADDOX RIDGE ROAD

City TURNERS STATION State KY Zip Code 40075-7216

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

Name of Employer C&H AUDIO VISUAL SERVICES, INC. Occupation BUSINESS OWNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 21 / 2009
Transaction ID: SA11.2958917
Amount of Each Receipt this Period 250.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 1750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 217
(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. ANGELO D'URSO		Date of Receipt MM / DD / YYYY 01 / 15 / 2009
Mailing Address 25 ARMOUR ROAD		Transaction ID: SA11.2947943
City MAHWAH	State NJ	Zip Code 07430-1400
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer CREDIT SUISSE	Occupation PORTFOLIO MANAGER	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. HENRY F. DAIDONE, USN (RET)		Date of Receipt MM / DD / YYYY 02 / 04 / 2009
Mailing Address P.O. BOX 56 247 NECK ROAD		Transaction ID: SA11.2949849
City SHILOH	State NC	Zip Code 27974-0056
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1060.00
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation TEACHER	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1060.00	

C.

Full Name (Last, First, Middle Initial) MRS. MARGARET E. DAVENPORT		Date of Receipt MM / DD / YYYY 02 / 11 / 2009
Mailing Address 825 APPLE VALLEY DRIVE		Transaction ID: SA11.2951085
City SAN JOSE	State CA	Zip Code 95125-2803
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
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 ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	2360.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 217
(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)
MR. HENRY DELFINER

Mailing Address 8 BROWN ROAD

City State Zip Code
LEXINGTON MA 02420-1949

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 ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2009

Transaction ID: SA11.2950778

Amount of Each Receipt this Period
500.00

CONTRIBUTION

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

Mailing Address 341 MARGUERITE ST.

City State Zip Code
NEW MILFORD NJ 07646-1306

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

Name of Employer Occupation
CONSTRUCTION & MARINE EQUIPMENT OWNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 12 / 2009

Transaction ID: SA11.2951278

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. DANIEL F. DEVOE

Mailing Address 1106 BARCELONA DRIVE

City State Zip Code
SAN DIEGO CA 92107-4124

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

Name of Employer Occupation
PRESIDIO COMPONENTS, INC VICE PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 15 / 2009

Transaction ID: SA11.2947867

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 217
(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. VIOLET A. DEVOE

Mailing Address 1106 BARCELONA DRIVE

City State Zip Code
SAN DIEGO CA 92107-4124

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

Name of Employer Occupation
PRESIDIO COMPONENTS, INC. PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: SA11.2947868

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. KRISTEN DICK

Mailing Address 8239 HIGHWAY 128

City State Zip Code
HEALDSBURG CA 95448-8024

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 ▼ 330.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 1 0 / 2 0 0 9

Transaction ID: SA11.2950853

Amount of Each Receipt this Period
330.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. DONALD DIEKMAN

Mailing Address 10267 N. SHORE ROAD
P.O. BOX 376

City State Zip Code
EPHRAIM WI 54211-0376

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 ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 1 0 / 2 0 0 9

Transaction ID: SA11.2950917

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 1080.00

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 36 / 217

(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. JOHN M. DOWD

Mailing Address 1529 CROWELL ROAD

City State Zip Code
VIENNA VA 22182-1514

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

Name of Employer
AKIN GUMP, STRAUSS, HAUER & FELD

Occupation
ATTORNEY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 5 / 2 0 0 9

Transaction ID: SA11.2950483

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
STEPHEN DOYLE

Mailing Address P.O. BOX 23254

City State Zip Code
GLADE PARK CO 81523-0254

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

Name of Employer
DOYLE TRADING CONSULTANTS LLC

Occupation
ENERGY CONSULTANT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

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

Transaction ID: SA11.2954257

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. FREEMAN B. DUNN

Mailing Address P.O. BOX 7927

City State Zip Code
HOUSTON TX 77270-7927

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

Name of Employer
DUNN ENTERPRISES

Occupation
SELF-EMPLOYED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

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

Transaction ID: SA11.2949842

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 37 / 217

(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. FREDERICK A. EATON

Mailing Address 580 PARK AVENUE

City State Zip Code
NEW YORK NY 10065-7342

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 ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: SA11.2948127

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MRS. JEANNE B. EDWARDS

Mailing Address 405 N. PINE HILL ROAD

City State Zip Code
BIRMINGHAM AL 35217-1241

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 ▼ 260.00

Date of Receipt

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

Transaction ID: SA11.2953642

Amount of Each Receipt this Period

260.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. ROBERT T. EHRLICH

Mailing Address 9857 LAURA DR.

City State Zip Code
ORANGE TX 77630-8276

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

Name of Employer Occupation
RETIRED CHEMIST

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

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 6 / 2 0 0 9

Transaction ID: SA11.2955055

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

1010.00

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 38 / 217

(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)
HAMID EL-HAJJ

Mailing Address 8910 LANDINGS DRIVE
APARTMENT 103

City State Zip Code
MANASSAS VA 20109-4213

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

Name of Employer Occupation
NONE N/A

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
300.00

Date of Receipt

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

Transaction ID: SA11.2949911

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MS. ETHEL M. ELLINGSON

Mailing Address 1307 SKYLINE DRIVE

City State Zip Code
DECORAH IA 52101-2517

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 ▼
500.00

Date of Receipt

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

Transaction ID: SA11.2950792

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
KERRY ELLIOTT HOUGHTON

Mailing Address 2819 DURANT TRAILS BLVD

City State Zip Code
DOVER FL 33527-6453

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 ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 5 / 2 0 0 9

Transaction ID: SA11.2950584

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1050.00

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 39 / 217
(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)
MRS. JUDITH EMMITT

Mailing Address PO BOX 331

City State Zip Code
OLDWICK NJ 08858-0331

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 ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 15 / 2009

Transaction ID: SA11.2948009

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. ARDUTH L. EVANS

Mailing Address 5825 E. STARLIGHT WAY

City State Zip Code
PARADISE VALLEY AZ 85253-5233

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
MM / DD / YYYY
01 / 15 / 2009

Transaction ID: SA11.2947923

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. MITCHELL FADEL

Mailing Address 4012 SAINT JOHNS CIRCLE

City State Zip Code
CARROLLTON TX 75010-4238

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

Name of Employer Occupation
RENT-A-CENTER, INC. EXECUTIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 05 / 2009

Transaction ID: SA11.2950560

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 217

(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. DEON FAIR

Mailing Address 5508 GLENSHIRE DRIVE

City State Zip Code
PLANO TX 75093-2832

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
SELF EMPLOYED /RETIRED BUS. CONSULTANT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 15 / 2009

Transaction ID: SA11.2948188

Amount of Each Receipt this Period 250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. WILLIAM A. FAUST

Mailing Address 4125 COLE AVENUE #4

City State Zip Code
DALLAS TX 75204-2036

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
A.I.G./V.G. RISK MANAGER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 11 / 2009

Transaction ID: SA11.2951089

Amount of Each Receipt this Period 250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
ANTHONY FEDOR

Mailing Address 18 ELLIOT TRAIL

City State Zip Code
GRAFTON MA 01519-1195

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
GENZYME CORPORATION MARKET RESEARCH

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 26 / 2009

Transaction ID: SA11.2955173

Amount of Each Receipt this Period 250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) 750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 41 / 217
(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)
THOMAS FEE

Mailing Address 341 MILL STREET

City State Zip Code
ST. PAUL MN 55102-4413

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

Name of Employer Occupation
VECTOR WEALTH MANAGEMENT FINANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 12 / 2009

Transaction ID: SA11.2954356

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MS. JAN E. FEHRENBACHER

Mailing Address 27 WESTMINSTER DRIVE

City State Zip Code
LINCOLN IL 62656-5430

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

Name of Employer Occupation
WALGREENS PHARMACIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2009

Transaction ID: SA11.2953608

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
CDR HARRY H. FERRIER, USN

Mailing Address 1526 SCENIC HEIGHTS ROAD

City State Zip Code
OAK HARBOR WA 98277-8415

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
MM / DD / YYYY
02 / 09 / 2009

Transaction ID: SA11.2950649

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 750.00

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

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

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

FOR LINE NUMBER: PAGE 42 / 217
(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)
VELDA KAY FINCHER

Mailing Address 116 HILYER ROAD

City State Zip Code
DADEVILLE AL 36853-4811

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

Name of Employer OFFICE MANAGER Occupation CLINICAL PSYCHOLOGIST

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 0.00

Date of Receipt: 05 / 12 / 2009
Transaction ID: SA11.2961962
Amount of Each Receipt this Period: 1000.00
CONTRIBUTION
REFUNDED \$1,000.00 ON 05-31/2009

B. Full Name (Last, First, Middle Initial)
VELDA KAY FINCHER

Mailing Address 116 HILYER ROAD

City State Zip Code
DADEVILLE AL 36853-4811

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

Name of Employer OFFICE MANAGER Occupation CLINICAL PSYCHOLOGIST

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 0.00

Date of Receipt: 05 / 12 / 2009
Transaction ID: SA11.2961963
Amount of Each Receipt this Period: 1000.00
CONTRIBUTION
REFUNDED \$1,000.00 ON 05-31/2009

C. Full Name (Last, First, Middle Initial)
DR. CHARLES FISHER

Mailing Address 12538 PEBBLEPOINTE PASS

City State Zip Code
CARMEL IN 46033-9687

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

Name of Employer CARDIOME PHARMA CORP Occupation CHIEF MEDICAL OFFICER

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 01 / 15 / 2009
Transaction ID: SA11.2948093
Amount of Each Receipt this Period: 1000.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 3000.00

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 43 / 217
(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)
MR. RODNEY FITZGIBBON

Mailing Address 3918 ROCKBRIDGE ROAD

City State Zip Code
COLUMBIA SC 29206-3314

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

Name of Employer Occupation
NORTHEAST FAMILY PRACTICE PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 11 / 2009

Transaction ID: SA11.2951149

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

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

Mailing Address 33725 N. SCOTTSDALE RD.
SUITE 105

City State Zip Code
SCOTTSDALE AZ 85266-1560

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

Name of Employer Occupation
MEARS GROUP, INC. PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 15 / 2009

Transaction ID: SA11.2948390

Amount of Each Receipt this Period
500.00

CONTRIBUTION

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

Mailing Address 141 S. LAKESHORE DR. B-8

City State Zip Code
RACINE WI 53403-9609

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 ▼ 0.00

Date of Receipt
MM / DD / YYYY
05 / 14 / 2009

Transaction ID: SA11.2960030

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

REFUNDED \$2,000.00 ON 05/-21/2009

SUBTOTAL of Receipts This Page (optional) ► 3500.00

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 44 / 217
(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)
MS. SHIRLEY FORD

Mailing Address PO BOX 1319

City State Zip Code
FRANKLIN TX 77856-1319

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

Name of Employer Occupation
RETIRED MILITARY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 05 / 2009

Transaction ID: SA11.2950148

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DR. R. SCOTT FOSTER

Mailing Address 3849 PETERSBURG CIRCLE

City State Zip Code
STOCKTON CA 95219-3830

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

Name of Employer Occupation
CENTRAL VALLEY EYE MEDICAL GROUP PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 04 / 2009

Transaction ID: SA11.2949873

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. EDWARD W. FRANKLIN

Mailing Address 275 CENTRAL PARK W.
APARTMENT 19B

City State Zip Code
NEW YORK NY 10024-3058

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
02 / 17 / 2009

Transaction ID: SA11.2951394

Amount of Each Receipt this Period
300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 1800.00

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 45 / 217
(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)
MR. ROBERT T. GANNETT

Mailing Address 619 PLEASANT VALLEY ROAD

City State Zip Code
BRATTLEBORO VT 05301-8828

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

Name of Employer SELF-EMPLOYED Occupation ATTORNEY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

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

Transaction ID: SA11.2953604

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. CHARLES STEDMAN GARBER, JR.

Mailing Address 823 COACHWAY

City State Zip Code
ANNAPOLIS MD 21401-6416

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

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

Transaction ID: SA11.2956162

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. THELMA J. GARNER

Mailing Address 1211 CARDINAL ROAD

City State Zip Code
JONESBORO AR 72401-5212

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	9	/	2	0	0	9

Transaction ID: SA11.2950733

Amount of Each Receipt this Period
240.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **2490.00**

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 46 / 217
(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)
MS. TAMARA M. GIBSON
 Mailing Address 969 FORBES DR.
 City State Zip Code
BREA CA 92821-7309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
BIOTAB NUTRACEUTICALS, IN- PRESIDENT
C.
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 2 / 1 9 / 2 0 0 9
Transaction ID: SA11.2951582
 Amount of Each Receipt this Period
 5000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DR. JEFF GILBERTSON
 Mailing Address 1513 RODGERS DRIVE
 City State Zip Code
GRAHAM TX 76450-4458
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 2 / 1 2 / 2 0 0 9
Transaction ID: SA11.2951311
 Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MS. MARIA ANGELICA GOMES
 Mailing Address 77 PARK AVENUE
 City State Zip Code
NEW YORK NY 10016-2556
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
MAGNOLIA FLOWERS AND EVEN- CO-OWNER SENIOR DESIGNER
TS
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 1 / 1 5 / 2 0 0 9
Transaction ID: SA11.2948483
 Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 5500.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 217
	<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)
TERRY GRAHAM

Mailing Address P.O. BOX 15

City State Zip Code
NEW ALBANY IN 47151-0015

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

Name of Employer Occupation
MELHISER ENDRES TUCKER CP- AS PC CPA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 15 / 2009

Transaction ID: SA11.2948896

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
GORDON GRAY

Mailing Address 1515 O ST NW APT 103

City State Zip Code
WASHINGTON DC 20005-5511

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

Name of Employer Occupation
SELF-EMPLOYED CONSULTANT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 15 / 2009

Transaction ID: SA11.2948843

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
JAMES GRAY

Mailing Address P.O. BOX 867059

City State Zip Code
PLANO TX 75086-7059

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

Name of Employer Occupation
ESTATE PLAN SERVICES, LLC PRESIDENT/OWNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 12 / 2009

Transaction ID: SA11.2951217

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 217
(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. KATHARINE GRAY

Mailing Address 9808 KINGSBRIDGE RD.

City Richmond State VA Zip Code 23238-5712

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

Name of Employer: HOMEMAKER Occupation: HOMEMAKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 02 / 05 / 2009

Transaction ID: SA11.2950018

Amount of Each Receipt this Period: 100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MS. KATHARINE GRAY

Mailing Address 9808 KINGSBRIDGE RD.

City Richmond State VA Zip Code 23238-5712

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

Name of Employer: HOMEMAKER Occupation: HOMEMAKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 05 / 21 / 2009

Transaction ID: SA11.2958893

Amount of Each Receipt this Period: 250.00

CONTRIBUTION

C.

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

Mailing Address 2 COUNTRY CLUB CIRCLE

City Boynton Beach State FL Zip Code 33436-5605

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

Name of Employer: RETIRED Occupation: RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 02 / 24 / 2009

Transaction ID: SA11.2952778

Amount of Each Receipt this Period: 1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 1350.00

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 49 / 217

(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. ROBERT G. GREER

Mailing Address 708 CANTERBURY DRIVE

City State Zip Code
WARRENTON MO 63383-2246

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 280.00

Date of Receipt

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

Transaction ID: SA11.2950951

Amount of Each Receipt this Period

280.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. WESLEY R. GROW

Mailing Address 248 MINERAL STREET

City State Zip Code
POTTSTOWN PA 19464-3942

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 9 / 2 0 0 9

Transaction ID: SA11.2950707

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

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

Mailing Address 17372 AVION SQUARE

City State Zip Code
ROUNDHILL VA 20141-2492

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

Name of Employer Occupation
COCA COLA ENTERPRISES MERCHANDISER

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

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 5 / 2 0 0 9

Transaction ID: SA11.2950364

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1380.00

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 50 / 217
(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 GYIMAH

Mailing Address 17372 AVION SQUARE

City State Zip Code
ROUNDHILL VA 20141-2492

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

Name of Employer Occupation
COCA COLA ENTERPRISES MERCHANDISER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
03 / 05 / 2009

Transaction ID: SA11.2953215

Amount of Each Receipt this Period
100.00

CONTRIBUTION

B.

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

Mailing Address 17372 AVION SQUARE

City State Zip Code
ROUNDHILL VA 20141-2492

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

Name of Employer Occupation
COCA COLA ENTERPRISES MERCHANDISER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
04 / 09 / 2009

Transaction ID: SA11.2956607

Amount of Each Receipt this Period
100.00

CONTRIBUTION

C.

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

Mailing Address 17372 AVION SQUARE

City State Zip Code
ROUNDHILL VA 20141-2492

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

Name of Employer Occupation
COCA COLA ENTERPRISES MERCHANDISER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
05 / 07 / 2009

Transaction ID: SA11.2958190

Amount of Each Receipt this Period
100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **300.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 217
(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. JAMES I. HAAG

Mailing Address 41416 N. LAUREL VALLEY WAY

City ANTHEM State AZ Zip Code 85086-1280

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 / 11 / 2009
Transaction ID: SA11.2951154
Amount of Each Receipt this Period: 500.00
CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
OLLABELLE HALL

Mailing Address 3603 MEADOW LAKE LANE

City HOUSTON State TX Zip Code 77027-4110

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 12 / 2009
Transaction ID: SA11.2954331
Amount of Each Receipt this Period: 250.00
CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. ROBERT E. HALLYBURTON

Mailing Address 1790 SHAKER HEIGHTS DR.

City BLOOMFIELD HILLS State MI Zip Code 48304-1150

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

Name of Employer BRUTON MARKETING INC. Occupation ADVERTISING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 02 / 18 / 2009
Transaction ID: SA11.2951532
Amount of Each Receipt this Period: 750.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

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

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

FOR LINE NUMBER: PAGE 52 / 217
(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)
MRS. JANE HAMMOND

Mailing Address 12117 CREEKHAVEN DRIVE

City State Zip Code
SAINT LOUIS MO 63131-3824

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 ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2009

Transaction ID: SA11.2950773

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. ROGER A. HANNAY

Mailing Address 24 COUNTY ROUTE 412

City State Zip Code
WESTERLO NY 12193-3601

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

Name of Employer Occupation
HANNAY REELS, INC. MANUFACTURING EXECUTIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2009

Transaction ID: SA11.2950945

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MS. FRANCES DORCHESTER HARRELL

Mailing Address 2660 N. MAGNOLIA AVENUE

City State Zip Code
PENSACOLA FL 32503-2768

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

Name of Employer Occupation
SELF-EMPLOYED OIL AND GAS MANAGER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
02 / 17 / 2009

Transaction ID: SA11.2951383

Amount of Each Receipt this Period
600.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **1850.00**

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 53 / 217
(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)
MR. HENRY TED HARRIS

Mailing Address 19 OLD KENTWOOD ROAD

City EAST HADDAM State CT Zip Code 06423-1263

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY
02 / 10 / 2009

Transaction ID: SA11.2950819

Amount of Each Receipt this Period: 1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. STEVEN HARRIS, SR.

Mailing Address 4330 DUCK DOWN LANE

City WINTER HAVEN State FL Zip Code 33884-3293

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

Name of Employer BERNIE LITTLE DIST., INC. Occupation PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: MM / DD / YYYY
03 / 31 / 2009

Transaction ID: SA11.2956191

Amount of Each Receipt this Period: 250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. FREDERICK D. HART

Mailing Address 77 CARRIZAL STREET

City SAN FRANCISCO State CA Zip Code 94134-3101

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

Name of Employer JEFFERSON UNION HIGH SCHOOL DISTRICT Occupation TEACHER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: MM / DD / YYYY
02 / 04 / 2009

Transaction ID: SA11.2949866

Amount of Each Receipt this Period: 2500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **3750.00**

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 54 / 217
(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)
MR. PHILIP H. HASELTON

Mailing Address 76 OAK STREET

City State Zip Code
BOOTHBAY HARBOR ME 04538-1814

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 ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 08 / 2009

Transaction ID: SA11.2956311

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DR. CARYN HASSELBRING

Mailing Address 320 CHEROKEE DR

City State Zip Code
ORLANDO FL 32801-3811

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

Name of Employer Occupation
RHEUMATOLOGY ASSOCIATES PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 12 / 2009

Transaction ID: SA11.2951195

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DR. CARYN HASSELBRING

Mailing Address 320 CHEROKEE DR

City State Zip Code
ORLANDO FL 32801-3811

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

Name of Employer Occupation
RHEUMATOLOGY ASSOCIATES PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 26 / 2009

Transaction ID: SA11.2954966

Amount of Each Receipt this Period
50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 2800.00

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 55 / 217

(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. GLENN W. HASSE, JR.

Mailing Address **81 SEAGATE DRIVE
APARTMENT 1503**

City **NAPLES** State **FL** Zip Code **34103-2488**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **02 / 10 / 2009**

Transaction ID: SA11.2950944

Amount of Each Receipt this Period **1000.00**

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MRS. GAIL L. HAWRANEY

Mailing Address **2 AVONDALE DRIVE**

City **NEWTOWN** State **PA** Zip Code **18940-2500**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **02 / 17 / 2009**

Transaction ID: SA11.2951379

Amount of Each Receipt this Period **250.00**

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. NELSON H. HEAD

Mailing Address **13440 OCCOQUAN RD**

City **WOODBIDGE** State **VA** Zip Code **22191-1743**

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

Name of Employer **DIXIE BONES INC** Occupation **RESTAURANT/CATERER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **01 / 22 / 2009**

Transaction ID: SA11.2947763

Amount of Each Receipt this Period **250.00**

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

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

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

FOR LINE NUMBER: PAGE 56 / 217
(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)
MR. CHARLES H. HEIDE

Mailing Address 5825 6TH PLACE

City State Zip Code
KENOSHA WI 53144-7216

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 ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 17 / 2009

Transaction ID: SA11.2951387

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. ROGER HEMMINGHAUS

Mailing Address P.O. BOX 696010

City State Zip Code
SAN ANTONIO TX 78269-6010

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 ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2009

Transaction ID: SA11.2950957

Amount of Each Receipt this Period
500.00

CONTRIBUTION

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

Mailing Address 5307 GLENMORE DRIVE

City State Zip Code
LAKELAND FL 33813-3021

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

Name of Employer Occupation
HENKELMAN CONSTRUCTION, INC. GENERAL CONTRACTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 14 / 2009

Transaction ID: SA11.2959468

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

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

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

FOR LINE NUMBER: PAGE 57 / 217
(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)
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
MM / DD / YYYY
02 / 26 / 2009

Transaction ID: SA11.2952801

Amount of Each Receipt this Period
250.00

CONTRIBUTION

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

Mailing Address P.O. BOX 2119

City State Zip Code
LOOMIS CA 95650-2119

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

Name of Employer Occupation
COUNTRYWIDE HOME LOANS HOME LOAN OFFICER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
02 / 05 / 2009

Transaction ID: SA11.2950463

Amount of Each Receipt this Period
500.00

CONTRIBUTION

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

Mailing Address P.O. BOX 2119

City State Zip Code
LOOMIS CA 95650-2119

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

Name of Employer Occupation
COUNTRYWIDE HOME LOANS HOME LOAN OFFICER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
03 / 12 / 2009

Transaction ID: SA11.2954310

Amount of Each Receipt this Period
100.00

CONTRIBUTION

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

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

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

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

FOR LINE NUMBER: PAGE 58 / 217
(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)
STAN HITE

Mailing Address 4895 MEADOW BREEZE CT

City State Zip Code
FORT WORTH TX 76140-7302

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

Name of Employer Occupation
PHLUIDCOM, INC. TELECOM BUSINESS OWNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 01 / 15 / 2009
Transaction ID: SA11.2948595
Amount of Each Receipt this Period: 1000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JOHN T. HOAG

Mailing Address 4305 VIA PRESADA

City State Zip Code
SANTA BARBARA CA 93110-2225

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: 02 / 10 / 2009
Transaction ID: SA11.2950876
Amount of Each Receipt this Period: 250.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MS. ANNE M. HOLAHAN

Mailing Address 7237 HERTFORDSHIRE WAY

City State Zip Code
VICTOR NY 14564-1101

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

Name of Employer Occupation
SELF-EMPLOYED ART DEALER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 01 / 15 / 2009
Transaction ID: SA11.2948075
Amount of Each Receipt this Period: 250.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 217
	<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. ANNE M. HOLAHAN		Date of Receipt
	Mailing Address 7237 HERTFORDSHIRE WAY		<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 0 2 / 0 5 / 2 0 0 9
	City	State	Zip Code
	VICTOR	NY	14564-1101
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11.2950021
Name of Employer SELF-EMPLOYED		Occupation ART DEALER	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 ▼ 350.00	<input type="text"/> 100.00
CONTRIBUTION			

B.	Full Name (Last, First, Middle Initial) MR. STEPHEN HOLODAK		Date of Receipt
	Mailing Address 49 SOUTH HILLSIDE AVENUE		<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 0 3 / 1 9 / 2 0 0 9
	City	State	Zip Code
	ELMSFORD	NY	10523-3620
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11.2954501
Name of Employer MEDCO		Occupation EXECUTIVE	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"/> 250.00
CONTRIBUTION			

C.	Full Name (Last, First, Middle Initial) MR. JAMES J. HOLTEN		Date of Receipt
	Mailing Address 4003 CHESTNUT OAK DRIVE		<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 0 2 / 1 7 / 2 0 0 9
	City	State	Zip Code
	SMITHTON	IL	62285-3741
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11.2951431
Name of Employer HOLTEN MEAT INC		Occupation CEO	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 ▼ 500.00	<input type="text"/> 500.00
CONTRIBUTION			

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 850.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 60 / 217
(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)
THE HON. SALLY H. HOPPER

Mailing Address 21649 CABRINI BLVD.

City State Zip Code
GOLDEN CO 80401-9487

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	5	/	2	0	0	9

Transaction ID: SA11.2948066

Amount of Each Receipt this Period
100.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
THE HON. SALLY H. HOPPER

Mailing Address 21649 CABRINI BLVD.

City State Zip Code
GOLDEN CO 80401-9487

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	6	/	2	0	0	9

Transaction ID: SA11.2952810

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. TIMOTHY HORINKO

Mailing Address 4710 BENJAMIN CROSS COURT

City State Zip Code
CHANTILLY VA 20151-2358

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

Name of Employer KELLER & WILLIAMS Occupation REALTOR & BROKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

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

Transaction ID: SA11.2951126

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **2850.00**

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 61 / 217
 (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)
BARBARA HOUSEMAN

Mailing Address 3942 SAFFLOWER TER

City State Zip Code
OVIEDO FL 32766-6706

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 2 / 0 5 / 2 0 0 9

Transaction ID: SA11.2950311

Amount of Each Receipt this Period
 50.00

CONTRIBUTION

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

Mailing Address 3942 SAFFLOWER TER

City State Zip Code
OVIEDO FL 32766-6706

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 0 5 / 2 0 0 9

Transaction ID: SA11.2953199

Amount of Each Receipt this Period
 50.00

CONTRIBUTION

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

Mailing Address 3942 SAFFLOWER TER

City State Zip Code
OVIEDO FL 32766-6706

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 2 6 / 2 0 0 9

Transaction ID: SA11.2955133

Amount of Each Receipt this Period
 25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 125.00

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 62 / 217
(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)
BARBARA HOUSEMAN

Mailing Address 3942 SAFFLOWER TER

City State Zip Code
OVIEDO FL 32766-6706

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt: 04 / 09 / 2009
Transaction ID: SA11.2956590
Amount of Each Receipt this Period: 50.00
CONTRIBUTION

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

Mailing Address 3942 SAFFLOWER TER

City State Zip Code
OVIEDO FL 32766-6706

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt: 05 / 07 / 2009
Transaction ID: SA11.2958177
Amount of Each Receipt this Period: 50.00
CONTRIBUTION

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

Mailing Address 3942 SAFFLOWER TER

City State Zip Code
OVIEDO FL 32766-6706

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt: 06 / 11 / 2009
Transaction ID: SA11.2961780
Amount of Each Receipt this Period: 50.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 150.00

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 63 / 217
(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)
DR. DONALD C. HOWARD

Mailing Address 10314 SW 23RD COURT

City State Zip Code
DAVIE FL 33324-7623

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y Y
03 / 12 / 2009

Transaction ID: SA11.2954233

Amount of Each Receipt this Period 250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JOHN F. HUNTSBERGER

Mailing Address 384 SOUTH HOLLIDAY STREET

City State Zip Code
STRASBURG VA 22657-2218

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

Name of Employer HQMC Occupation SENIOR PROGRAM ANALYST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y Y
02 / 05 / 2009

Transaction ID: SA11.2950117

Amount of Each Receipt this Period 250.00

CONTRIBUTION

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

Mailing Address 4104 BERKSHIRE CT

City State Zip Code
MIDLAND MI 48640-3302

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt M M / D D / Y Y Y Y Y
05 / 14 / 2009

Transaction ID: SA11.2960032

Amount of Each Receipt this Period 1000.00

CONTRIBUTION

REFUNDED \$1,000.00 ON 05/-21/2009

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 64 / 217

(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. JEFFREY L. IHNEN

Mailing Address 2705 13TH STREET S.

City State Zip Code
ARLINGTON VA 22204-4803

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

Name of Employer
ROTHWELL, FIGG, ERNST & MANBECK P.C.

Occupation
ATTORNEY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 02 / 2009

Transaction ID: SA11.2953104

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
KIMBERLY JAETZOLD

Mailing Address 2134 QUAIL VALLEY EAST DR

City State Zip Code
MISSOURI CITY TX 77459-3324

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

Name of Employer
AKER SOLUTIONS

Occupation
ACCOUNTANT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y
02 / 05 / 2009

Transaction ID: SA11.2950284

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
KIMBERLY JAETZOLD

Mailing Address 2134 QUAIL VALLEY EAST DR

City State Zip Code
MISSOURI CITY TX 77459-3324

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

Name of Employer
AKER SOLUTIONS

Occupation
ACCOUNTANT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 05 / 2009

Transaction ID: SA11.2953196

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

400.00

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

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

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

FOR LINE NUMBER: PAGE 65 / 217
(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)
KIMBERLY JAETZOLD

Mailing Address 2134 QUAIL VALLEY EAST DR

City Missouri City State TX Zip Code 77459-3324

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

Name of Employer AKER SOLUTIONS Occupation ACCOUNTANT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 09 / 2009

Transaction ID: SA11.2956586

Amount of Each Receipt this Period 50.00

CONTRIBUTION

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

Mailing Address 2134 QUAIL VALLEY EAST DR

City Missouri City State TX Zip Code 77459-3324

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

Name of Employer AKER SOLUTIONS Occupation ACCOUNTANT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 07 / 2009

Transaction ID: SA11.2958174

Amount of Each Receipt this Period 50.00

CONTRIBUTION

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

Mailing Address 2134 QUAIL VALLEY EAST DR

City Missouri City State TX Zip Code 77459-3324

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

Name of Employer AKER SOLUTIONS Occupation ACCOUNTANT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 11 / 2009

Transaction ID: SA11.2961770

Amount of Each Receipt this Period 50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 150.00

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 66 / 217

(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. PHIL JENKINS

Mailing Address 221 GLENWOOD DRIVE

City State Zip Code
PALESTINE TX 75801-5311

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 ▼ 2500.00

Date of Receipt
MM / DD / YYYY
02 / 11 / 2009

Transaction ID: SA11.2951121

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. ANDREW E. JOHANSON

Mailing Address P.O. BOX 614

City State Zip Code
MILFORD MA 01757-0614

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

Name of Employer Occupation
WARD PROCESS, INC. FACTORY WORKER

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

Date of Receipt
MM / DD / YYYY
02 / 18 / 2009

Transaction ID: SA11.2951486

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MS. OWEDA V. JOHNSEN

Mailing Address 3403 W. CANYON LAKES DRIVE

City State Zip Code
KENNEWICK WA 99337-2759

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
MM / DD / YYYY
02 / 10 / 2009

Transaction ID: SA11.2950970

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

3000.00

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 67 / 217

(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)
RON JOHNSON

Mailing Address 81 MARLAND ROAD SOUTH

City State Zip Code
COLORADO SPRINGS CO 80906-4348

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

Name of Employer Occupation
CENTRAL BANCORP CLERK

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

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

Transaction ID: SA11.2954345

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
SUSAN JOHNSON

Mailing Address 3418 E. SUNCREST CT.

City State Zip Code
PHOENIX AZ 85044-3506

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

Name of Employer Occupation
TRAFFICADE SERVICE VICE PRESIDENT OF ADM

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

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: SA11.2948697

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. DAVID KEILHOLTZ

Mailing Address 3725 COUNTRY CLUB DR

City State Zip Code
SHOW LOW AZ 85901-4403

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

Name of Employer Occupation
SELF-EMPLOYED REAL ESTATE INVESTOR

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

Date of Receipt

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

Transaction ID: SA11.2951579

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 68 / 217

(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. DORIS A. KELLY

Mailing Address 9957 BURL WAY

City State Zip Code
ORLANDO FL 32817-4254

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 ▼ 395.00

Date of Receipt

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

Transaction ID: SA11.2950834

Amount of Each Receipt this Period

120.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MS. DORIS A. KELLY

Mailing Address 9957 BURL WAY

City State Zip Code
ORLANDO FL 32817-4254

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 ▼ 395.00

Date of Receipt

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

Transaction ID: SA11.2956226

Amount of Each Receipt this Period

75.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MS. DORIS A. KELLY

Mailing Address 9957 BURL WAY

City State Zip Code
ORLANDO FL 32817-4254

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 ▼ 395.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 1 / 2 0 0 9

Transaction ID: SA11.2958907

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

295.00

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 69 / 217
	<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. DORIS A. KELLY	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 9957 BURL WAY	Transaction ID: SA11.2963401
	City State Zip Code ORLANDO FL 32817-4254	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 395.00	

B.	Full Name (Last, First, Middle Initial) JAMES KELLY	Date of Receipt MM / DD / YYYY 01 / 15 / 2009
	Mailing Address 84 CRESTWOOD DRIVE	Transaction ID: SA11.2949350
	City State Zip Code HOLLIS NH 03049-6003	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
Name of Employer ST JOSEPH'S PHYSICIAN SERVICES	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) MR. JOHN KELLY	Date of Receipt MM / DD / YYYY 05 / 21 / 2009
	Mailing Address P.O. BOX 842049	Transaction ID: SA11.2959082
	City State Zip Code YUKON OK 73085	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
Name of Employer SELF-EMPLOYED	Occupation HOTELIER / DEVELOPER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	850.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 70 / 217
(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)
MR. DONALD P. KENNEDY
 Mailing Address P.O. BOX 3765
 City State Zip Code
TUSTIN CA 92781-3765
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
RETIRED RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00
 Date of Receipt: 02 / 09 / 2009
Transaction ID: SA11.2950633
 Amount of Each Receipt this Period: 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. DAVID M. KNOTT, SR.
 Mailing Address 232 CLEFT RD
 City State Zip Code
MILL NECK NY 11765-1001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
KNOTT PARTNERS EXECUTIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00
 Date of Receipt: 02 / 05 / 2009
Transaction ID: SA11.2950597
 Amount of Each Receipt this Period: 5000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
KEVIN KRAFT
 Mailing Address 200 S. JONES BLVD.
 City State Zip Code
LAS VEGAS NV 89107-2657
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
OZZIE KRAFT ENT. INC. CONTRACTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00
 Date of Receipt: 02 / 12 / 2009
Transaction ID: SA11.2951255
 Amount of Each Receipt this Period: 250.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 6250.00
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 71 / 217
(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. LOIS H. LAMB

Mailing Address **1587 S. SHORE DRIVE**

City **HOLLAND** State **MI** Zip Code **49423-4436**

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **02 / 23 / 2009**
Transaction ID: SA11.2951606
 Amount of Each Receipt this Period **500.00**
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
J. LOUIS LAMBERT

Mailing Address **2241 CANYON DR**

City **LOS ANGELES** State **CA** Zip Code **90068-2401**

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

Name of Employer **LAMBERT & ASSOCIATES, LLC** Occupation **BUSINESS SYSTEMS CONSULTANT**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **02 / 05 / 2009**
Transaction ID: SA11.2950608
 Amount of Each Receipt this Period **50.00**
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
J. LOUIS LAMBERT

Mailing Address **2241 CANYON DR**

City **LOS ANGELES** State **CA** Zip Code **90068-2401**

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

Name of Employer **LAMBERT & ASSOCIATES, LLC** Occupation **BUSINESS SYSTEMS CONSULTANT**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **03 / 05 / 2009**
Transaction ID: SA11.2953228
 Amount of Each Receipt this Period **50.00**
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **600.00**

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 72 / 217
(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)
J. LOUIS LAMBERT

Mailing Address 2241 CANYON DR

City State Zip Code
LOS ANGELES CA 90068-2401

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

Name of Employer Occupation
LAMBERT & ASSOCIATES, LLC BUSINESS SYSTEMS CONSULTANT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 9 / 2 0 0 9

Transaction ID: SA11.2956615

Amount of Each Receipt this Period
50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
J. LOUIS LAMBERT

Mailing Address 2241 CANYON DR

City State Zip Code
LOS ANGELES CA 90068-2401

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

Name of Employer Occupation
LAMBERT & ASSOCIATES, LLC BUSINESS SYSTEMS CONSULTANT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 7 / 2 0 0 9

Transaction ID: SA11.2958194

Amount of Each Receipt this Period
50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
J. LOUIS LAMBERT

Mailing Address 2241 CANYON DR

City State Zip Code
LOS ANGELES CA 90068-2401

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

Name of Employer Occupation
LAMBERT & ASSOCIATES, LLC BUSINESS SYSTEMS CONSULTANT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 1 1 / 2 0 0 9

Transaction ID: SA11.2961811

Amount of Each Receipt this Period
50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 150.00

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 73 / 217
(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)
MR. PETER O. LAWSON-JOHNSTON

Mailing Address 135 E. 57TH STREET
19TH FLOOR

City State Zip Code
NEW YORK NY 10022-2435

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

Name of Employer Occupation
GUGGENHEIM BROTHERS PARTNER

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 17 / 2009

Transaction ID: SA11.2951384

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. HARRY LEGGETT

Mailing Address 6701 W. 12TH STREET
SUITE 7

City State Zip Code
LITTLE ROCK AR 72204-1556

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 ▼
500.00

Date of Receipt
MM / DD / YYYY
01 / 15 / 2009

Transaction ID: SA11.2948094

Amount of Each Receipt this Period
500.00

CONTRIBUTION

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

Mailing Address 2001 JEFFERSON DAVIS HWY
STE 607

City State Zip Code
ARLINGTON VA 22202-3699

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 ▼
3000.00

Date of Receipt
MM / DD / YYYY
03 / 27 / 2009

Transaction ID: SA11.2954934

Amount of Each Receipt this Period
3000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **4000.00**

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 74 / 217
	(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

A.	Full Name (Last, First, Middle Initial) DR. PHYLLIS C. LEPPERT	Date of Receipt MM / DD / YYYY 02 / 10 / 2009
	Mailing Address 9 PILTON PLACE	Transaction ID: SA11.2951009
	City State Zip Code DURHAM NC 27705-5585	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation DUKE UNIVERSITY PHYSICIAN-SCIENTIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) MR. RUSSELL F. LESSER	Date of Receipt MM / DD / YYYY 01 / 15 / 2009
	Mailing Address 404 HIGHLAND AVENUE	Transaction ID: SA11.2947877
	City State Zip Code MANHATTAN BEACH CA 90266-5721	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation BODY GLOVE BUSINESS EXECUTIVE	
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) MR. JASON D. LEVECKE	Date of Receipt MM / DD / YYYY 04 / 30 / 2009
	Mailing Address 8830 S. 20TH PLACE	Transaction ID: SA11.2957344
	City State Zip Code PHOENIX AZ 85042-8157	Amount of Each Receipt this Period 10000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation MJKL ENTERPRISES, INC. EXECUTIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	SEE REATTRIBUTION

SUBTOTAL of Receipts This Page (optional)	11000.00
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 75 / 217
(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)
MRS. ANDREA Y. LEVECKE

Mailing Address 8830 S. 20TH PLACE

City State Zip Code
PHOENIX AZ 85042-8157

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

Name of Employer Occupation
LEVECKE & COMPANY, L.L.C. CHIEF EXECUTIVE OFFICER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 04 / 30 / 2009
Transaction ID: SA11.2957343
Amount of Each Receipt this Period: 5000.00
CONTRIBUTION
[MEMO ITEM]
REATTRIBUTION FROM SPOUSE

B. Full Name (Last, First, Middle Initial)
MR. JASON D. LEVECKE

Mailing Address 8830 S. 20TH PLACE

City State Zip Code
PHOENIX AZ 85042-8157

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

Name of Employer Occupation
MJKL ENTERPRISES, INC. EXECUTIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 04 / 30 / 2009
Transaction ID: SA11.2957344B
Amount of Each Receipt this Period: -5000.00
CONTRIBUTION
[MEMO ITEM]
REATTRIBUTION TO SPOUSE

C. Full Name (Last, First, Middle Initial)
MRS. DIANA R. LINGENFELTER

Mailing Address 1080 RIATA VALLEY ROAD

City State Zip Code
KINGMAN AZ 86409-2942

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: 02 / 12 / 2009
Transaction ID: SA11.2951185
Amount of Each Receipt this Period: 250.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 250.00

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 76 / 217
(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) GAYLAND LOONEY		Date of Receipt MM / DD / YYYY 05 / 21 / 2009
Mailing Address 11977 SW ELEMAR COURT		Transaction ID: SA11.2958972
City TIGARD	State OR	Zip Code 97224-2572
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer PERLO CONSTRUCTION GROUP	Occupation CONSTRUCTION C.O.O.	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) MRS. ANN D. MACTIER		Date of Receipt MM / DD / YYYY 05 / 21 / 2009
Mailing Address 3811 N. POST ROAD		Transaction ID: SA11.2959052
City OMAHA	State NE	Zip Code 68112-1209
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
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 ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) MS. LYNMARIE MALEC		Date of Receipt MM / DD / YYYY 02 / 19 / 2009
Mailing Address 26911 NORMANDY		Transaction ID: SA11.2951578
City BAY VILLAGE	State OH	Zip Code 44140-2325
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer PHARMERICA	Occupation PHARMACIST	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 77 / 217
(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)
MS. LYNMARIE MALEC

Mailing Address 26911 NORMANDY

City State Zip Code
BAY VILLAGE OH 44140-2325

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

Name of Employer Occupation
PHARMERICA PHARMACIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
05 / 14 / 2009

Transaction ID: SA11.2959373

Amount of Each Receipt this Period
100.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. PERRIN G. MARCH, III

Mailing Address 7 GRANDIN PLACE

City State Zip Code
CINCINNATI OH 45208-3402

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

Name of Employer Occupation
CINCINNATI, INC. MANUFACTURER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2009

Transaction ID: SA11.2950924

Amount of Each Receipt this Period
500.00

CONTRIBUTION

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

Mailing Address 6418 WESTLAKE AVE

City State Zip Code
DALLAS TX 75214-3437

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

Name of Employer Occupation
SOUTHERN GRAPHIC SYSTEMS NETWORK ENGINEER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 15 / 2009

Transaction ID: SA11.2948743

Amount of Each Receipt this Period
250.00

CONTRIBUTION

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 78 / 217
(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. NED MARROW

Mailing Address 3001 BELMONT CIRCLE

City State Zip Code
AUSTIN TX 78703-1411

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2009

Transaction ID: SA11.2951535

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MRS. JO MARSH

Mailing Address 708 SLAYDON STREET

City State Zip Code
HENDERSON TX 75654-3810

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

Name of Employer RETIRED
Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2009

Transaction ID: SA11.2950994

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. JOSE M. MARTINEZ

Mailing Address 1008 EAST HILLSBOROUGH AVE

City State Zip Code
TAMPA FL 33604-7204

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

Name of Employer SELF EMPLOYED
Occupation MINISTER OF THE GOSPEL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
03 / 12 / 2009

Transaction ID: SA11.2954260

Amount of Each Receipt this Period
300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **1800.00**

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 79 / 217
(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)
MR. ROGER LANCE MARTIN

Mailing Address 916 TIMBERWOLF TRAIL

City State Zip Code
JACKSONVILLE AR 72076-4909

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

Name of Employer Occupation
RETIRED/DISABLED REGIONAL DIRECTOR

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 4 / 2 0 0 9

Transaction ID: SA11.2959498

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. LINDA S. MASING

Mailing Address 25469 PINECREEK LANE
LOT 15

City State Zip Code
WILMINGTON CA 90744-1840

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 Y
0 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.2951602

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. GILBERT A. MATHEWS

Mailing Address P.O. BOX 911

City State Zip Code
BURNSVILLE MN 55337-0911

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: SA11.2948109

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 750.00

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

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

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

FOR LINE NUMBER: PAGE 80 / 217
(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)
MR. GILBERT A. MATHEWS

Mailing Address P.O. BOX 911

City State Zip Code
BURNSVILLE MN 55337-0911

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
03 / 12 / 2009

Transaction ID: SA11.2954229

Amount of Each Receipt this Period
100.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
W. JOHN MATHESON

Mailing Address 5951 FIVE GABLES DRIVE

City State Zip Code
GLOUCESTER VA 23061-4406

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

Name of Employer Occupation
W. JOHN MATHESON & COMPANY LAND PLANNER & RESTORATION

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 12 / 2009

Transaction ID: SA11.2954378

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DR. SAMUEL MAYHUGH

Mailing Address 11 CHATHAM COURT

City State Zip Code
NEWPORT BEACH CA 92660-4229

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

Name of Employer Occupation
IBH PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 15 / 2009

Transaction ID: SA11.2948893

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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 81 / 217
	(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

A.	Full Name (Last, First, Middle Initial) MR. ROBERT T. MCKINLAY	Date of Receipt MM / DD / YYYY 01 / 15 / 2009
	Mailing Address 425 BAYSHORE DRIVE APARTMENT 9	Transaction ID: SA11.2948327
	City State Zip Code FORT LAUDERDALE FL 33304-4222	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation RETIRED PHYSICIAN	
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) DAVID MCLEROY	Date of Receipt MM / DD / YYYY 03 / 26 / 2009
	Mailing Address 21 RIVERSIDE DR	Transaction ID: SA11.2955304
	City State Zip Code POLAND OH 44514-2050	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation GENEVA LIBERTY STEEL PRESIDENT	
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) MR. JIM MCMANUS, JR.	Date of Receipt MM / DD / YYYY 02 / 05 / 2009
	Mailing Address 88 CHESTNUT ST	Transaction ID: SA11.2950498
	City State Zip Code WESTON MA 02493-1533	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation SELF-EMPLOYED COMMERCIAL REAL ESTATE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	▶	1600.00
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 82 / 217
(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)
MR. JIM MCMANUS, JR.
Mailing Address 88 CHESTNUT ST
City WESTON State MA Zip Code 02493-1533
FEC ID number of contributing federal political committee. **C**
Name of Employer SELF-EMPLOYED Occupation COMMERCIAL REAL ESTATE
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 03 / 31 / 2009
Transaction ID: SA11.2956190
Amount of Each Receipt this Period 100.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JIM MCMANUS, JR.
Mailing Address 88 CHESTNUT ST
City WESTON State MA Zip Code 02493-1533
FEC ID number of contributing federal political committee. **C**
Name of Employer SELF-EMPLOYED Occupation COMMERCIAL REAL ESTATE
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 05 / 21 / 2009
Transaction ID: SA11.2959055
Amount of Each Receipt this Period 100.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
RICHARD MCMONAGLE
Mailing Address 430 SIERRA ST #G
City EL SEGUNDO State CA Zip Code 90245-4074
FEC ID number of contributing federal political committee. **C**
Name of Employer NORTHROP GRUMMAN SPACE AND TECH Occupation ENGINEER
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 01 / 15 / 2009
Transaction ID: SA11.2948367
Amount of Each Receipt this Period 500.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 700.00
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 / 217
	<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) MR. JAMES C. MEADE	Date of Receipt MM / DD / YYYY 02 / 17 / 2009
	Mailing Address 5605 N. CLASSEN BLVD.	Transaction ID: SA11.2951435
	City State Zip Code OKLAHOMA CITY OK 73118-4015	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation MEADE EMERGE ENGINEER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) MR. BRIAN P. MEISEL	Date of Receipt MM / DD / YYYY 03 / 04 / 2009
	Mailing Address 1470 REXFORD DRIVE APARTMENT 102	Transaction ID: SA11.2953142
	City State Zip Code LOS ANGELES CA 90035-3136	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	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	

C.	Full Name (Last, First, Middle Initial) MRS. VERONICA MAY METZLER	Date of Receipt MM / DD / YYYY 02 / 10 / 2009
	Mailing Address 115 GORHAM ROAD	Transaction ID: SA11.2950779
	City State Zip Code HARWICH PORT MA 02646-1304	Amount of Each Receipt this Period 225.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	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 ▼ 225.00	

SUBTOTAL of Receipts This Page (optional)	725.00
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 84 / 217
(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)
MR. EUGENE J. MEYUNG
Mailing Address 1055 WOOD LN
City CHARLOTTESVILLE State VA Zip Code 22901-5038
FEC ID number of contributing federal political committee. **C**
Name of Employer RETIRED Occupation RETIRED
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 03 / 19 / 2009
Transaction ID: SA11.2954532
Amount of Each Receipt this Period 500.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. ROBERT J. MINAHAN, SR.
Mailing Address P.O. BOX 5848
City ALBANY State NY Zip Code 12205-0848
FEC ID number of contributing federal political committee. **C**
Name of Employer PRUDENTIAL BLAKE ATLANTIC Occupation SALESMAN
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 01 / 15 / 2009
Transaction ID: SA11.2949138
Amount of Each Receipt this Period 500.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. ELIOT A. MINSKER
Mailing Address 3901 NORTH GOLDWATER
City SCOTTSDALE State AZ Zip Code 85251
FEC ID number of contributing federal political committee. **C**
Name of Employer RETIRED Occupation PUBLISHER
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 01 / 15 / 2009
Transaction ID: SA11.2949113
Amount of Each Receipt this Period 500.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 1500.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 85 / 217
(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)
MR. JOHN W. MITCHELL

Mailing Address 250 EAST 54TH ST - APT 38D

City State Zip Code
NEW YORK NY 10022-4819

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 ▼ 2000.00

Date of Receipt
MM / DD / YYYY
01 / 22 / 2009

Transaction ID: SA11.2947778

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. HAZEN MOORE

Mailing Address TOKYO
PINECREST #913, AKASAKA, MINATO-KU

City State Zip Code
JAPAN 107-0052 FF 99999

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

Name of Employer Occupation
CAPMARK JAPAN KK LAWYER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 01 / 2009

Transaction ID: SA11.2949593

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. GLORIA V. MOOSECHEKIAN

Mailing Address 4 BREAKERS ISLE

City State Zip Code
DANE POINT CA 92629-4214

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
MM / DD / YYYY
02 / 04 / 2009

Transaction ID: SA11.2949920

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **3000.00**

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 86 / 217
	<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. SIEDEL E. MORAVITS	Date of Receipt MM / DD / YYYY 02 / 11 / 2009
	Mailing Address 239 MARTIN STREET	Transaction ID: SA11.2951105
	City UVALDE State TX Zip Code 78801-4337	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
Name of Employer RETIRED Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) MR. JAMES MORRIS	Date of Receipt MM / DD / YYYY 02 / 10 / 2009
	Mailing Address P.O. BOX 75	Transaction ID: SA11.2950995
	City LYNN HAVEN State FL Zip Code 32444-0075	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
Name of Employer DEPARTMENT OF THE NAVY Occupation ENGINEER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) MR. J.F. MORROW	Date of Receipt MM / DD / YYYY 02 / 05 / 2009
	Mailing Address P.O. BOX 591309	Transaction ID: SA11.2950357
	City SAN ANTONIO State TX Zip Code 78259-0115	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
Name of Employer SELF EMPLOYED Occupation CONSULTING		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	600.00
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 87 / 217

(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. J.F. MORROW

Mailing Address P.O. BOX 591309

City State Zip Code
SAN ANTONIO TX 78259-0115

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
SELF EMPLOYED CONSULTING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
03 / 05 / 2009

Transaction ID: SA11.2953235

Amount of Each Receipt this Period
50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. J.F. MORROW

Mailing Address P.O. BOX 591309

City State Zip Code
SAN ANTONIO TX 78259-0115

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
SELF EMPLOYED CONSULTING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
04 / 09 / 2009

Transaction ID: SA11.2956630

Amount of Each Receipt this Period
50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. J.F. MORROW

Mailing Address P.O. BOX 591309

City State Zip Code
SAN ANTONIO TX 78259-0115

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
SELF EMPLOYED CONSULTING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
05 / 07 / 2009

Transaction ID: SA11.2958209

Amount of Each Receipt this Period
50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) 150.00

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 88 / 217

(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. J.F. MORROW

Mailing Address P.O. BOX 591309

City State Zip Code
SAN ANTONIO TX 78259-0115

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

Name of Employer Occupation
SELF EMPLOYED CONSULTING

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

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 1 / 2 0 0 9

Transaction ID: SA11.2961819

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
JOHN MOST

Mailing Address 4001 MACARTHUR BLVD. #100

City State Zip Code
NEWPORT BEACH CA 92660-2508

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

Name of Employer Occupation
MOST ADVERTISING EXECUTIVE

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

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: SA11.2948350

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MISS KRYSZYNA M. MOTYL

Mailing Address 8300 4TH AVENUE
APARTMENT 605

City State Zip Code
BROOKLYN NY 11209-4447

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 ▼ 230.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.2951366

Amount of Each Receipt this Period

230.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

530.00

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 89 / 217
(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)
MR. RICK L. MURPHY

Mailing Address 2580 HIGHWAY 95, #211

City State Zip Code
BULLHEAD CITY AZ 86442-7330

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

Name of Employer Occupation
MAD DOG WIRELESS INC. OWNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 12 / 2009

Transaction ID: SA11.2951306

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MS. KARIN B. NELSON

Mailing Address 236 HERNANDO ROAD SE

City State Zip Code
WINTER HAVEN FL 33884-1026

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

Name of Employer Occupation
PROFESSIONAL TAX CONSULTANTS I ENROLLED AGENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 24 / 2009

Transaction ID: SA11.2954824

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
J. CLAY NEWMAN

Mailing Address 5102 PARK STREET SW

City State Zip Code
COVINGTON GA 30014-2769

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

Name of Employer Occupation
INTEGRATED POWER SOLUTIONS CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 15 / 2009

Transaction ID: SA11.2949370

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 750.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 90 / 217
(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)
MR. THANH D. NGUYEN
Mailing Address 14582 VAN CHLEY
City WESTMINSTER State CA Zip Code 92683
FEC ID number of contributing federal political committee. **C**
Name of Employer N.D.T., INC. Occupation C.E.O.
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 03 / 03 / 2009
Transaction ID: SA11.2953117
Amount of Each Receipt this Period 1000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. PAMELA NOBLES
Mailing Address 2799 AJ HENRY PARK DRIVE
City TALLAHASSEE State FL Zip Code 32309-3283
FEC ID number of contributing federal political committee. **C**
Name of Employer 3DS Occupation LAND SURVEYOR
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 05 / 14 / 2009
Transaction ID: SA11.2959852
Amount of Each Receipt this Period 250.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. KEVIN J. O'BRIEN
Mailing Address 832 EUCLID STREET #109
City SANTA MONICA State CA Zip Code 90403-1735
FEC ID number of contributing federal political committee. **C**
Name of Employer N.W.Q. INVESTMENT COMPANY, L.L.C. Occupation PORTFOLIO MANAGER
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1300.00
Date of Receipt 02 / 10 / 2009
Transaction ID: SA11.2950875
Amount of Each Receipt this Period 1300.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 2550.00
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 91 / 217
(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)
DR. JAMES T. O'DEA

Mailing Address 81880 GOLDEN STAR WAY

City State Zip Code
LA QUINTA CA 92253-9370

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

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 15 / 2009

Transaction ID: SA11.2948107

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. G. MICHAEL O'LEARY

Mailing Address 3202 ELLA LEE LANE

City State Zip Code
HOUSTON TX 77019-5924

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

Name of Employer Occupation
ANDREWS KURTH LLP ATTORNEY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 21 / 2009

Transaction ID: SA11.2959062

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. SCOTT D. OWENS

Mailing Address 121 GOLDEN ISLES DRIVE
UNIT 603

City State Zip Code
HALLANDALE FL 33009-8800

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

Name of Employer Occupation
COHEN & OWENS, P.A. ATTORNEY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 17 / 2009

Transaction ID: SA11.2951457

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 92 / 217

(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. SHIH YUEN PAI

Mailing Address 6414 79TH STREET

City State Zip Code
MIDDLE VILLAGE NY 11379-2348

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.2951411

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MS. CHRISTINA A. PALACIOS

Mailing Address 14214 E CHERYL DR

City State Zip Code
SCOTTSDALE AZ 85259-5511

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 Y
0 2 / 0 5 / 2 0 0 9

Transaction ID: SA11.2949958

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MRS. CLARYCE PALMER

Mailing Address 76956 COMANCHE LANE

City State Zip Code
INDIAN WELLS CA 92210-8105

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

Name of Employer Occupation
SELF-EMPLOYED CEO

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

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: SA11.2948486

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 / 217
	<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. WILLIAM N. PARHAM, JR.	Date of Receipt MM / DD / YYYY 02 / 17 / 2009
	Mailing Address 1 MAYFAIR GROVE COURT	Transaction ID: SA11.2951398
	City State Zip Code THE WOODLANDS TX 77381-3614	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
Name of Employer NATIONAL OILWELL VARCO	Occupation VICE PRESIDENT/HUMAN RESOURCES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) MR. ROBERT E. PARKER	Date of Receipt MM / DD / YYYY 03 / 31 / 2009
	Mailing Address P.O. BOX 9609	Transaction ID: SA11.2956031
	City State Zip Code CORPUS CHRISTI TX 78469-9609	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
Name of Employer REPCON, INC.	Occupation PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) MRS. NANCY PEGGS	Date of Receipt MM / DD / YYYY 02 / 09 / 2009
	Mailing Address 2612 INLET DR.	Transaction ID: SA11.2950755
	City State Zip Code FORT LAUDERDALE FL 33316-3202	Amount of Each Receipt this Period 2009.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4509.00	

SUBTOTAL of Receipts This Page (optional)	3259.00
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 94 / 217

(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. NANCY PEGGS

Mailing Address 2612 INLET DR.

City State Zip Code
FORT LAUDERDALE FL 33316-3202

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 ▼ 4509.00

Date of Receipt

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

Transaction ID: SA11.2951144

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MRS. MELANIE A. PENNA

Mailing Address 560 MEADOW LARK LANE

City State Zip Code
HOCKESSIN DE 19707-9640

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

Name of Employer Occupation
COMCAST CABLE COMMUNICATIONS VICE PRESIDENT HUMAN RESOURCES

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 9 / 2 0 0 9

Transaction ID: SA11.2950724

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. STEVEN E. PERLMAN

Mailing Address 21 MERRIVALE ROAD

City State Zip Code
GREAT NECK NY 11020-1707

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

Name of Employer Occupation
SELF-EMPLOYED ATTORNEY

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

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: SA11.2949249

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

3250.00

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 95 / 217
(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)
GREGORY PERRY

Mailing Address 1158 NEPTUNE PLACE

City State Zip Code
ANNAPOLIS MD 21409-4700

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

Name of Employer Occupation
ENGINEERING SOLUTIONS, IN-C. COMPUTER SOFTWARE ENGINEER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 12 / 2009

Transaction ID: SA11.2954261

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DR. THOMAS PIWONKA

Mailing Address 2704 BLUE WOOD TRL.

City State Zip Code
FLOWER MOUND TX 75022-5296

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

Name of Employer Occupation
THOMAS E PIWONKA, MD, PA PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 14 / 2009

Transaction ID: SA11.2959615

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. KAY G. POITRAS

Mailing Address 27 LAKE HAMILTON BEACH

City State Zip Code
HAINES CITY FL 33844-8698

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 ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2009

Transaction ID: SA11.2950831

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 / 217
	<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) MR. JAMES S. POLK	Date of Receipt MM / DD / YYYY 02 / 09 / 2009
	Mailing Address 1980 EDSON DRIVE	Transaction ID: SA11.2950658
	City State Zip Code BEAUMONT TX 77706-2716	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	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 ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) MRS. PATRICIA POTTER	Date of Receipt MM / DD / YYYY 02 / 10 / 2009
	Mailing Address P.O. BOX 190	Transaction ID: SA11.2950808
	City State Zip Code LACKEY KY 41643-0190	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	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	

C.	Full Name (Last, First, Middle Initial) MR. THOMAS L. POTTS	Date of Receipt MM / DD / YYYY 01 / 15 / 2009
	Mailing Address 2355 COUNTRY CLUB DRIVE	Transaction ID: SA11.2948531
	City State Zip Code FLAGSTAFF AZ 86004-7315	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation NORTHERN ARIZONA ORTHOPAE- DICS CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

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

FOR LINE NUMBER: PAGE 97 / 217
(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)
MS. MARY E. PREDEL

Mailing Address 59 GARNSEY ROAD

City REXFORD State NY Zip Code 12148-1205

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

Name of Employer SELF-EMPLOYED Occupation SMALL BUSINESS OWNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 2 / 1 1 / 2 0 0 9

Transaction ID: SA11.2951094

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. PETER PROSCHOLD

Mailing Address 4066 HWY 114

City GUNNISON State CO Zip Code 81230-9553

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

Name of Employer SELF-EMPLOYED Occupation REAL ESTATE INVESTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 1 / 1 5 / 2 0 0 9

Transaction ID: SA11.2948441

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. THOMAS J. PROSSER

Mailing Address 1028 SURREY COURT

City NEENAH State WI Zip Code 54956-4232

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.2951595

Amount of Each Receipt this Period
300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **1050.00**

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 98 / 217
(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)
MR. LARRY RAGLAND

Mailing Address 7104 SERRANO DRIVE

City State Zip Code
FORT WORTH TX 76126-2213

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

Name of Employer Occupation
ISPHERE LLC EXECUTIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 15 / 2009

Transaction ID: SA11.2948158

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JOHN S. RAINEY, SR.

Mailing Address 267 FIRE TOWER RD

City State Zip Code
CAMDEN SC 29020-1936

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

Name of Employer Occupation
SELF-EMPLOYED ATTORNEY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 15 / 2009

Transaction ID: SA11.2949208

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. SUE H. REDMOND

Mailing Address 1851 9TH AVENUE N.E.

City State Zip Code
HICKORY NC 28601-4209

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

Name of Employer Occupation
TCS DESIGNS, FURNITURE MFG OWNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 05 / 2009

Transaction ID: SA11.2950093

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 99 / 217
(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)
CLINTON REEDER

Mailing Address 47647 REEDER ROAD

City State Zip Code
PENDLETON OR 97801-9226

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

Name of Employer SELF EMPLOYED Occupation CONSULTING ECONOMIST, FARMER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: SA11.2949462

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
DR. LIZABETH REYNOLDS

Mailing Address 3590 WARSCHUN ROAD

City State Zip Code
AUBREY TX 76227-4082

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.2951611

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. WILLIAM M. REYNOLDS

Mailing Address 13230 E. 29TH PLACE

City State Zip Code
TULSA OK 74134-2826

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 1 0 / 2 0 0 9

Transaction ID: SA11.2950976

Amount of Each Receipt this Period
400.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **900.00**

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 100 / 217

(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. STUART RICHARDS

Mailing Address 2952 N. ELLIS ST.

City State Zip Code
CHANDLER AZ 85224-1774

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

Name of Employer Occupation
SCOTTSDALE EMERGENCY ASSO- C. PHYSICIAN ASSISTANT

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

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: SA11.2948189

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MS. VIRGINIA L. RICKS

Mailing Address 3205 WISTERIA AVENUE

City State Zip Code
BRUNSWICK GA 31520-4332

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 ▼ 220.00

Date of Receipt

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

Transaction ID: SA11.2949871

Amount of Each Receipt this Period

220.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. JAMES F. RILL

Mailing Address 1299 PENN AVE

City State Zip Code
WASHINGTON DC 20004-2400

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

Name of Employer Occupation
HOWREY L.L.P. ATTORNEY

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 7 / 2 0 0 9

Transaction ID: SA11.2951378

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

2970.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 101 / 217
(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)
DEBORAH L. ROBINSON

Mailing Address 217 CLARKE AVENUE

City State Zip Code
PALM BEACH FL 33480-6124

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

Name of Employer SELF EMPLOYED Occupation FASHION LIFESTYLE WRITER

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: MM / DD / YYYY
05 / 14 / 2009

Transaction ID: SA11.2959854

Amount of Each Receipt this Period: 250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. JAMIE AXTELL ROCHELLE

Mailing Address 107 HEATH DRIVE

City State Zip Code
RUIDOSO NM 88345-7230

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: MM / DD / YYYY
02 / 17 / 2009

Transaction ID: SA11.2951455

Amount of Each Receipt this Period: 300.00

CONTRIBUTION

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

Mailing Address 1131 KNICKERBOCKER RD

City State Zip Code
SAN ANGELO TX 76903-8735

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

Name of Employer RODDIE TRUCKING LLC Occupation TRANSPORTATION BROKER

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: MM / DD / YYYY
02 / 05 / 2009

Transaction ID: SA11.2950384

Amount of Each Receipt this Period: 250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 800.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 / 217		
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

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

Mailing Address **P.O. BOX 162**

City **PIKEVILLE** State **KY** Zip Code **41502-0162**

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

Name of Employer **ROGERS PETROLEUM SERVICES, INC.** Occupation **VICE PRESIDENT**

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **05 / 14 / 2009**

Transaction ID: SA11.2959714

Amount of Each Receipt this Period **250.00**

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. ROBERT R. ROTH

Mailing Address **9201 N. HOLMES COURT**

City **KANSAS CITY** State **MO** Zip Code **64155-3317**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **02 / 23 / 2009**

Transaction ID: SA11.2951625

Amount of Each Receipt this Period **1000.00**

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. PENELOPE J. ROWE

Mailing Address **8380 COUNTY ROAD 313**

City **BRECKENRIDGE** State **TX** Zip Code **76424-7054**

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

Name of Employer **BRECKENRIDGE EXPLORATION** Occupation **CLERICAL-ADMN.**

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **01 / 15 / 2009**

Transaction ID: SA11.2948126

Amount of Each Receipt this Period **250.00**

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

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

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

FOR LINE NUMBER: PAGE 103 / 217
(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)
MR. JOHN ROYSTON

Mailing Address 101 JACKSON OAKS DRIVE

City State Zip Code
LAKE JACKSON TX 77566-3756

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

Name of Employer Occupation
THE DOW CHEMICAL COMPANY MANAGER/CHEMIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 11 / 2009

Transaction ID: SA11.2951115

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. THOMAS H. RUSSELL

Mailing Address 12607 S 12TH ST

City State Zip Code
JENKS OK 74037-4993

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

Name of Employer Occupation
THOMAS RUSSELL CO CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 05 / 2009

Transaction ID: SA11.2949948

Amount of Each Receipt this Period
250.00

CONTRIBUTION

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

Mailing Address 1932 MISSOURI STREET
UNIT #4

City State Zip Code
SAN DIEGO CA 92109-3471

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

Name of Employer Occupation
QUALCOMM FINANCE MANAGER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 15 / 2009

Transaction ID: SA11.2948822

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 104 / 217
(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)
BRENT SANDSTROM
Mailing Address 942 S COPPER KEY CT
City GILBERT State AZ Zip Code 85233-7402
FEC ID number of contributing federal political committee. **C**
Name of Employer INDATA CORPORATION Occupation EXECUTIVE
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 02 / 05 / 2009
Transaction ID: SA11.2950152
Amount of Each Receipt this Period 250.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
AARON SANDVIK
Mailing Address 601 CHURCHILL DRIVE
City SAINT GEORGE State UT Zip Code 84790-7416
FEC ID number of contributing federal political committee. **C**
Name of Employer SANDVIK ENTERPRISES INC Occupation SELF-EMPLOYED
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 03 / 26 / 2009
Transaction ID: SA11.2955218
Amount of Each Receipt this Period 500.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
OLADAYO SANUSI
Mailing Address 1901 BELL STREET UNIT A.
City HARLINGEN State TX Zip Code 78550-8293
FEC ID number of contributing federal political committee. **C**
Name of Employer OLADAYO A. SANUSI, MD., PA. Occupation PHYSICIAN
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 02 / 11 / 2009
Transaction ID: SA11.2951160
Amount of Each Receipt this Period 500.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 1250.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 105 / 217
(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)
MR. JOHN SAUNDERS

Mailing Address 20550 LOMITA AVENUE

City State Zip Code
SARATOGA CA 95070-6088

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

Name of Employer Occupation
SELF-EMPLOYED EXECUTIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2009

Transaction ID: SA11.2950857

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. MICHAEL JOSEPH SAXON

Mailing Address 514 BROOKSTONE COURT

City State Zip Code
COPLEY OH 44321-1265

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

Name of Employer Occupation
AMTRUST FINANCIAL SERVICES C.O.O.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 04 / 2009

Transaction ID: SA11.2949857

Amount of Each Receipt this Period
250.00

CONTRIBUTION

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

Mailing Address 646 N. FOREST AVE.

City State Zip Code
SAINT LOUIS MO 63119-1926

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

Name of Employer Occupation
UCB, INC. PHARMACEUTICAL SALES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 15 / 2009

Transaction ID: SA11.2949005

Amount of Each Receipt this Period
250.00

CONTRIBUTION

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 106 / 217
(check only one)

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

A. Full Name (Last, First, Middle Initial)
MR. JOHN SCHANTZ

Mailing Address 860 ROCK BEACH ROAD

City ROCHESTER State NY Zip Code 14617-1323

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 / 11 / 2009
Transaction ID: SA11.2951116
 Amount of Each Receipt this Period: 500.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JACK SCHEWEL

Mailing Address 106 LINDEN AVENUE

City LYNCHBURG State VA Zip Code 24503-2010

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: 02 / 10 / 2009
Transaction ID: SA11.2950769
 Amount of Each Receipt this Period: 500.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JACK SCHEWEL

Mailing Address 106 LINDEN AVENUE

City LYNCHBURG State VA Zip Code 24503-2010

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: 05 / 21 / 2009
Transaction ID: SA11.2958885
 Amount of Each Receipt this Period: 1000.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 2000.00

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

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 107 / 217
(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)
MR. PAUL B. SCHILINSKI

Mailing Address 8100 BLANDSFORD DRIVE

City State Zip Code
MANASSAS VA 20111-2950

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

Name of Employer Occupation
COMMONWEALTH OF VIRGINIA REGIONAL DIRECTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
04 / 15 / 2009

Transaction ID: SA11.2956968

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JULIUS NORMAN SCHWARZ

Mailing Address 170 PROSPECT AVENUE
APARTMENT 12M

City State Zip Code
HACKENSACK NJ 07601-1862

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
04 / 20 / 2009

Transaction ID: SA11.2957060

Amount of Each Receipt this Period
300.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. MARY SCHWISTER

Mailing Address N37W26855 KOPMEIER DRIVE

City State Zip Code
PEWAUKEE WI 53072-2340

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2009

Transaction ID: SA11.2950905

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **800.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 108 / 217
(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)
MRS. SARAH SHERRY

Mailing Address 3454 E. INGLEWOOD CIRCLE

City MESA State AZ Zip Code 85213-3262

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

Name of Employer R-N-R RADIOLOGY Occupation VICE PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 10 / 2009
Transaction ID: SA11.2950993
 Amount of Each Receipt this Period: 250.00
CONTRIBUTION

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

Mailing Address 16442 GRIMAUD LANE

City HUNTINGTON BEACH State CA Zip Code 92649-1827

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

Name of Employer SELF-EMPLOYED Occupation INVESTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 10 / 2009
Transaction ID: SA11.2953609
 Amount of Each Receipt this Period: 250.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. MARION T. SILLIMAN

Mailing Address P.O. BOX 3697

City WILMINGTON State DE Zip Code 19807-0697

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 02 / 04 / 2009
Transaction ID: SA11.2949897
 Amount of Each Receipt this Period: 1000.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

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

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

FOR LINE NUMBER: PAGE 109 / 217
(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)
MR. JONATHAN K. SINCLAIR

Mailing Address 623 BELINDER LANE, #2501

City State Zip Code
SCHAUMBURG IL 60173-5763

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

Name of Employer Occupation
SINCLAIR MINERAL AND CHEM-ICAL VICE PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 14 / 2009

Transaction ID: SA11.2959690

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JONATHAN K. SINCLAIR

Mailing Address 623 BELINDER LANE, #2501

City State Zip Code
SCHAUMBURG IL 60173-5763

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

Name of Employer Occupation
SINCLAIR MINERAL AND CHEM-ICAL VICE PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 14 / 2009

Transaction ID: SA11.2959691

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. GLENN W. SLEEZER

Mailing Address 440 N. W. ELKS DRIVE
APARTMENT 209

City State Zip Code
CORVALLIS OR 97330-3794

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
MM / DD / YYYY
02 / 04 / 2009

Transaction ID: SA11.2949916

Amount of Each Receipt this Period
400.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 900.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 110 / 217
(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)
JAMES SLIDER
Mailing Address 2403 CUSTER PARKWAY
City RICHARDSON State TX Zip Code 75080-2560
FEC ID number of contributing federal political committee. **C**
Name of Employer SLIDER & ASSOCIATES Occupation STRUCTURAL ENGINEER
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 05 / 21 / 2009
Transaction ID: SA11.2959023
Amount of Each Receipt this Period 250.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
COL ROWLAND D. SMITH, JR. U.S.A.
Mailing Address 652 PLACITA QUIETA
City GREEN VALLEY State AZ Zip Code 85622-4684
FEC ID number of contributing federal political committee. **C**
Name of Employer RETIRED Occupation RETIRED
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 02 / 09 / 2009
Transaction ID: SA11.2950717
Amount of Each Receipt this Period 500.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
KAREN SPENCER
Mailing Address 2515 SOUTH AVENUE 2-1/2 E SUITE #2
City YUMA State AZ Zip Code 85365-2556
FEC ID number of contributing federal political committee. **C**
Name of Employer SELF-EMPLOYED Occupation REAL ESTATE BROKER
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 01 / 15 / 2009
Transaction ID: SA11.2948615
Amount of Each Receipt this Period 250.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 1000.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 111 / 217
(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)
JOHN SPICER
Mailing Address 1629 RAMAPO WAY
City State Zip Code
SCOTCH PLAINS NJ 07076-2317
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
EDG SOFTWARE ENGINEER
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 05 / 21 / 2009
Transaction ID: SA11.2958948
Amount of Each Receipt this Period: 250.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. ANNE P. ST. CLAIR
Mailing Address 24001 SANTA ANA CANYON ROAD
City State Zip Code
ANAHEIM CA 92808-3605
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 ▼ 500.00
Date of Receipt: 02 / 09 / 2009
Transaction ID: SA11.2950687
Amount of Each Receipt this Period: 500.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. TERRY A. STACY
Mailing Address 86 MERIDIAN COURT
City State Zip Code
MT. PLEASANT MI 48858-9028
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
RETIRED RETIRED
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 03 / 27 / 2009
Transaction ID: SA11.2954911
Amount of Each Receipt this Period: 300.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 1050.00
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 112 / 217
(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)
JENNIFER STANNARD

Mailing Address 17 LEWIS ROAD

City State Zip Code
STAMFORD CT 06905-2214

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

Name of Employer Occupation
HEALTH NET ACCOUNT EXECUTIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 15 / 2009

Transaction ID: SA11.2948693

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. LEONARD M. STEINER, JR.

Mailing Address P.O. BOX 4872

City State Zip Code
MANCHESTER NH 03108-4872

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

Name of Employer Occupation
STEINER BUYING SERVICES, INC. EXECUTIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2009

Transaction ID: SA11.2951000

Amount of Each Receipt this Period
500.00

CONTRIBUTION

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

Mailing Address 2112 DOCKET LANE

City State Zip Code
VIENNA VA 22181-3258

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 ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 11 / 2009

Transaction ID: SA11.2961839

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 113 / 217
(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)
MR. WARNER STONE

Mailing Address 16800 WESTGROVE DRIVE
SUITE 100

City State Zip Code
ADDISON TX 75001-5158

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

Name of Employer Occupation
SENECA INVESTMENTS PRESIDENT

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 17 / 2009

Transaction ID: SA11.2951368

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MS. SUSAN C. STRUBLE

Mailing Address 1015 FOX HILL ROAD

City State Zip Code
STATE COLLEGE PA 16803-1822

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 ▼ 300.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2009

Transaction ID: SA11.2951622

Amount of Each Receipt this Period
300.00

CONTRIBUTION

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

Mailing Address P.O. BOX 488
240 POWERHOUSE ROAD

City State Zip Code
GLENBROOK NV 89413-0488

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

Name of Employer Occupation
ARES CORPORATION CEO

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 15 / 2009

Transaction ID: SA11.2948824

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 1550.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 114 / 217
(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)
THE HON. ROBERT D. STUART, JR.

Mailing Address 150 N. FIELD DRIVE
SUITE 100

City State Zip Code
LAKE FOREST IL 60045-2583

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

Name of Employer Occupation
NORTH STAR INVESTMENTS, INC. INVESTOR

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2009

Transaction ID: SA11.2951468

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. GERALD S. SWANSON

Mailing Address P.O. BOX 6038

City State Zip Code
JACKSON MS 39288-6038

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

Name of Employer Occupation
SELF-EMPLOYED MANAGER

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2009

Transaction ID: SA11.2951491

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. FLORE TALARICO, JR.

Mailing Address 6710 AUDEN STREET

City State Zip Code
HOUSTON TX 77005-4306

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 ▼
2500.00

Date of Receipt
MM / DD / YYYY
02 / 09 / 2009

Transaction ID: SA11.2950754

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **5500.00**

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

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

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

FOR LINE NUMBER: PAGE 115 / 217
(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)
HOWARD TAYLOR

Mailing Address 718 POTOMAC KNOLLS DRIVE

City State Zip Code
MCLEAN VA 22102-1422

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

Name of Employer Occupation
MERRILL LYNCH FINANCIAL ADVISOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 21 / 2009

Transaction ID: SA11.2959057

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
COL PAUL A. THOMAS

Mailing Address 5127 ELLINGTON AVENUE

City State Zip Code
WESTERN SPRINGS IL 60558-2034

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 ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2009

Transaction ID: SA11.2950933

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. SAMUEL THRIFT

Mailing Address P.O. BOX 1293

City State Zip Code
SENECA SC 29679-1293

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

Name of Employer Occupation
THRIFT BROTHERS INC. OWNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2009

Transaction ID: SA11.2950806

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 1750.00

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

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

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

FOR LINE NUMBER: PAGE 116 / 217
(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)
DR. MARILYN THRONE

Mailing Address 465 EMERALD WOODS DRIVE

City State Zip Code
OXFORD OH 45056-2061

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
MM / DD / YYYY
02 / 10 / 2009

Transaction ID: SA11.2950923

Amount of Each Receipt this Period
400.00

CONTRIBUTION

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

Mailing Address 2716 ROAD 64

City State Zip Code
PASCO WA 99301-1961

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

Name of Employer Occupation
TIPPETT COMPANY OWNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 15 / 2009

Transaction ID: SA11.2948793

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. GEORGE C. TOSTEVIN

Mailing Address 12555 37TH AVENUE NE

City State Zip Code
SEATTLE WA 98125-4654

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
MM / DD / YYYY
02 / 11 / 2009

Transaction ID: SA11.2951127

Amount of Each Receipt this Period
225.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 875.00

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 117 / 217
(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)
MR. STEPHEN TRAPP

Mailing Address 1185 BULLDOG DRIVE

City State Zip Code
ALLENTOWN PA 18104-1901

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

Name of Employer Occupation
SELF-EMPLOYED AUTOMOTIVE REPAIR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2009

Transaction ID: SA11.2951607

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. TIMOTHY TRAYNOR

Mailing Address 2208 VIA PACHECO

City State Zip Code
PALOS VERDES ESTAT CA 90274-2641

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

Name of Employer Occupation
DIRECTV SENIOR VICE PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2009

Transaction ID: SA11.2951484

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. CHE S. TSAO

Mailing Address 1213 FORESTWOOD DRIVE

City State Zip Code
MC LEAN VA 22101-2603

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
MM / DD / YYYY
02 / 18 / 2009

Transaction ID: SA11.2951492

Amount of Each Receipt this Period
250.00

CONTRIBUTION

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 / 217
	<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) TOM UMRATH	Date of Receipt MM / DD / YYYY 05 / 14 / 2009
	Mailing Address 25 HICKORY PLACE A-34	Transaction ID: SA11.2959918
	City State Zip Code CHATHAM NJ 07928-1468	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation NOVARTIS PHARMACEUTICALS CORP MANAGER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) DR. MARGARET J. UPRICHARD	Date of Receipt MM / DD / YYYY 02 / 11 / 2009
	Mailing Address 92 BULLARD STREET	Transaction ID: SA11.2951151
	City State Zip Code SHERBORN MA 01770-1435	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation EPIX PHARMACEUTICALS SENIOR VICE PRESIDENT 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) MS. STACEY L. UTLEY	Date of Receipt MM / DD / YYYY 01 / 15 / 2009
	Mailing Address 130 LAKELAND DRIVE	Transaction ID: SA11.2948172
	City State Zip Code CABOT AR 72023-9418	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation EMD SERONO, INC. KEY ACCOUNT MANAGER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	1250.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 119 / 217

(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. IAN WILLIAM VANDERWALL

Mailing Address 500 N METRO BLVD APT 1129

City State Zip Code
CHANDLER AZ 85226-3110

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

Name of Employer Occupation
BANK OF AMERICA ANALYST

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

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: SA11.2949086

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
JEFF VANHISE

Mailing Address 3151 N. PIPER AVE.
SUITE 113

City State Zip Code
CASA GRANDE AZ 85222-3726

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

Name of Employer Occupation
GALLO CONSTRUCTION, INC. CONTRACTOR

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

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: SA11.2949426

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. JOEL VARGAS

Mailing Address P.O. BOX 311

City State Zip Code
STAMFORD CT 06904-0311

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

Name of Employer Occupation
ALCATEL-LUCENT TELECOMMUNICATIONS TECHNICIAN

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 8 / 2 0 0 9

Transaction ID: SA11.2954422

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

600.00

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 120 / 217
(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. JOEL VARGAS

Mailing Address P.O. BOX 311

City State Zip Code
STAMFORD CT 06904-0311

Date of Receipt
MM / DD / YYYY
03 / 31 / 2009

Transaction ID: SA11.2956134

Amount of Each Receipt this Period
250.00

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

Name of Employer Occupation
ALCATEL-LUCENT TELECOMMUNICATIONS TECHNICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DR. STEVEN VAUGHAN

Mailing Address 12411 N. WING SHADOW LANE

City State Zip Code
MARANA AZ 85658-4718

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: SA11.2963417

Amount of Each Receipt this Period
500.00

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

Name of Employer Occupation
SELF-EMPLOYED GENERAL SURGEON

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MS. WINIFRED M. VEDDER

Mailing Address 300 HOT SPRING ROAD
APARTMENT D87

City State Zip Code
SANTA BARBARA CA 93108-2038

Date of Receipt
MM / DD / YYYY
02 / 17 / 2009

Transaction ID: SA11.2951424

Amount of Each Receipt this Period
500.00

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

Name of Employer Occupation
SELF-EMPLOYED INVESTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 121 / 217
(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)
MR. FLORIN J. WALTON

Mailing Address 9290 W. 90TH CIRCLE

City WESTMINSTER State CO Zip Code 80021-4413

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 02 / 04 / 2009
Transaction ID: SA11.2949881
 Amount of Each Receipt this Period: 300.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. MILTON H. WEST, JR.

Mailing Address 600 TRAVIS STREET SUITE 4200

City HOUSTON State TX Zip Code 77002-3009

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

Name of Employer SELF-EMPLOYED Occupation ATTORNEY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 02 / 24 / 2009
Transaction ID: SA11.2952783
 Amount of Each Receipt this Period: 300.00
CONTRIBUTION

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

Mailing Address 55E E 52ND ST

City NEW YORK State NY Zip Code 10055-0002

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 03 / 27 / 2009
Transaction ID: SA11.2954936
 Amount of Each Receipt this Period: 1000.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 1600.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 122 / 217
(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)
MR. WILLIAM WINSTROM

Mailing Address 10500 AVERY CLUB DRIVE
UNIT 24

City State Zip Code
AUSTIN TX 78717-3938

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

Name of Employer Occupation
ADVANCED NEUROMODULATION SYSTEMS ELECTRICAL ENGINEER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2009

Transaction ID: SA11.2950855

Amount of Each Receipt this Period
500.00

CONTRIBUTION

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

Mailing Address 24 WARREN ROAD

City State Zip Code
SAN MATEO CA 94401-3718

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

Name of Employer Occupation
DEWEY & LEBOEUF LLP ATTORNEY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 15 / 2009

Transaction ID: SA11.2949502

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. WOODROW WOODS

Mailing Address 3640 FISCAL CT STE D.

City State Zip Code
WEST PALM BEACH FL 33404-1781

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

Name of Employer Occupation
MARINE EXHAUST SYSTEMS INC. CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 21 / 2009

Transaction ID: SA11.2958999

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 1750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 123 / 217
	(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) DR. BERNARD J. WORTH		Date of Receipt MM / DD / YYYY 02 / 11 / 2009
Mailing Address 1775 LEXINGTON AVENUE S. APARTMENT 14		Transaction ID: SA11.2951130
City SAINT PAUL	State MN	Zip Code 55118-3629
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer ASSOCIATED ANESTHESIOLOGY	Occupation ANESTHESIOLOGIST	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) ROBERT WRIGLEY		Date of Receipt MM / DD / YYYY 01 / 15 / 2009
Mailing Address 420 MILL RD		Transaction ID: SA11.2948698
City HATFIELD	State PA	Zip Code 19440-1200
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer TREFOIL PROPERTIES, LLP	Occupation PRESIDENT	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)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	183635.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 124 / 217

(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)
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 ▼
10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 5 / 2 0 0 9

Transaction ID: SA11.2945404

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
A.T. & T. INC. FEDERAL PAC

Mailing Address 208 S. AKARD STREET
SUITE 3521

City State Zip Code
DALLAS TX 75202-4206

FEC ID number of contributing federal political committee. **C** C00109017

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 Y
0 3 / 1 7 / 2 0 0 9

Transaction ID: SA11.2954414

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
LIBERTY MEDIA CORPORATION PAC

Mailing Address 12300 LIBERTY BLVD.

City State Zip Code
ENGLEWOOD CO 80112-7009

FEC ID number of contributing federal political committee. **C** C00457705

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 Y
0 3 / 1 3 / 2 0 0 9

Transaction ID: SA11.2953655

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

12500.00

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

12500.00

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

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

FOR LINE NUMBER: PAGE 125 / 217
(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)
MCCAIN LEADERSHIP FUND
Mailing Address PO BOX 16118
City ARLINGTON State VA Zip Code 22215
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 54491.14
Date of Receipt 06 / 22 / 2009
Transaction ID: SA.1
Amount of Each Receipt this Period 54491.14
TRANSFER FROM JOINT FUNDR-
AISING COMMITTEE

B. Full Name (Last, First, Middle Initial)
MR. MICHAEL L. ASHNER
Mailing Address 101 COVE NECK ROAD
City OYSTER BAY State NY Zip Code 11771-1822
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
WINTHROP REALTY TRUST CHAIRMAN & C.E.O.
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00
Date of Receipt 06 / 22 / 2009
Transaction ID: SA12.2962317
Amount of Each Receipt this Period 5000.00
TRANSFER
[MEMO ITEM]
TRANSFER FROM MCCAIN LEAD-
ERSHIP FUND

C. Full Name (Last, First, Middle Initial)
MRS. SUSAN M. ASHNER
Mailing Address 101 COVE NECK ROAD
City OYSTER BAY State NY Zip Code 11771-1822
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
EXETER CAPITAL BOOKKEEPER
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00
Date of Receipt 06 / 22 / 2009
Transaction ID: SA12.2962318
Amount of Each Receipt this Period 5000.00
TRANSFER
[MEMO ITEM]
TRANSFER FROM MCCAIN LEAD-
ERSHIP FUND

SUBTOTAL of Receipts This Page (optional) ▶ 54491.14
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 126 / 217
(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)
MR. KEN BAILEY

Mailing Address 440 LOUISIANA SUITE 2100

City HOUSTON State TX Zip Code 77002-4206

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

Name of Employer BALLEY, PERRIN, BAILEY Occupation ATTORNEY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 06 / 22 / 2009

Transaction ID: SA12.2962293

Amount of Each Receipt this Period 200.00

TRANSFER

[MEMO ITEM]
TRANSFER FROM MCCAIN LEADERSHIP FUND

B. Full Name (Last, First, Middle Initial)
MR. WILLIAM E. BLOOMFIELD, JR.

Mailing Address 940 1ST STREET

City MANHATTAN BEACH State CA Zip Code 90266-6604

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 06 / 22 / 2009

Transaction ID: SA12.2962310

Amount of Each Receipt this Period 5000.00

TRANSFER

[MEMO ITEM]
TRANSFER FROM MCCAIN LEADERSHIP FUND

C. Full Name (Last, First, Middle Initial)
MR. ARTHUR B. CHOATE

Mailing Address 1390 S. DIXIE HIGHWAY #2221

City CORAL GABLES State FL Zip Code 33146-2946

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

Name of Employer ARTMARINA Occupation OWNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 06 / 22 / 2009

Transaction ID: SA12.2962298

Amount of Each Receipt this Period 200.00

TRANSFER

[MEMO ITEM]
TRANSFER FROM MCCAIN LEADERSHIP FUND

SUBTOTAL of Receipts This Page (optional) ▶ 0.00

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 127 / 217
(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)
THE HON. WILLIAM P. CLEMENTS, JR.
 Mailing Address 1901 N. AKARD STREET
CUMBERLAND HILL
 City DALLAS State TX Zip Code 75201-2305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00
 Date of Receipt 06 / 22 / 2009
Transaction ID: SA12.2962297
 Amount of Each Receipt this Period 200.00
 TRANSFER
[MEMO ITEM]
 TRANSFER FROM MCCAIN LEADERSHIP FUND

B. Full Name (Last, First, Middle Initial)
MR. DAVID E. COLLINS
 Mailing Address 774 MAYS BLVD. #10-225
 City INCLINE VILLAGE State NV Zip Code 89451-9669
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00
 Date of Receipt 06 / 22 / 2009
Transaction ID: SA12.2962301
 Amount of Each Receipt this Period 200.00
 TRANSFER
[MEMO ITEM]
 TRANSFER FROM MCCAIN LEADERSHIP FUND

C. Full Name (Last, First, Middle Initial)
MRS. TATIANA B. COPELAND
 Mailing Address 175 BRECKS LANE
 City WILMINGTON State DE Zip Code 19807-3008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TEBEC ASSOCIATES LIMITED Occupation PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00
 Date of Receipt 06 / 22 / 2009
Transaction ID: SA12.2962311
 Amount of Each Receipt this Period 5000.00
 TRANSFER
[MEMO ITEM]
 TRANSFER FROM MCCAIN LEADERSHIP FUND

SUBTOTAL of Receipts This Page (optional) ► 0.00
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 128 / 217
(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)
MR. ALLEN DICKSON
Mailing Address BOX 13647
City SHREVEPORT State LA Zip Code 71115-5845
FEC ID number of contributing federal political committee. **C**
Name of Employer MORRIS DICKSON COMPANY Occupation DISTRIBUTOR
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00
Date of Receipt 06 / 22 / 2009
Transaction ID: SA12.2962312
Amount of Each Receipt this Period 5000.00
TRANSFER
[MEMO ITEM]
TRANSFER FROM MCCAIN LEADERSHIP FUND

B. Full Name (Last, First, Middle Initial)
MRS. JUNE BALDWIN DICKSON
Mailing Address BOX 13647
City SHREVEPORT State LA Zip Code 71115-2139
FEC ID number of contributing federal political committee. **C**
Name of Employer HOMEMAKER Occupation HOMEMAKER
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00
Date of Receipt 06 / 22 / 2009
Transaction ID: SA12.2962313
Amount of Each Receipt this Period 5000.00
TRANSFER
[MEMO ITEM]
TRANSFER FROM MCCAIN LEADERSHIP FUND

C. Full Name (Last, First, Middle Initial)
MR. STEPHEN M. DUPREY
Mailing Address P.O. BOX 1438
City CONCORD State NH Zip Code 03302-1438
FEC ID number of contributing federal political committee. **C**
Name of Employer FOXFIRE PROPERTY MANAGEME-NT, INC. Occupation EXECUTIVE
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00
Date of Receipt 06 / 22 / 2009
Transaction ID: SA12.2962319
Amount of Each Receipt this Period 5000.00
TRANSFER
[MEMO ITEM]
TRANSFER FROM MCCAIN LEADERSHIP FUND

SUBTOTAL of Receipts This Page (optional) ► 0.00
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 129 / 217
(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)
MR. LEWIS M. EISENBERG

Mailing Address 126 E. 56TH ST.
25TH FLOOR

City State Zip Code
NEW YORK NY 10022-3697

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

Name of Employer Occupation
GRANITE CAPITAL INTL GROUP LP INVESTMENTS

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt
MM / DD / YYYY
06 / 22 / 2009

Transaction ID: SA12.2962325

Amount of Each Receipt this Period
200.00

TRANSFER

[MEMO ITEM]
TRANSFER FROM MCCAIN LEADERSHIP FUND

B. Full Name (Last, First, Middle Initial)
MRS. CANDY C. FAZAKERLEY

Mailing Address P.O. BOX 955

City State Zip Code
MIDDLEBURG VA 20118-0955

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

Name of Employer Occupation
SELF-EMPLOYED REAL ESTATE DEVELOPER

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt
MM / DD / YYYY
06 / 22 / 2009

Transaction ID: SA12.2962294

Amount of Each Receipt this Period
200.00

TRANSFER

[MEMO ITEM]
TRANSFER FROM MCCAIN LEADERSHIP FUND

C. Full Name (Last, First, Middle Initial)
MR. GERALD J. FORD

Mailing Address 200 CRESCENT COURT
SUITE 1350

City State Zip Code
DALLAS TX 75201-6988

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

Name of Employer Occupation
DIAMOND A. FORD CORPORATION INVESTOR

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt
MM / DD / YYYY
06 / 22 / 2009

Transaction ID: SA12.2962326

Amount of Each Receipt this Period
200.00

TRANSFER

[MEMO ITEM]
TRANSFER FROM MCCAIN LEADERSHIP FUND

SUBTOTAL of Receipts This Page (optional) ► **0.00**

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 130 / 217
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	<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. WALTER P. HAVENSTEIN, SR.		Date of Receipt
	Mailing Address 4821 MONTGOMERY LANE #401		<input type="text" value="06"/> / <input type="text" value="22"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	BETHESDA	MD	20814-6324
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer BAE SYSTEMS INC.		Occupation PRESIDENT & CHIEF EXECUTIVE OFFICER	Transaction ID: SA12.2962295
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="200.00"/>	Amount of Each Receipt this Period <input type="text" value="200.00"/>
			TRANSFER
			[MEMO ITEM] TRANSFER FROM MCCAIN LEADERSHIP FUND

B.	Full Name (Last, First, Middle Initial) MR. JAMES R. HUFFINES		Date of Receipt
	Mailing Address 919 CONGRESS AVENUE SUITE 600		<input type="text" value="06"/> / <input type="text" value="22"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	AUSTIN	TX	78701-2102
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer PLAINS CAPITAL BANK		Occupation CHAIRMAN, CENTRAL & SOUTH TEXAS	Transaction ID: SA12.2962292
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="200.00"/>	Amount of Each Receipt this Period <input type="text" value="200.00"/>
			TRANSFER
			[MEMO ITEM] TRANSFER FROM MCCAIN LEADERSHIP FUND

C.	Full Name (Last, First, Middle Initial) MRS. SHIFRA KARKOMI		Date of Receipt
	Mailing Address 132 E. DELAWARE PLACE APT 6102		<input type="text" value="06"/> / <input type="text" value="22"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	CHICAGO	IL	60611-4954
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer RETIRED		Occupation RETIRED	Transaction ID: SA12.2962314
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>	Amount of Each Receipt this Period <input type="text" value="5000.00"/>
			TRANSFER
			[MEMO ITEM] TRANSFER FROM MCCAIN LEADERSHIP FUND

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="0.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 131 / 217

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
MR. ZEV F. KARKOMI

Mailing Address 132 E. DELAWARE PLACE
APARTMENT 6102

City State Zip Code
CHICAGO IL 60611-4954

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

Name of Employer Occupation
SELF-EMPLOYED REAL ESTATE INVESTOR

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 2 / 2 0 0 9

Transaction ID: SA12.2962315

Amount of Each Receipt this Period

5000.00

TRANSFER

[MEMO ITEM]
TRANSFER FROM MCCAIN LEADERSHIP FUND

B.

Full Name (Last, First, Middle Initial)
GEN WILLIAM KEYS

Mailing Address P.O. BOX 364

City State Zip Code
HUME VA 22639-0364

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

Name of Employer Occupation
COLT DEFENSE PRESIDENT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 2 / 2 0 0 9

Transaction ID: SA12.2962296

Amount of Each Receipt this Period

200.00

TRANSFER

[MEMO ITEM]
TRANSFER FROM MCCAIN LEADERSHIP FUND

C.

Full Name (Last, First, Middle Initial)
MR. EDUARD K. KLEINER

Mailing Address 29 HEMLOCK HILL ROAD

City State Zip Code
POUND RIDGE NY 10576-2103

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

Name of Employer Occupation
DYNAX CORPORATION CHEMIST

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 2 / 2 0 0 9

Transaction ID: SA12.2962299

Amount of Each Receipt this Period

200.00

TRANSFER

[MEMO ITEM]
TRANSFER FROM MCCAIN LEADERSHIP FUND

SUBTOTAL of Receipts This Page (optional) ▶

0.00

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 132 / 217
(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)
MRS. CHERNA MOSKOWITZ
Mailing Address 4744 N. BAY ROAD

City State Zip Code
MIAMI BEACH FL 33140-2814

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 ▼ 5000.00

Date of Receipt
MM / DD / YYYY
06 / 22 / 2009

Transaction ID: SA12.2962316

Amount of Each Receipt this Period
5000.00

TRANSFER

[MEMO ITEM]
TRANSFER FROM MCCAIN LEADERSHIP FUND

B. Full Name (Last, First, Middle Initial)
MRS. ANNE V. NICHOLSON
Mailing Address 10900 HARPER AVENUE

City State Zip Code
DETROIT MI 48213-3364

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
MM / DD / YYYY
06 / 22 / 2009

Transaction ID: SA12.2962320

Amount of Each Receipt this Period
5000.00

TRANSFER

[MEMO ITEM]
TRANSFER FROM MCCAIN LEADERSHIP FUND

C. Full Name (Last, First, Middle Initial)
MR. JAMES B. NICHOLSON
Mailing Address 10900 HARPER AVENUE

City State Zip Code
DETROIT MI 48213-3364

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

Name of Employer Occupation
P.V.S. CHEMICALS, INC. PRESIDENT & CHIEF EXECUTIVE OFFICER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
06 / 22 / 2009

Transaction ID: SA12.2962321

Amount of Each Receipt this Period
5000.00

TRANSFER

[MEMO ITEM]
TRANSFER FROM MCCAIN LEADERSHIP FUND

SUBTOTAL of Receipts This Page (optional) ► 0.00

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 133 / 217
(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)
MR. JERRY PERENCHIO

Mailing Address 1999 AVENUE OF THE STARS
SUITE 3050

City State Zip Code
LOS ANGELES CA 90067-4613

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

Name of Employer Occupation
CHARTWELL PARTNERS L.L.C. BUSINESSMAN

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 2 / 2 0 0 9

Transaction ID: SA12.2962304

Amount of Each Receipt this Period
5000.00

TRANSFER

[MEMO ITEM]
TRANSFER FROM MCCAIN LEADERSHIP FUND

B. Full Name (Last, First, Middle Initial)
MRS. MARGARET ANN PERENCHIO

Mailing Address 1999 AVENUE OF THE STARS #3050

City State Zip Code
LOS ANGELES CA 90067-4613

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 Y
0 6 / 2 2 / 2 0 0 9

Transaction ID: SA12.2962305

Amount of Each Receipt this Period
5000.00

TRANSFER

[MEMO ITEM]
TRANSFER FROM MCCAIN LEADERSHIP FUND

C. Full Name (Last, First, Middle Initial)
MR. BEN H. PORTER, JR.

Mailing Address P.O. BOX 1527

City State Zip Code
NEWMAN GA 30264-1527

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

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

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
75.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 2 / 2 0 0 9

Transaction ID: SA12.2962324

Amount of Each Receipt this Period
75.00

TRANSFER

[MEMO ITEM]
TRANSFER FROM MCCAIN LEADERSHIP FUND

SUBTOTAL of Receipts This Page (optional) ▶ **0.00**

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 134 / 217
(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)
MR. GERRY PUGIL

Mailing Address 1200 JACKSON BLVD.

City State Zip Code
HOUSTON TX 77006-1102

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

Name of Employer Occupation
SELF-EMPLOYED PAINT CONTRACTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 2 / 2 0 0 9

Transaction ID: SA12.2962303

Amount of Each Receipt this Period
1500.00

TRANSFER

[MEMO ITEM]
TRANSFER FROM MCCAIN LEADERSHIP FUND

B. Full Name (Last, First, Middle Initial)
THE HON. GEORGE P. SHULTZ

Mailing Address 776 DOLORES STREET

City State Zip Code
STANFORD CA 94305-8428

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

Name of Employer Occupation
HOOVER INSTITUTION DISTINGUISHED FELLOW

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 2 / 2 0 0 9

Transaction ID: SA12.2962302

Amount of Each Receipt this Period
200.00

TRANSFER

[MEMO ITEM]
TRANSFER FROM MCCAIN LEADERSHIP FUND

C. Full Name (Last, First, Middle Initial)
MR. HARRY SLOAN

Mailing Address 5960 CANOGA AVENUE
C/O MELONI HRIBAL TRATNER LLP SUIT

City State Zip Code
WOODLAND HILLS CA 91367-5042

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

Name of Employer Occupation
M.G.M. EXECUTIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 2 / 2 0 0 9

Transaction ID: SA12.2962309

Amount of Each Receipt this Period
5000.00

TRANSFER

[MEMO ITEM]
TRANSFER FROM MCCAIN LEADERSHIP FUND

SUBTOTAL of Receipts This Page (optional) ► **0.00**

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 135 / 217
(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)
MR. JOHN P. TATUM, II

Mailing Address 4132 HANOVER STREET

City State Zip Code
DALLAS TX 75225-6744

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

Name of Employer Occupation
GENESCO SPORTS ENTERPRISES INC. OWNER AND 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 Y
0 6 / 2 2 / 2 0 0 9

Transaction ID: SA12.2962306

Amount of Each Receipt this Period
5000.00

TRANSFER

[MEMO ITEM]
TRANSFER FROM MCCAIN LEADERSHIP FUND

B. Full Name (Last, First, Middle Initial)
MRS. LEEANN TATUM

Mailing Address 4132 HANOVER STREET

City State Zip Code
DALLAS TX 75225-6744

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

Name of Employer Occupation
SELF-EMPLOYED REALTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 2 / 2 0 0 9

Transaction ID: SA12.2962307

Amount of Each Receipt this Period
5000.00

TRANSFER

[MEMO ITEM]
TRANSFER FROM MCCAIN LEADERSHIP FUND

C. Full Name (Last, First, Middle Initial)
MR. KENNY A. TROUTT

Mailing Address 10595 STRAIT LANE

City State Zip Code
DALLAS TX 75229-5424

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

Name of Employer Occupation
SELF-EMPLOYED INVESTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 2 / 2 0 0 9

Transaction ID: SA12.2962308

Amount of Each Receipt this Period
5000.00

TRANSFER

[MEMO ITEM]
TRANSFER FROM MCCAIN LEADERSHIP FUND

SUBTOTAL of Receipts This Page (optional) ► 0.00

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 136 / 217

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
COUNTRY FIRST POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MR. LEO VAN MUNCHING, JR.

Mailing Address 800 HOLLOW TREE RIDGE ROAD

City State Zip Code
DARIEN CT 06820-2003

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 ▼ 200.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 2 / 2 0 0 9

Transaction ID: SA12.2962300

Amount of Each Receipt this Period
200.00

TRANSFER

[MEMO ITEM]
TRANSFER FROM MCCAIN LEADERSHIP FUND

B.

Full Name (Last, First, Middle Initial)
MR. GREGORY W. WENDT

Mailing Address 1 MUIR LOOP
SUITE 1800

City State Zip Code
SAN FRANCISCO CA 94129-1123

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

Name of Employer Occupation
CAPITAL GROUP EXECUTIVE

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 2 / 2 0 0 9

Transaction ID: SA12.2962322

Amount of Each Receipt this Period
5000.00

TRANSFER

[MEMO ITEM]
TRANSFER FROM MCCAIN LEADERSHIP FUND

C.

Full Name (Last, First, Middle Initial)
MRS. LISA WENDT

Mailing Address 1 MUIR LOOP

City State Zip Code
SAN FRANCISCO CA 94129-1123

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

Name of Employer Occupation
WR HAMBRECHT & COMPANY FINANCE

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 2 / 2 0 0 9

Transaction ID: SA12.2962323

Amount of Each Receipt this Period
5000.00

TRANSFER

[MEMO ITEM]
TRANSFER FROM MCCAIN LEADERSHIP FUND

SUBTOTAL of Receipts This Page (optional) ▶

0.00

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

54491.14

**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 137 / 217

<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) MCCAIN-PALIN 2008 INC	Transaction ID: SB.135 Date of Disbursement 03 / 16 / 2009
	Mailing Address PO BOX 16118	
	City ARLINGTON State VA Zip Code 22215	Amount of Each Disbursement this Period 570.00
	Purpose of Disbursement EQUIPMENT PURCHASE	
	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) PHIL ADAMS	Transaction ID: SB.149 Date of Disbursement 03 / 13 / 2009
	Mailing Address PO BOX 16118	
	City ARLINGTON State VA Zip Code 22215	Amount of Each Disbursement this Period 367.71
	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) PHIL ADAMS	Transaction ID: SB.150 Date of Disbursement 04 / 15 / 2009
	Mailing Address PO BOX 16118	
	City ARLINGTON State VA Zip Code 22215	Amount of Each Disbursement this Period 465.20
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	1402.91
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) PHIL ADAMS	Transaction ID: SB.151 Date of Disbursement 06 / 15 / 2009	
	Mailing Address PO BOX 16118		
	City: ARLINGTON State: VA Zip Code: 22215	Amount of Each Disbursement this Period	301.41
	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) SOFIA AMAYA	Transaction ID: SB.166 Date of Disbursement 03 / 13 / 2009	
	Mailing Address PO BOX 16118		
	City: ARLINGTON State: VA Zip Code: 22215	Amount of Each Disbursement this Period	127.43
	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) SOFIA AMAYA	Transaction ID: SB.167 Date of Disbursement 04 / 15 / 2009	
	Mailing Address PO BOX 16118		
	City: ARLINGTON State: VA Zip Code: 22215	Amount of Each Disbursement this Period	107.21
	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) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶

536.05

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 139 / 217

<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) SOFIA AMAYA	Transaction ID: SB.168 Date of Disbursement 05 / 15 / 2009
	Mailing Address PO BOX 16118	Amount of Each Disbursement this Period 93.23
	City ARLINGTON State VA Zip Code 22215	
	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) SOFIA AMAYA	Transaction ID: SB.169 Date of Disbursement 06 / 15 / 2009
	Mailing Address PO BOX 16118	Amount of Each Disbursement this Period 116.54
	City ARLINGTON State VA Zip Code 22215	
	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) WHITNEY CLARK	Transaction ID: SB.182 Date of Disbursement 03 / 13 / 2009
	Mailing Address PO BOX 16118	Amount of Each Disbursement this Period 724.97
	City ARLINGTON State VA Zip Code 22215	
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	934.74
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 140 / 217

<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) WHITNEY CLARK	Transaction ID: SB.183 Date of Disbursement 03 / 31 / 2009
	Mailing Address PO BOX 16118	Amount of Each Disbursement this Period 743.85
	City ARLINGTON State VA Zip Code 22215	
	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) WHITNEY CLARK	Transaction ID: SB.184 Date of Disbursement 04 / 15 / 2009
	Mailing Address PO BOX 16118	Amount of Each Disbursement this Period 743.85
	City ARLINGTON State VA Zip Code 22215	
	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) WHITNEY CLARK	Transaction ID: SB.185 Date of Disbursement 04 / 30 / 2009
	Mailing Address PO BOX 16118	Amount of Each Disbursement this Period 743.85
	City ARLINGTON State VA Zip Code 22215	
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	2231.55
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

<p>A. Full Name (Last, First, Middle Initial) WHITNEY CLARK</p> <p>Mailing Address PO BOX 16118</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>Transaction ID: SB.186</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="743.85"/></p>
<p>B. Full Name (Last, First, Middle Initial) WHITNEY CLARK</p> <p>Mailing Address PO BOX 16118</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>Transaction ID: SB.187</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="743.85"/></p>
<p>C. Full Name (Last, First, Middle Initial) WHITNEY CLARK</p> <p>Mailing Address PO BOX 16118</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>Transaction ID: SB.188</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="743.85"/></p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="2231.55"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

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 142 / 217

<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) WHITNEY CLARK	Transaction ID: SB.189 Date of Disbursement 06 / 30 / 2009
	Mailing Address PO BOX 16118	Amount of Each Disbursement this Period 743.85
	City ARLINGTON State VA Zip Code 22215	
	Purpose of Disbursement PAYROLL	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) WHITNEY CLARK	Transaction ID: SB.190 Date of Disbursement 02 / 02 / 2009
	Mailing Address PO BOX 16118	Amount of Each Disbursement this Period 32.40
	City ARLINGTON State VA Zip Code 22215	
	Purpose of Disbursement TRAVEL	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) RICHARD DAVIS	Transaction ID: SB.159 Date of Disbursement 05 / 07 / 2009
	Mailing Address PO BOX 16664	Amount of Each Disbursement this Period 185.93
	City ARLINGTON State VA Zip Code 22215	
	Purpose of Disbursement TRAVEL	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) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	962.18
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 143 / 217

<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) ROBERT GORDON GRAY	Transaction ID: SB.160 Date of Disbursement 04 / 01 / 2009
	Mailing Address 1515 O ST NW APT 103	Amount of Each Disbursement this Period 2000.00
	City WASHINGTON State DC Zip Code 20005	
	Purpose of Disbursement WEB SERVICE 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) ROBERT GORDON GRAY	Transaction ID: SB.161 Date of Disbursement 06 / 17 / 2009
	Mailing Address 1515 O ST NW APT 103	Amount of Each Disbursement this Period 2000.00
	City WASHINGTON State DC Zip Code 20005	
	Purpose of Disbursement WEB SERVICE 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) BRIAN HALEY	Transaction ID: SB.40 Date of Disbursement 03 / 13 / 2009
	Mailing Address PO BOX 16118	Amount of Each Disbursement this Period 1056.29
	City ARLINGTON State VA Zip Code 22215	
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	5056.29
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 144 / 217

<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) BRIAN HALEY	Transaction ID: SB.41 Date of Disbursement 03 / 31 / 2009	
	Mailing Address PO BOX 16118		
	City ARLINGTON State VA Zip Code 22215	Amount of Each Disbursement this Period	1075.17
	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) BRIAN HALEY	Transaction ID: SB.42 Date of Disbursement 04 / 15 / 2009	
	Mailing Address PO BOX 16118		
	City ARLINGTON State VA Zip Code 22215	Amount of Each Disbursement this Period	1075.17
	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) BRIAN HALEY	Transaction ID: SB.43 Date of Disbursement 04 / 30 / 2009	
	Mailing Address PO BOX 16118		
	City ARLINGTON State VA Zip Code 22215	Amount of Each Disbursement this Period	1075.17
	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) ▼	

SUBTOTAL of Disbursements This Page (optional)	3225.51
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) BRIAN HALEY	Transaction ID: SB.44 Date of Disbursement 05 / 15 / 2009	
	Mailing Address PO BOX 16118		
	City ARLINGTON State VA Zip Code 22215	Amount of Each Disbursement this Period	1075.17
	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) BRIAN HALEY	Transaction ID: SB.45 Date of Disbursement 05 / 29 / 2009	
	Mailing Address PO BOX 16118		
	City ARLINGTON State VA Zip Code 22215	Amount of Each Disbursement this Period	1075.17
	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) BRIAN HALEY	Transaction ID: SB.46 Date of Disbursement 06 / 15 / 2009	
	Mailing Address PO BOX 16118		
	City ARLINGTON State VA Zip Code 22215	Amount of Each Disbursement this Period	1075.17
	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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3225.51
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) BRIAN HALEY	Transaction ID: SB.47 Date of Disbursement 06 / 30 / 2009
	Mailing Address PO BOX 16118	
	City ARLINGTON State VA Zip Code 22215	Amount of Each Disbursement this Period 1075.17
	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) AMBER JOHNSON	Transaction ID: SB.14 Date of Disbursement 03 / 13 / 2009
	Mailing Address PO BOX 16118	
	City ARLINGTON State VA Zip Code 22216	Amount of Each Disbursement this Period 2421.54
	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) AMBER JOHNSON	Transaction ID: SB.15 Date of Disbursement 03 / 31 / 2009
	Mailing Address PO BOX 16118	
	City ARLINGTON State VA Zip Code 22216	Amount of Each Disbursement this Period 2454.87
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	5951.58
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

<p>A. Full Name (Last, First, Middle Initial) AMBER JOHNSON</p> <p>Mailing Address PO BOX 16118</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: SB.16</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="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2454.87"/></p>
<p>B. Full Name (Last, First, Middle Initial) AMBER JOHNSON</p> <p>Mailing Address PO BOX 16118</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: SB.17</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2454.87"/></p>
<p>C. Full Name (Last, First, Middle Initial) AMBER JOHNSON</p> <p>Mailing Address PO BOX 16118</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: SB.18</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2454.87"/></p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="7364.61"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

**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 148 / 217

<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) AMBER JOHNSON	Transaction ID: SB.19 Date of Disbursement 05 / 29 / 2009
	Mailing Address PO BOX 16118	
	City ARLINGTON State VA Zip Code 22216	Amount of Each Disbursement this Period 2454.87
	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) AMBER JOHNSON	Transaction ID: SB.20 Date of Disbursement 06 / 15 / 2009
	Mailing Address PO BOX 16118	
	City ARLINGTON State VA Zip Code 22216	Amount of Each Disbursement this Period 2454.87
	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) AMBER JOHNSON	Transaction ID: SB.21 Date of Disbursement 06 / 30 / 2009
	Mailing Address PO BOX 16118	
	City ARLINGTON State VA Zip Code 22216	Amount of Each Disbursement this Period 2454.87
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	7364.61
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)

PAGE 149 / 217

<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) SALVATORE PURPURA</p> <p>Mailing Address PO BOX 16118</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>Transaction ID: SB.162</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1260.87"/></p>
<p>B. Full Name (Last, First, Middle Initial) SALVATORE PURPURA</p> <p>Mailing Address PO BOX 16118</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>Transaction ID: SB.163</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="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="419.70"/></p>
<p>C. Full Name (Last, First, Middle Initial) SALVATORE PURPURA</p> <p>Mailing Address PO BOX 16118</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>Transaction ID: SB.164</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="229.78"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1910.35"/>
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)

PAGE 150 / 217

<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) SALVATORE PURPURA	Transaction ID: SB.165
	Mailing Address PO BOX 16118	Date of Disbursement 06 / 15 / 2009
	City ARLINGTON State VA Zip Code 22215	Amount of Each Disbursement this Period 277.26
	Purpose of Disbursement PAYROLL	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) SALVATORE PURPURA	Transaction ID: SB21.2955759
	Mailing Address PO BOX 16118	Date of Disbursement 03 / 31 / 2009
	City ARLINGTON State VA Zip Code 22216	Amount of Each Disbursement this Period 38.47
	Purpose of Disbursement IN-KIND- ACCOUNTING SOFTWARE	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) ADMINISTAFF	Transaction ID: SB.1
	Mailing Address 19001 CRESCENT SPRINGS DR	Date of Disbursement 01 / 28 / 2009
	City KINGWOOD State TX Zip Code 77339	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement PAYROLL SVC-INSUR	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) ▼

SUBTOTAL of Disbursements This Page (optional)	815.73
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 151 / 217

<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: SB.2 Date of Disbursement
	Mailing Address 19001 CRESCENT SPRINGS DR	<input type="text" value="03"/> / <input type="text" value="13"/> / <input type="text" value="2009"/>
	City KINGWOOD State TX Zip Code 77339	Amount of Each Disbursement this Period
	Purpose of Disbursement PAYROLL SVC-INSUR	<input type="text" value="1140.73"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ADMINISTAFF	Transaction ID: SB.3 Date of Disbursement
	Mailing Address 19001 CRESCENT SPRINGS DR	<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City KINGWOOD State TX Zip Code 77339	Amount of Each Disbursement this Period
	Purpose of Disbursement PAYROLL SVC-INSUR	<input type="text" value="943.40"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) ADMINISTAFF	Transaction ID: SB.4 Date of Disbursement
	Mailing Address 19001 CRESCENT SPRINGS DR	<input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2009"/>
	City KINGWOOD State TX Zip Code 77339	Amount of Each Disbursement this Period
	Purpose of Disbursement PAYROLL SVC-INSUR	<input type="text" value="1126.43"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3210.56"/>
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)

PAGE 152 / 217

<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: SB.5 Date of Disbursement
	Mailing Address 19001 CRESCENT SPRINGS DR	<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City KINGWOOD State TX Zip Code 77339	Amount of Each Disbursement this Period
	Purpose of Disbursement PAYROLL SVC-INSUR	<input type="text" value="895.69"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ADMINISTAFF	Transaction ID: SB.6 Date of Disbursement
	Mailing Address 19001 CRESCENT SPRINGS DR	<input type="text" value="05"/> / <input type="text" value="15"/> / <input type="text" value="2009"/>
	City KINGWOOD State TX Zip Code 77339	Amount of Each Disbursement this Period
	Purpose of Disbursement PAYROLL SVC-INSUR	<input type="text" value="1048.53"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) ADMINISTAFF	Transaction ID: SB.7 Date of Disbursement
	Mailing Address 19001 CRESCENT SPRINGS DR	<input type="text" value="05"/> / <input type="text" value="29"/> / <input type="text" value="2009"/>
	City KINGWOOD State TX Zip Code 77339	Amount of Each Disbursement this Period
	Purpose of Disbursement PAYROLL SVC-INSUR	<input type="text" value="942.67"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2886.89"/>
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)

PAGE 153 / 217

<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: SB.8 Date of Disbursement 06 / 15 / 2009
	Mailing Address 19001 CRESCENT SPRINGS DR	Amount of Each Disbursement this Period 1095.60
	City KINGWOOD State TX Zip Code 77339	
	Purpose of Disbursement PAYROLL SVC-INSUR	
	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) ADMINISTAFF	Transaction ID: SB.9 Date of Disbursement 06 / 30 / 2009
	Mailing Address 19001 CRESCENT SPRINGS DR	Amount of Each Disbursement this Period 895.54
	City KINGWOOD State TX Zip Code 77339	
	Purpose of Disbursement PAYROLL SVC-INSUR	
	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) ADVANTAGE MAIL	Transaction ID: SB.10 Date of Disbursement 02 / 27 / 2009
	Mailing Address 1258 W SOUTHERN AVE STE 102	Amount of Each Disbursement this Period 3637.11
	City TEMPE State AZ Zip Code 85282	
	Purpose of Disbursement PRINTING/POSTAGE	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	5628.25
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 154 / 217

<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) ALPHAGRAPHERICS	Transaction ID: SB.11 Date of Disbursement 01 / 29 / 2009
	Mailing Address 1001 N FAIRFAX ST STE 100	Amount of Each Disbursement this Period 981.73
	City ALEXANDRIA State VA Zip Code 22314	
	Purpose of Disbursement PRINTING	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) ALPHAGRAPHERICS	Transaction ID: SB.12 Date of Disbursement 03 / 12 / 2009
	Mailing Address 1001 N FAIRFAX ST STE 100	Amount of Each Disbursement this Period 2996.04
	City ALEXANDRIA State VA Zip Code 22314	
	Purpose of Disbursement PRINTING	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) ALPHAGRAPHERICS	Transaction ID: SB.13 Date of Disbursement 04 / 01 / 2009
	Mailing Address 1001 N FAIRFAX ST STE 100	Amount of Each Disbursement this Period 965.88
	City ALEXANDRIA State VA Zip Code 22314	
	Purpose of Disbursement PRINTING	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:	

SUBTOTAL of Disbursements This Page (optional)	4943.65
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 155 / 217

<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) AMERICAN EXPRESS Mailing Address PO BOX 1270 City NEWARK State NJ Zip Code 07101 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: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.22 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 5 / 2 0 0 9
	Amount of Each Disbursement this Period 139.35

B. Full Name (Last, First, Middle Initial) AMERICAN EXPRESS Mailing Address PO BOX 1270 City NEWARK State NJ Zip Code 07101 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: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.23 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 9
	Amount of Each Disbursement this Period 4.64

C. Full Name (Last, First, Middle Initial) AMERICAN EXPRESS Mailing Address PO BOX 1270 City NEWARK State NJ Zip Code 07101 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: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.24 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 9
	Amount of Each Disbursement this Period 8.85

SUBTOTAL of Disbursements This Page (optional) ▶	152.84
TOTAL 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) AON RISK SERVICES INC	Transaction ID: SB.25 Date of Disbursement																			
	Mailing Address PO BOX 7247-7389	<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>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	1		2	0	0	9												
	City PHILADELPHIA State PA Zip Code 19170	Amount of Each Disbursement this Period																			
	Purpose of Disbursement INSURANCE	<table border="1"><tr><td>6781.81</td></tr></table>	6781.81																		
6781.81																					
	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) AON RISK SERVICES INC	Transaction ID: SB.26 Date of Disbursement																			
	Mailing Address PO BOX 7247-7389	<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>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	2		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	2		2	0	0	9												
	City PHILADELPHIA State PA Zip Code 19170	Amount of Each Disbursement this Period																			
	Purpose of Disbursement INSURANCE	<table border="1"><tr><td>3926.14</td></tr></table>	3926.14																		
3926.14																					
	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) AON RISK SERVICES INC	Transaction ID: SB.27 Date of Disbursement																			
	Mailing Address PO BOX 7247-7389	<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>5</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	5		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	5		2	0	0	9												
	City PHILADELPHIA State PA Zip Code 19170	Amount of Each Disbursement this Period																			
	Purpose of Disbursement INSURANCE	<table border="1"><tr><td>10595.50</td></tr></table>	10595.50																		
10595.50																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>21303.45</td></tr></table>	21303.45
21303.45		
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)

PAGE 157 / 217

<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) ARIZONA CORPORATION COMMISSION Mailing Address 1300 W WASHINGTON 1ST FL City PHOENIX State AZ Zip Code 85007 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: SB.28 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 0 / 2 0 0 9
	Amount of Each Disbursement this Period 175.00

B. Full Name (Last, First, Middle Initial) AT&T MOBILITY Mailing Address PO BOX 6463 City CAROL STREAM State IL Zip Code 60197 Purpose of Disbursement PHONE 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) ▼	Transaction ID: SB.29 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 9
	Amount of Each Disbursement this Period 31.74

C. Full Name (Last, First, Middle Initial) AT&T MOBILITY Mailing Address PO BOX 6463 City CAROL STREAM State IL Zip Code 60197 Purpose of Disbursement PHONE 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) ▼	Transaction ID: SB.30 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 9
	Amount of Each Disbursement this Period 227.92

SUBTOTAL of Disbursements This Page (optional) ▶	434.66
TOTAL 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) AT&T MOBILITY <hr/> Mailing Address PO BOX 6463 <hr/> City CAROL STREAM State IL Zip Code 60197 Purpose of Disbursement PHONE SERVICE 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: SB.31 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 9
	Amount of Each Disbursement this Period 929.94

B. Full Name (Last, First, Middle Initial) AT&T MOBILITY <hr/> Mailing Address PO BOX 6463 <hr/> City CAROL STREAM State IL Zip Code 60197 Purpose of Disbursement PHONE SERVICE 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: SB.32 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 9
	Amount of Each Disbursement this Period 525.95

C. Full Name (Last, First, Middle Initial) AT&T MOBILITY <hr/> Mailing Address PO BOX 6463 <hr/> City CAROL STREAM State IL Zip Code 60197 Purpose of Disbursement PHONE SERVICE 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: SB.33 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 7 / 2 0 0 9
	Amount of Each Disbursement this Period 326.67

SUBTOTAL of Disbursements This Page (optional) ▶	1782.56
TOTAL 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)

PAGE 160 / 217

<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) BB&T <hr/> Mailing Address 300 SOUTH WASHINGTON ST <hr/> City ALEXANDRIA State VA Zip Code 22314 <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: SB.37 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 9
	Amount of Each Disbursement this Period 113.17
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) BB&T <hr/> Mailing Address 300 SOUTH WASHINGTON ST <hr/> City ALEXANDRIA State VA Zip Code 22314 <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: SB.38 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 1 / 2 0 0 9
	Amount of Each Disbursement this Period 106.69
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) BB&T <hr/> Mailing Address 300 SOUTH WASHINGTON ST <hr/> City ALEXANDRIA State VA Zip Code 22314 <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: SB.39 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 9
	Amount of Each Disbursement this Period 117.41
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

337.27

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 161 / 217

<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) BB&T FINANCIAL FSB</p> <p>Mailing Address PO BOX 580340</p> <p>City CHARLOTTE State NC Zip Code 28258</p> <p>Purpose of Disbursement CREDIT CARD PAYMENT</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: SB.1000</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1663.52"/></p>
<p>B. Full Name (Last, First, Middle Initial) CAREY INTERNATIONAL INC</p> <p>Mailing Address 4530 WISCONSIN AVE NW</p> <p>City WASHINGTON State DC Zip Code 20016</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: SB.200</p> <p>Date of Disbursement</p> <p><input type="text" value="05"/> <input type="text" value="21"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="147.12"/></p> <p>[MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) MACNAIR TRAVEL AGENCY</p> <p>Mailing Address 4100 FAIRFAX DR STE 600</p> <p>City ARLINGTON State VA Zip Code 22203</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: SB.201</p> <p>Date of Disbursement</p> <p><input type="text" value="05"/> <input type="text" value="21"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="70.00"/></p> <p>[MEMO ITEM]</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="1663.52"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

**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 162 / 217

<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

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) UNITED AIRLINES	Transaction ID: SB.202 Date of Disbursement 05 / 21 / 2009
	Mailing Address 1200 E ALGONQUIN RD	Amount of Each Disbursement this Period 1404.40
	City ELK GROVE VILLAGE State IL Zip Code 60007	
	Purpose of Disbursement TRAVEL	[MEMO ITEM]
	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) USPS	Transaction ID: SB.203 Date of Disbursement 05 / 21 / 2009
	Mailing Address 1632 CRYSTAL SQ ARC	Amount of Each Disbursement this Period 42.00
	City ARLINGTON State VA Zip Code 22202	
	Purpose of Disbursement POSTAGE	[MEMO ITEM]
	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) BB&T FINANCIAL FSB	Transaction ID: SB.1001 Date of Disbursement 06 / 16 / 2009
	Mailing Address PO BOX 580340	Amount of Each Disbursement this Period 193.43
	City CHARLOTTE State NC Zip Code 28258	
	Purpose of Disbursement CREDIT CARD PAYMENT	[MEMO ITEM]
	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:	

SUBTOTAL of Disbursements This Page (optional)	▶	193.43
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 163 / 217

<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) AMERICAN AIRLINES Mailing Address PO BOX 582820 MD 766 City TULSA State OK Zip Code 74158 Purpose of Disbursement TRAVEL 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: SB.204 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 9
	Amount of Each Disbursement this Period 1108.40 [MEMO ITEM]

B. Full Name (Last, First, Middle Initial) EMBASSY SUITES PHOENIX BILTMORE Mailing Address 2630 E CAMELBACK RD City PHOENIX State AZ Zip Code 85016 Purpose of Disbursement TRAVEL 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: SB.205 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 9
	Amount of Each Disbursement this Period 144.83 [MEMO ITEM]

C. Full Name (Last, First, Middle Initial) MACNAIR TRAVEL AGENCY Mailing Address 4100 FAIRFAX DR STE 600 City ARLINGTON State VA Zip Code 22203 Purpose of Disbursement TRAVEL Candidate Name Office Sought: <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: SB.206 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 9
	Amount of Each Disbursement this Period 210.00 [MEMO ITEM]

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 164 / 217

<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)
UNITED AIRLINES

Mailing Address 1200 E ALGONQUIN RD

City ELK GROVE VILLAGE State IL Zip Code 60007

Purpose of Disbursement
CREDIT-TRAVEL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.208

Date of Disbursement

06 / 21 / 2009

Amount of Each Disbursement this Period

-1404.40

[MEMO ITEM]

B.

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

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.207

Date of Disbursement

06 / 21 / 2009

Amount of Each Disbursement this Period

134.60

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
CAMPAIGN SOLUTIONS

Mailing Address 118 N ST ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
WEB SERVICE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.48

Date of Disbursement

01 / 21 / 2009

Amount of Each Disbursement this Period

125.38

SUBTOTAL of Disbursements This Page (optional)

125.38

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 165 / 217

<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) CAMPAIGN SOLUTIONS	Transaction ID: SB.49 Date of Disbursement
	Mailing Address 118 N ST ASAPH ST	<input type="text" value="02"/> / <input type="text" value="17"/> / <input type="text" value="2009"/>
	City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period
	Purpose of Disbursement WEB SERVICE	<input type="text" value="2500.00"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CAMPAIGN SOLUTIONS	Transaction ID: SB.50 Date of Disbursement
	Mailing Address 118 N ST ASAPH ST	<input type="text" value="04"/> / <input type="text" value="13"/> / <input type="text" value="2009"/>
	City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period
	Purpose of Disbursement WEB SERVICE	<input type="text" value="18432.52"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) CAMPAIGN SOLUTIONS	Transaction ID: SB.51 Date of Disbursement
	Mailing Address 118 N ST ASAPH ST	<input type="text" value="05"/> / <input type="text" value="15"/> / <input type="text" value="2009"/>
	City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period
	Purpose of Disbursement WEB SERVICE	<input type="text" value="1466.44"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="22398.96"/>
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)

PAGE 166 / 217

<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) CAPLIN & DRYSDALE</p> <p>Mailing Address ONE THOMAS CIR NW STE 1100</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement LEGAL 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: SB.52</p> <p>Date of Disbursement</p> <p><input type="text" value="04"/> / <input type="text" value="01"/> / <input type="text" value="2009"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5153.50"/></p>
<p>B. Full Name (Last, First, Middle Initial) CAPLIN & DRYSDALE</p> <p>Mailing Address ONE THOMAS CIR NW STE 1100</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement LEGAL 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: SB.53</p> <p>Date of Disbursement</p> <p><input type="text" value="04"/> / <input type="text" value="14"/> / <input type="text" value="2009"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="18000.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) CAPLIN & DRYSDALE</p> <p>Mailing Address ONE THOMAS CIR NW STE 1100</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement LEGAL 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: SB.54</p> <p>Date of Disbursement</p> <p><input type="text" value="05"/> / <input type="text" value="15"/> / <input type="text" value="2009"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="846.50"/></p>

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER: (check only one)

PAGE 167 / 217

<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) CD INC	Transaction ID: SB.55 Date of Disbursement
	Mailing Address PO BOX 1877	<input type="text" value="05"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City ALEXANDRIA State VA Zip Code 22313	Amount of Each Disbursement this Period
	Purpose of Disbursement WEB SERVICE	<input type="text" value="103.11"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CHAIN BRIDGE BANK	Transaction ID: SB.56 Date of Disbursement
	Mailing Address 1445-A LAUGHLIN AVE	<input type="text" value="01"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City MCLEAN State VA Zip Code 22101	Amount of Each Disbursement this Period
	Purpose of Disbursement BANK FEE	<input type="text" value="5.00"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) CHAIN BRIDGE BANK	Transaction ID: SB.57 Date of Disbursement
	Mailing Address 1445-A LAUGHLIN AVE	<input type="text" value="01"/> <input type="text" value="12"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City MCLEAN State VA Zip Code 22101	Amount of Each Disbursement this Period
	Purpose of Disbursement BANK FEE	<input type="text" value="5.00"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="113.11"/>
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)

PAGE 168 / 217

<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: SB.58 Date of Disbursement 02 / 23 / 2009
	Mailing Address 1445-A LAUGHLIN AVE	Amount of Each Disbursement this Period 5.00
	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 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: SB.59 Date of Disbursement 02 / 28 / 2009
	Mailing Address 1445-A LAUGHLIN AVE	Amount of Each Disbursement this Period 132.25
	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 State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) CHAIN BRIDGE BANK	Transaction ID: SB.60 Date of Disbursement 04 / 09 / 2009
	Mailing Address 1445-A LAUGHLIN AVE	Amount of Each Disbursement this Period 5.00
	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 State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	142.25
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) CHAIN BRIDGE BANK	Transaction ID: SB.61 Date of Disbursement
	Mailing Address 1445-A LAUGHLIN AVE	<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City MCLEAN State VA Zip Code 22101	Amount of Each Disbursement this Period
	Purpose of Disbursement BANK FEE	<input type="text" value="39.50"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CHAIN BRIDGE BANK	Transaction ID: SB.62 Date of Disbursement
	Mailing Address 1445-A LAUGHLIN AVE	<input type="text" value="06"/> / <input type="text" value="15"/> / <input type="text" value="2009"/>
	City MCLEAN State VA Zip Code 22101	Amount of Each Disbursement this Period
	Purpose of Disbursement BANK FEE	<input type="text" value="5.00"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) CHAIN BRIDGE BANK	Transaction ID: SB.63 Date of Disbursement
	Mailing Address 1445-A LAUGHLIN AVE	<input type="text" value="06"/> / <input type="text" value="15"/> / <input type="text" value="2009"/>
	City MCLEAN State VA Zip Code 22101	Amount of Each Disbursement this Period
	Purpose of Disbursement BANK FEE	<input type="text" value="150.52"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="195.02"/>
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)

PAGE 170 / 217

<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 <hr/> Mailing Address 7704 LEESBURG PKE <hr/> City FALLS CHURCH State VA Zip Code 22043 <hr/> Purpose of Disbursement DATA ENTRY SERVICE Candidate Name Category/Type <hr/> 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:	Transaction ID: SB.64 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 2255.40
B.	Full Name (Last, First, Middle Initial) CMDI <hr/> Mailing Address 7704 LEESBURG PKE <hr/> City FALLS CHURCH State VA Zip Code 22043 <hr/> Purpose of Disbursement DATA ENTRY SERVICE Candidate Name Category/Type <hr/> 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:	Transaction ID: SB.65 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 7244.10
C.	Full Name (Last, First, Middle Initial) CMDI <hr/> Mailing Address 7704 LEESBURG PKE <hr/> City FALLS CHURCH State VA Zip Code 22043 <hr/> Purpose of Disbursement LIST MANAGEMENT SERVICE/DATA ENTRY SERVI Candidate Name Category/Type <hr/> 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:	Transaction ID: SB.66 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 5043.69

SUBTOTAL of Disbursements This Page (optional) ▶

14543.19

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 171 / 217

<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 Mailing Address 7704 LEESBURG PKE City FALLS CHURCH State VA Zip Code 22043 Purpose of Disbursement POSTAGE 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: SB.67 Date of Disbursement 01 / 29 / 2009	Amount of Each Disbursement this Period 6232.00
B.	Full Name (Last, First, Middle Initial) CT CORPORATION Mailing Address PO BOX 4349 City CAROL STREAM State IL Zip Code 60197 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) ▼	Transaction ID: SB.68 Date of Disbursement 02 / 27 / 2009	Amount of Each Disbursement this Period 32.84
C.	Full Name (Last, First, Middle Initial) DAVIS MANAFORT INC Mailing Address 211 N UNION ST STE 250 City ALEXANDRIA State VA Zip Code 22314 Purpose of Disbursement RENT 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: SB.69 Date of Disbursement 02 / 02 / 2009	Amount of Each Disbursement this Period 12830.66

SUBTOTAL of Disbursements This Page (optional) ▶

19095.50

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 172 / 217

<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) DAVIS MANAFORT INC <hr/> Mailing Address 211 N UNION ST STE 250 <hr/> City ALEXANDRIA State VA Zip Code 22314 <hr/> Purpose of Disbursement RENT 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: SB.70 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 2719.28
B.	Full Name (Last, First, Middle Initial) DAVIS MANAFORT INC <hr/> Mailing Address 211 N UNION ST STE 250 <hr/> City ALEXANDRIA State VA Zip Code 22314 <hr/> Purpose of Disbursement RENT 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: SB.71 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 1773.99
C.	Full Name (Last, First, Middle Initial) DAVIS MANAFORT INC <hr/> Mailing Address 211 N UNION ST STE 250 <hr/> City ALEXANDRIA State VA Zip Code 22314 <hr/> Purpose of Disbursement RENT/PERSONNELL SERVICE/EQUIPMENT 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: SB.72 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 2753.64

SUBTOTAL of Disbursements This Page (optional) ▶	7246.91
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 173 / 217

<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) DAVIS MANAFORT INC</p> <p>Mailing Address 211 N UNION ST STE 250</p> <p>City ALEXANDRIA State VA Zip Code 22314</p> <p>Purpose of Disbursement RENT/PERSONNEL SERVICE/EQUIPMENT</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: SB.73</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="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2968.93"/></p>
<p>B. Full Name (Last, First, Middle Initial) DC OFFICE OF TAX AND REVENUE</p> <p>Mailing Address 941 N CAPITOL ST NE</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement PAYROLL TAXES</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: SB.74</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="62.79"/></p>
<p>C. Full Name (Last, First, Middle Initial) DC OFFICE OF TAX AND REVENUE</p> <p>Mailing Address 941 N CAPITOL ST NE</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement PAYROLL TAXES</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: SB.75</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="62.79"/></p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="3094.51"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

**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 174 / 217

<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.</p> <p>Full Name (Last, First, Middle Initial) DC OFFICE OF TAX AND REVENUE</p> <p>Mailing Address 941 N CAPITOL ST NE</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement PAYROLL TAXES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.76</p> <p>Date of Disbursement 04 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 62.79</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) DC OFFICE OF TAX AND REVENUE</p> <p>Mailing Address 941 N CAPITOL ST NE</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement PAYROLL TAXES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.77</p> <p>Date of Disbursement 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 62.79</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) DC OFFICE OF TAX AND REVENUE</p> <p>Mailing Address 941 N CAPITOL ST NE</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement PAYROLL TAXES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.78</p> <p>Date of Disbursement 05 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 62.79</p>

SUBTOTAL of Disbursements This Page (optional) ▶

188.37

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 175 / 217

<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.</p> <p>Full Name (Last, First, Middle Initial) DC OFFICE OF TAX AND REVENUE</p> <p>Mailing Address 941 N CAPITOL ST NE</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement PAYROLL TAXES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.79</p> <p>Date of Disbursement 05 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 62.79</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) DC OFFICE OF TAX AND REVENUE</p> <p>Mailing Address 941 N CAPITOL ST NE</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement PAYROLL TAXES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.80</p> <p>Date of Disbursement 06 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 62.79</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) DC OFFICE OF TAX AND REVENUE</p> <p>Mailing Address 941 N CAPITOL ST NE</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement PAYROLL TAXES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.81</p> <p>Date of Disbursement 06 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 62.79</p>

SUBTOTAL of Disbursements This Page (optional)	188.37
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 176 / 217

<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) EDONATION	Transaction ID: SB.100 Date of Disbursement
	Mailing Address 118 NORTH ST ASAPH ST	<input type="text" value="06"/> / <input type="text" value="15"/> / <input type="text" value="2009"/>
	City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period
	Purpose of Disbursement CREDIT CARD MERCHANT FEE	<input type="text" value="587.79"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) EDONATION	Transaction ID: SB.101 Date of Disbursement
	Mailing Address 118 NORTH ST ASAPH ST	<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period
	Purpose of Disbursement CREDIT CARD MERCHANT FEE	<input type="text" value="144.32"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) EDONATION	Transaction ID: SB.82 Date of Disbursement
	Mailing Address 118 NORTH ST ASAPH ST	<input type="text" value="01"/> / <input type="text" value="20"/> / <input type="text" value="2009"/>
	City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period
	Purpose of Disbursement CREDIT CARD MERCHANT FEE	<input type="text" value="5152.72"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="5884.83"/>
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)

PAGE 177 / 217

<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) EDONATION</p> <p>Mailing Address 118 NORTH ST ASAPH ST</p> <p>City ALEXANDRIA State VA Zip Code 22314</p> <p>Purpose of Disbursement CREDIT CARD MERCHANT FEE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.83 Date of Disbursement 01 / 22 / 2009</p> <p>Amount of Each Disbursement this Period 310.94</p>
<p>B. Full Name (Last, First, Middle Initial) EDONATION</p> <p>Mailing Address 118 NORTH ST ASAPH ST</p> <p>City ALEXANDRIA State VA Zip Code 22314</p> <p>Purpose of Disbursement CREDIT CARD MERCHANT FEE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.84 Date of Disbursement 02 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 221.90</p>
<p>C. Full Name (Last, First, Middle Initial) EDONATION</p> <p>Mailing Address 118 NORTH ST ASAPH ST</p> <p>City ALEXANDRIA State VA Zip Code 22314</p> <p>Purpose of Disbursement CREDIT CARD MERCHANT FEE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.85 Date of Disbursement 02 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 2060.72</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2593.56

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 178 / 217

<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) EDONATION	Transaction ID: SB.86 Date of Disbursement
	Mailing Address 118 NORTH ST ASAPH ST	<input type="text" value="02"/> / <input type="text" value="13"/> / <input type="text" value="2009"/>
	City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period
	Purpose of Disbursement CREDIT CARD MERCHANT FEE	<input type="text" value="471.56"/>
	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) EDONATION	Transaction ID: SB.87 Date of Disbursement
	Mailing Address 118 NORTH ST ASAPH ST	<input type="text" value="02"/> / <input type="text" value="20"/> / <input type="text" value="2009"/>
	City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period
	Purpose of Disbursement CREDIT CARD MERCHANT FEE	<input type="text" value="380.90"/>
	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) EDONATION	Transaction ID: SB.88 Date of Disbursement
	Mailing Address 118 NORTH ST ASAPH ST	<input type="text" value="02"/> / <input type="text" value="20"/> / <input type="text" value="2009"/>
	City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period
	Purpose of Disbursement CREDIT CARD MERCHANT FEE	<input type="text" value="100.00"/>
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="952.46"/>
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)

PAGE 179 / 217

<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

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) EDONATION	Transaction ID: SB.89 Date of Disbursement
	Mailing Address 118 NORTH ST ASAPH ST	<input type="text" value="02"/> / <input type="text" value="27"/> / <input type="text" value="2009"/>
	City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period
	Purpose of Disbursement CREDIT CARD MERCHANT FEE	<input type="text" value="91.68"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) EDONATION	Transaction ID: SB.90 Date of Disbursement
	Mailing Address 118 NORTH ST ASAPH ST	<input type="text" value="03"/> / <input type="text" value="06"/> / <input type="text" value="2009"/>
	City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period
	Purpose of Disbursement CREDIT CARD MERCHANT FEE	<input type="text" value="168.39"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) EDONATION	Transaction ID: SB.91 Date of Disbursement
	Mailing Address 118 NORTH ST ASAPH ST	<input type="text" value="03"/> / <input type="text" value="13"/> / <input type="text" value="2009"/>
	City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period
	Purpose of Disbursement CREDIT CARD MERCHANT FEE	<input type="text" value="693.50"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="953.57"/>
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)

PAGE 180 / 217

<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) EDONATION Mailing Address 118 NORTH ST ASAPH ST City ALEXANDRIA State VA Zip Code 22314 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: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.92 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 9
	Amount of Each Disbursement this Period 300.20

B. Full Name (Last, First, Middle Initial) EDONATION Mailing Address 118 NORTH ST ASAPH ST City ALEXANDRIA State VA Zip Code 22314 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: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.93 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 9
	Amount of Each Disbursement this Period 953.90

C. Full Name (Last, First, Middle Initial) EDONATION Mailing Address 118 NORTH ST ASAPH ST City ALEXANDRIA State VA Zip Code 22314 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: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.94 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 9
	Amount of Each Disbursement this Period 642.98

SUBTOTAL of Disbursements This Page (optional) ▶	1897.08
TOTAL 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)

PAGE 181 / 217

<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) EDONATION	Transaction ID: SB.95 Date of Disbursement
	Mailing Address 118 NORTH ST ASAPH ST	<input type="text" value="04"/> / <input type="text" value="10"/> / <input type="text" value="2009"/>
	City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period
	Purpose of Disbursement CREDIT CARD MERCHANT FEE	<input type="text" value="175.49"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) EDONATION	Transaction ID: SB.96 Date of Disbursement
	Mailing Address 118 NORTH ST ASAPH ST	<input type="text" value="05"/> / <input type="text" value="01"/> / <input type="text" value="2009"/>
	City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period
	Purpose of Disbursement CREDIT CARD MERCHANT FEE	<input type="text" value="44.00"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) EDONATION	Transaction ID: SB.97 Date of Disbursement
	Mailing Address 118 NORTH ST ASAPH ST	<input type="text" value="05"/> / <input type="text" value="08"/> / <input type="text" value="2009"/>
	City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period
	Purpose of Disbursement CREDIT CARD MERCHANT FEE	<input type="text" value="124.49"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="343.98"/>
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)

PAGE 182 / 217

<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) EDONATION	Transaction ID: SB.98 Date of Disbursement
	Mailing Address 118 NORTH ST ASAPH ST	<input type="text" value="05"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period
	Purpose of Disbursement CREDIT CARD MERCHANT FEE	<input type="text" value="2725.18"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) EDONATION	Transaction ID: SB.99 Date of Disbursement
	Mailing Address 118 NORTH ST ASAPH ST	<input type="text" value="05"/> <input type="text" value="22"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period
	Purpose of Disbursement CREDIT CARD MERCHANT FEE	<input type="text" value="985.01"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) EUDY COMPANY	Transaction ID: SB.103 Date of Disbursement
	Mailing Address 211 N UNION ST STE 200	<input type="text" value="02"/> <input type="text" value="27"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period
	Purpose of Disbursement FINANCE CONSULTING	<input type="text" value="15000.00"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="18710.19"/>
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)

PAGE 183 / 217

<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) EUDY COMPANY	Transaction ID: SB.104 Date of Disbursement
	Mailing Address 211 N UNION ST STE 200	<input type="text" value="04"/> / <input type="text" value="01"/> / <input type="text" value="2009"/>
	City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period
	Purpose of Disbursement FINANCE CONSULTING	<input type="text" value="7000.00"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) EUDY COMPANY	Transaction ID: SB.105 Date of Disbursement
	Mailing Address 211 N UNION ST STE 200	<input type="text" value="05"/> / <input type="text" value="01"/> / <input type="text" value="2009"/>
	City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period
	Purpose of Disbursement FINANCE CONSULTING	<input type="text" value="7000.00"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) EUDY COMPANY	Transaction ID: SB.106 Date of Disbursement
	Mailing Address 211 N UNION ST STE 200	<input type="text" value="05"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>
	City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period
	Purpose of Disbursement FINANCE CONSULTING	<input type="text" value="7000.00"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="21000.00"/>
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)

PAGE 184 / 217

<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) EVENTS BY ANDREA Mailing Address 345 E ORANGE DR City PHOENIX State AZ Zip Code 85012 Purpose of Disbursement FINANCE 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: SB.107 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00

B. Full Name (Last, First, Middle Initial) FEDEX Mailing Address PO BOX 371461 City PITTSBURGH State PA Zip Code 15250 Purpose of Disbursement DELIVERY 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: SB.108 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 9
	Amount of Each Disbursement this Period 22.17

C. Full Name (Last, First, Middle Initial) FEDEX Mailing Address PO BOX 371461 City PITTSBURGH State PA Zip Code 15250 Purpose of Disbursement DELIVERY 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: SB.109 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 9
	Amount of Each Disbursement this Period 4.72

SUBTOTAL of Disbursements This Page (optional) ▶	1026.89
TOTAL 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)

PAGE 185 / 217

<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) FEDEX <hr/> Mailing Address PO BOX 371461 <hr/> City PITTSBURGH State PA Zip Code 15250 Purpose of Disbursement DELIVERY 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: SB.110 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 9	Amount of Each Disbursement this Period 38.94
B.	Full Name (Last, First, Middle Initial) FEDEX <hr/> Mailing Address PO BOX 371461 <hr/> City PITTSBURGH State PA Zip Code 15250 Purpose of Disbursement DELIVERY 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: SB.111 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 9	Amount of Each Disbursement this Period 22.91
C.	Full Name (Last, First, Middle Initial) FEDEX <hr/> Mailing Address PO BOX 371461 <hr/> City PITTSBURGH State PA Zip Code 15250 Purpose of Disbursement DELIVERY 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: SB.112 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 0 9	Amount of Each Disbursement this Period 16.96

SUBTOTAL of Disbursements This Page (optional)	78.81
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 186 / 217

<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) FEDEX	Transaction ID: SB.113
	Mailing Address PO BOX 371461	Date of Disbursement 05 / 15 / 2009
	City PITTSBURGH State PA Zip Code 15250	Amount of Each Disbursement this Period 13.95
	Purpose of Disbursement DELIVERY	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) FGP CONSULTING LLC	Transaction ID: SB.114
	Mailing Address 211 N UNION ST STE 200	Date of Disbursement 03 / 03 / 2009
	City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 10905.87
	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	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) FGP CONSULTING LLC	Transaction ID: SB.115
	Mailing Address 211 N UNION ST STE 200	Date of Disbursement 04 / 08 / 2009
	City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 10000.00
	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	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:	

SUBTOTAL of Disbursements This Page (optional) ▶

20919.82

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 187 / 217

<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: SB.116 Date of Disbursement
	Mailing Address 211 N UNION ST STE 200	<input type="text" value="05"/> <input type="text" value="07"/> / <input type="text" value="2009"/>
	City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period
	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	<input type="text" value="2000.00"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FGP CONSULTING LLC	Transaction ID: SB.117 Date of Disbursement
	Mailing Address 211 N UNION ST STE 200	<input type="text" value="06"/> <input type="text" value="05"/> / <input type="text" value="2009"/>
	City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period
	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	<input type="text" value="2000.00"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) HUCKABY DAVIS LISKER	Transaction ID: SB.118 Date of Disbursement
	Mailing Address 228 S WASHINGTON ST STE 115	<input type="text" value="03"/> <input type="text" value="12"/> / <input type="text" value="2009"/>
	City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period
	Purpose of Disbursement COMPLIANCE CONSULTING	<input type="text" value="5000.00"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="9000.00"/>
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)

PAGE 188 / 217

<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) ICS CORPORATION	Transaction ID: SB.119 Date of Disbursement 01 / 21 / 2009
	Mailing Address 2225 RICHMOND ST	Amount of Each Disbursement this Period 60957.93
	City PHILADELPHIA State PA Zip Code 19125	
	Purpose of Disbursement POSTAGE	
	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) ICS CORPORATION	Transaction ID: SB.120 Date of Disbursement 03 / 17 / 2009
	Mailing Address 2225 RICHMOND ST	Amount of Each Disbursement this Period 5358.27
	City PHILADELPHIA State PA Zip Code 19125	
	Purpose of Disbursement POSTAGE	
	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) ICS CORPORATION	Transaction ID: SB.121 Date of Disbursement 04 / 28 / 2009
	Mailing Address 2225 RICHMOND ST	Amount of Each Disbursement this Period 9495.16
	City PHILADELPHIA State PA Zip Code 19125	
	Purpose of Disbursement POSTAGE	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	75811.36
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 189 / 217

<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) ICS CORPORATION <hr/> Mailing Address 2225 RICHMOND ST <hr/> City PHILADELPHIA State PA Zip Code 19125 <hr/> Purpose of Disbursement POSTAGE Candidate Name Category/ Type <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: SB.122 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 9291.97
B.	Full Name (Last, First, Middle Initial) ICS CORPORATION <hr/> Mailing Address 2225 RICHMOND ST <hr/> City PHILADELPHIA State PA Zip Code 19125 <hr/> Purpose of Disbursement PRINTING Candidate Name Category/ Type <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: SB.123 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 21734.54
C.	Full Name (Last, First, Middle Initial) INTERNAL REVENUE SERVICE <hr/> Mailing Address 400 N EIGHTH ST <hr/> City RICHMOND State VA Zip Code 23219 <hr/> Purpose of Disbursement PAYROLL TAXES Candidate Name Category/ Type <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: SB.124 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 2058.71

SUBTOTAL of Disbursements This Page (optional) ▶

33085.22

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 190 / 217

<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: SB.125 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 9	Amount of Each Disbursement this Period 1268.10
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 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: SB.126 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 9	Amount of Each Disbursement this Period 1563.13
C.	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: SB.127 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 9	Amount of Each Disbursement this Period 1268.10

SUBTOTAL of Disbursements This Page (optional)	4099.33
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 191 / 217

<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 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:	Transaction ID: SB.128 Date of Disbursement 05 / 15 / 2009 Amount of Each Disbursement this Period 1364.52
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 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:	Transaction ID: SB.129 Date of Disbursement 05 / 29 / 2009 Amount of Each Disbursement this Period 1268.10
C.	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 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:	Transaction ID: SB.130 Date of Disbursement 06 / 15 / 2009 Amount of Each Disbursement this Period 1443.35

SUBTOTAL of Disbursements This Page (optional) ▶

4075.97

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 192 / 217

<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: SB.131 Date of Disbursement
	Mailing Address 400 N EIGHTH ST	<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City RICHMOND State VA Zip Code 23219	Amount of Each Disbursement this Period
	Purpose of Disbursement PAYROLL TAXES	<input type="text" value="1268.10"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) LOCKART ATCHLEY & ASSOCIATES LLP	Transaction ID: SB.132 Date of Disbursement
	Mailing Address 6850 AUSTIN CTR BLVD STE 180	<input type="text" value="02"/> / <input type="text" value="27"/> / <input type="text" value="2009"/>
	City AUSTIN State TX Zip Code 78731	Amount of Each Disbursement this Period
	Purpose of Disbursement COMPLIANCE CONSULTING	<input type="text" value="345.60"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) LOCKART ATCHLEY & ASSOCIATES LLP	Transaction ID: SB.133 Date of Disbursement
	Mailing Address 6850 AUSTIN CTR BLVD STE 180	<input type="text" value="05"/> / <input type="text" value="07"/> / <input type="text" value="2009"/>
	City AUSTIN State TX Zip Code 78731	Amount of Each Disbursement this Period
	Purpose of Disbursement COMPLIANCE CONSULTING	<input type="text" value="288.20"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1901.90"/>
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)

PAGE 193 / 217

<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) LOCKART ATCHLEY & ASSOCIATES LLP</p> <p>Mailing Address 6850 AUSTIN CTR BLVD STE 180</p> <p>City AUSTIN State TX Zip Code 78731</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 State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.134 Date of Disbursement 06 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 309.40</p>
<p>B. Full Name (Last, First, Middle Initial) MD STATE DEPARTMENT OF TAXATION</p> <p>Mailing Address 301 W PRESTON ST</p> <p>City BALTIMORE State MD Zip Code 21201</p> <p>Purpose of Disbursement PAYROLL TAXES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.136 Date of Disbursement 03 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 218.34</p>
<p>C. Full Name (Last, First, Middle Initial) MD STATE DEPARTMENT OF TAXATION</p> <p>Mailing Address 301 W PRESTON ST</p> <p>City BALTIMORE State MD Zip Code 21201</p> <p>Purpose of Disbursement PAYROLL TAXES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.137 Date of Disbursement 03 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 218.34</p>

SUBTOTAL of Disbursements This Page (optional) ▶

746.08

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)
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

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.138

Date of Disbursement

04 / 15 / 2009

Amount of Each Disbursement this Period

218.34

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

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.139

Date of Disbursement

04 / 30 / 2009

Amount of Each Disbursement this Period

218.34

C. 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

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.140

Date of Disbursement

05 / 15 / 2009

Amount of Each Disbursement this Period

218.34

SUBTOTAL of Disbursements This Page (optional) ▶

655.02

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 195 / 217

<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 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: SB.141 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 9
	Amount of Each Disbursement this Period 218.34
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

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: SB.142 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 9
	Amount of Each Disbursement this Period 218.34
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

C. 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: SB.143 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 9
	Amount of Each Disbursement this Period 218.34
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	655.02
TOTAL 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)

PAGE 196 / 217

<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) NATIONAL JOURNAL GROUP INC	Transaction ID: SB.144 Date of Disbursement
	Mailing Address PO BOX 64408	<input type="text" value="02"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City BALTIMORE State MD Zip Code 21264	Amount of Each Disbursement this Period
	Purpose of Disbursement SUBSCRIPTIONS	<input type="text" value="5825.00"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) NOVA	Transaction ID: SB.145 Date of Disbursement
	Mailing Address 7300 CHAPMAN HWY	<input type="text" value="03"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City KNOXVILLE State TN Zip Code 37920	Amount of Each Disbursement this Period
	Purpose of Disbursement CREDIT CARD MERCHANT FEE	<input type="text" value="554.42"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) NOVA	Transaction ID: SB.146 Date of Disbursement
	Mailing Address 7300 CHAPMAN HWY	<input type="text" value="04"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City KNOXVILLE State TN Zip Code 37920	Amount of Each Disbursement this Period
	Purpose of Disbursement CREDIT CARD MERCHANT FEE	<input type="text" value="59.15"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="6438.57"/>
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)

PAGE 197 / 217

<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) NOVA 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: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.147 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 9	Amount of Each Disbursement this Period 51.20
B.	Full Name (Last, First, Middle Initial) NOVA 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: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.148 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 3 / 2 0 0 9	Amount of Each Disbursement this Period 51.37
C.	Full Name (Last, First, Middle Initial) PRIMUS Mailing Address PO BOX 3246 City MILWAUKEE State WI Zip Code 53201 Purpose of Disbursement PHONE 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) ▼	Transaction ID: SB.152 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 9	Amount of Each Disbursement this Period 45.81

SUBTOTAL of Disbursements This Page (optional)		148.38	
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 198 / 217

<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) PRIMUS	Transaction ID: SB.153
	Mailing Address PO BOX 3246	Date of Disbursement MM / DD / YYYY 02 / 27 / 2009
	City MILWAUKEE State WI Zip Code 53201	Amount of Each Disbursement this Period 762.73
	Purpose of Disbursement PHONE SERVICE	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) PRIMUS	Transaction ID: SB.154
	Mailing Address PO BOX 3246	Date of Disbursement MM / DD / YYYY 04 / 01 / 2009
	City MILWAUKEE State WI Zip Code 53201	Amount of Each Disbursement this Period 461.58
	Purpose of Disbursement PHONE SERVICE	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) PRIMUS	Transaction ID: SB.155
	Mailing Address PO BOX 3246	Date of Disbursement MM / DD / YYYY 04 / 28 / 2009
	City MILWAUKEE State WI Zip Code 53201	Amount of Each Disbursement this Period 453.41
	Purpose of Disbursement PHONE SERVICE	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:	

SUBTOTAL of Disbursements This Page (optional)	▶	1677.72
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 199 / 217

<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) PRIMUS	Transaction ID: SB.156 Date of Disbursement 05 / 28 / 2009
	Mailing Address PO BOX 3246	Amount of Each Disbursement this Period 441.22
	City MILWAUKEE State WI Zip Code 53201	
	Purpose of Disbursement PHONE SERVICE 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) PROLEC PROFESSIONAL ELECTRIC INC	Transaction ID: SB.157 Date of Disbursement 01 / 09 / 2009
	Mailing Address 1412 DUKE ST	Amount of Each Disbursement this Period 216.00
	City ALEXANDRIA State VA Zip Code 22314	
	Purpose of Disbursement PERSONNEL SERVICE 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) QUARLES & BRADY LLP	Transaction ID: SB.158 Date of Disbursement 06 / 05 / 2009
	Mailing Address 300 N LASALLE ST STE 4000	Amount of Each Disbursement this Period 95.00
	City CHICAGO State IL Zip Code 60654	
	Purpose of Disbursement 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) ▼

SUBTOTAL of Disbursements This Page (optional)	752.22
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 200 / 217

<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) SOUTHWEST PUBLISHING	Transaction ID: SB.170 Date of Disbursement
	Mailing Address 2600 NW TOPEKA BLVD	<input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City TOPEKA State KS Zip Code 66617	Amount of Each Disbursement this Period
	Purpose of Disbursement POSTAGE	<input type="text" value="19870.73"/>
	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) STANDARD PARKING	Transaction ID: SB.171 Date of Disbursement
	Mailing Address 108 N FAIRFAX ST	<input type="text" value="01"/> / <input type="text" value="27"/> / <input type="text" value="2009"/>
	City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period
	Purpose of Disbursement PARKING SERVICE	<input type="text" value="1132.50"/>
	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) STANDARD PARKING	Transaction ID: SB.172 Date of Disbursement
	Mailing Address 108 N FAIRFAX ST	<input type="text" value="05"/> / <input type="text" value="18"/> / <input type="text" value="2009"/>
	City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period
	Purpose of Disbursement PARKING SERVICE	<input type="text" value="308.00"/>
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="21311.23"/>
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) STATE CORPORATION <hr/> Mailing Address PO BOX 1197 <hr/> City RICHMOND State VA Zip Code 23218 <hr/> Purpose of Disbursement REGISTRATION 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: SB.173 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 75.00
B.	Full Name (Last, First, Middle Initial) VA TAX DEPARTMENT <hr/> Mailing Address PO BOX 1115 <hr/> City RICHMOND State VA Zip Code 23218 <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: SB.174 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 285.11
C.	Full Name (Last, First, Middle Initial) VA TAX DEPARTMENT <hr/> Mailing Address PO BOX 1115 <hr/> City RICHMOND State VA Zip Code 23218 <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: SB.175 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 30.17

SUBTOTAL of Disbursements This Page (optional) ▶	390.28
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 202 / 217

<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	Transaction ID: SB.176 Date of Disbursement
	Mailing Address PO BOX 1115	<input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2009"/>
	City RICHMOND State VA Zip Code 23218	Amount of Each Disbursement this Period
	Purpose of Disbursement PAYROLL TAXES	<input type="text" value="219.61"/>
	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) VA TAX DEPARTMENT	Transaction ID: SB.177 Date of Disbursement
	Mailing Address PO BOX 1115	<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City RICHMOND State VA Zip Code 23218	Amount of Each Disbursement this Period
	Purpose of Disbursement PAYROLL TAXES	<input type="text" value="30.17"/>
	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) VA TAX DEPARTMENT	Transaction ID: SB.178 Date of Disbursement
	Mailing Address PO BOX 1115	<input type="text" value="05"/> / <input type="text" value="15"/> / <input type="text" value="2009"/>
	City RICHMOND State VA Zip Code 23218	Amount of Each Disbursement this Period
	Purpose of Disbursement PAYROLL TAXES	<input type="text" value="190.38"/>
	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="440.16"/>
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)

PAGE 203 / 217

<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 Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB.179 Date of Disbursement 05 / 29 / 2009
	Amount of Each Disbursement this Period 30.17
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

B. 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 Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB.180 Date of Disbursement 06 / 15 / 2009
	Amount of Each Disbursement this Period 198.79
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

C. 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 Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB.181 Date of Disbursement 06 / 30 / 2009
	Amount of Each Disbursement this Period 30.17
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	259.13
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 204 / 217

<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) XO COMMUNICATIONS <hr/> Mailing Address 14239 COLLECTIONS CTR DR <hr/> City CHICAGO State IL Zip Code 60693 <hr/> Purpose of Disbursement TELEPHONE SERVICE 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: SB.191 Date of Disbursement 01 / 27 / 2009 <hr/> Amount of Each Disbursement this Period 1674.54
B.	Full Name (Last, First, Middle Initial) XO COMMUNICATIONS <hr/> Mailing Address 14239 COLLECTIONS CTR DR <hr/> City CHICAGO State IL Zip Code 60693 <hr/> Purpose of Disbursement TELEPHONE SERVICE 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: SB.192 Date of Disbursement 02 / 17 / 2009 <hr/> Amount of Each Disbursement this Period 509.61
C.	Full Name (Last, First, Middle Initial) XO COMMUNICATIONS <hr/> Mailing Address 14239 COLLECTIONS CTR DR <hr/> City CHICAGO State IL Zip Code 60693 <hr/> Purpose of Disbursement TELEPHONE SERVICE 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: SB.193 Date of Disbursement 03 / 17 / 2009 <hr/> Amount of Each Disbursement this Period 1018.72

SUBTOTAL of Disbursements This Page (optional) ▶

3202.87

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 205 / 217

<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) XO COMMUNICATIONS	Transaction ID: SB.194 Date of Disbursement
	Mailing Address 14239 COLLECTIONS CTR DR	<input type="text" value="04"/> / <input type="text" value="22"/> / <input type="text" value="2009"/>
	City CHICAGO State IL Zip Code 60693	Amount of Each Disbursement this Period
	Purpose of Disbursement TELEPHONE SERVICE	<input type="text" value="893.80"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) XO COMMUNICATIONS	Transaction ID: SB.195 Date of Disbursement
	Mailing Address 14239 COLLECTIONS CTR DR	<input type="text" value="05"/> / <input type="text" value="28"/> / <input type="text" value="2009"/>
	City CHICAGO State IL Zip Code 60693	Amount of Each Disbursement this Period
	Purpose of Disbursement TELEPHONE SERVICE	<input type="text" value="893.80"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) XO COMMUNICATIONS	Transaction ID: SB.196 Date of Disbursement
	Mailing Address 14239 COLLECTIONS CTR DR	<input type="text" value="06"/> / <input type="text" value="19"/> / <input type="text" value="2009"/>
	City CHICAGO State IL Zip Code 60693	Amount of Each Disbursement this Period
	Purpose of Disbursement TELEPHONE SERVICE	<input type="text" value="893.80"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2681.40"/>
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)

PAGE 206 / 217

<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)
YUMA SOLUTIONS INC

Mailing Address PO BOX 152075

City TAMPA State FL Zip Code 33684

Purpose of Disbursement
COMPUTER SUPPORT/EQUIPMENT

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.197
Date of Disbursement

/ /

Amount of Each Disbursement this Period

876.00

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/EQUIPMENT/TRAVEL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.198
Date of Disbursement

/ /

Amount of Each Disbursement this Period

9284.48

SUBTOTAL of Disbursements This Page (optional)

10160.48

TOTAL This Period (last page this line number only)

429121.12

**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 207 / 217

<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

A.	Full Name (Last, First, Middle Initial) CHARLIE CRIST FOR US SENATE	Transaction ID: SB23.001 Date of Disbursement																			
	Mailing Address PO BOX 1694	<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>6</td><td>/</td><td>1</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6	/	1	1	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6	/	1	1	/	2	0	0	9												
	City TALLAHASSEE State FL Zip Code 32302	Amount of Each Disbursement this Period																			
	Purpose of Disbursement COMMITTEE CONTRIBUTION	<table border="1"><tr><td>5000.00</td></tr></table>	5000.00																		
5000.00																					
	Candidate Name CHARLIE CRIST	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) FRIENDS OF JOHN THUNE	Transaction ID: SB23.002 Date of Disbursement																			
	Mailing Address PO BOX 841	<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>6</td><td>/</td><td>1</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6	/	1	1	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6	/	1	1	/	2	0	0	9												
	City SIOUX FALLS State SD Zip Code 57101	Amount of Each Disbursement this Period																			
	Purpose of Disbursement COMMITTEE CONTRIBUTION	<table border="1"><tr><td>5000.00</td></tr></table>	5000.00																		
5000.00																					
	Candidate Name JOHN THUNE	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) PORTMAN FOR SENATE	Transaction ID: SB23.003 Date of Disbursement																			
	Mailing Address 195 GREEN HILLS 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>3</td><td>/</td><td>2</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	2	6	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3	/	2	6	/	2	0	0	9												
	City CINCINNATI State OH Zip Code 45208	Amount of Each Disbursement this Period																			
	Purpose of Disbursement COMMITTEE CONTRIBUTION	<table border="1"><tr><td>2400.00</td></tr></table>	2400.00																		
2400.00																					
	Candidate Name ROBERT PORTMAN	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>12400.00</td></tr></table>	12400.00
12400.00		
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 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

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

<p>A. Full Name (Last, First, Middle Initial) PORTMAN FOR SENATE</p> <p>Mailing Address 195 GREEN HILLS RD</p> <p>City CINCINNATI State OH Zip Code 45208</p> <p>Purpose of Disbursement COMMITTEE CONTRIBUTION</p> <p>Candidate Name ROBERT PORTMAN</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.004</p> <p>Date of Disbursement 03 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 2400.00</p>
<p>B. Full Name (Last, First, Middle Initial) PORTMAN FOR SENATE</p> <p>Mailing Address 195 GREEN HILLS RD</p> <p>City CINCINNATI State OH Zip Code 45208</p> <p>Purpose of Disbursement COMMITTEE CONTRIBUTION</p> <p>Candidate Name ROBERT PORTMAN</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.005</p> <p>Date of Disbursement 06 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 2600.00</p>
<p>C. Full Name (Last, First, Middle Initial) RICHARD BURR COMMITTEE</p> <p>Mailing Address PO BOX 5928</p> <p>City WINSTON-SALEM State NC Zip Code 27113</p> <p>Purpose of Disbursement COMMITTEE CONTRIBUTION</p> <p>Candidate Name RICHARD BURR</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.006</p> <p>Date of Disbursement 03 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 2400.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

7400.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input 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

A.

Full Name (Last, First, Middle Initial)
RICHARD BURR COMMITTEE

Transaction ID: SB23.007

Date of Disbursement

/ /

Mailing Address PO BOX 5928

City WINSTON-SALEM State NC Zip Code 27113

Amount of Each Disbursement this Period

Purpose of Disbursement
COMMITTEE CONTRIBUTION

Category/
Type

Candidate Name
RICHARD BURR

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: NC District: 00

B.

Full Name (Last, First, Middle Initial)
RICHARD BURR COMMITTEE

Transaction ID: SB23.008

Date of Disbursement

/ /

Mailing Address PO BOX 5928

City WINSTON-SALEM State NC Zip Code 27113

Amount of Each Disbursement this Period

Purpose of Disbursement
COMMITTEE CONTRIBUTION

Category/
Type

Candidate Name
RICHARD BURR

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: NC District: 00

C.

Full Name (Last, First, Middle Initial)
RUDY GIULIANI PRESIDENTIAL COMMITTEE INC

Transaction ID: SB23.009

Date of Disbursement

/ /

Mailing Address 5 TIMES SQ 24TH FL

City NEW YORK State NY Zip Code 10036

Amount of Each Disbursement this Period

Purpose of Disbursement
COMMITTEE CONTRIBUTION- DEBT RETIREMENT

Category/
Type

Candidate Name
RUDY GIULIANI

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: District: 00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 211 / 217

<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

A. Full Name (Last, First, Middle Initial) WARD FOR CONGRESS Mailing Address 324 E STONEWATER CT City EAGLE State ID Zip Code 83616 Purpose of Disbursement COMMITTEE CONTRIBUTION Candidate Name VAUGHN WARD Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.013 Date of Disbursement 03 / 23 / 2009
	Amount of Each Disbursement this Period 2400.00
B. Full Name (Last, First, Middle Initial) WARD FOR CONGRESS Mailing Address 324 E STONEWATER CT City EAGLE State ID Zip Code 83616 Purpose of Disbursement COMMITTEE CONTRIBUTION Candidate Name VAUGHN WARD Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.013B Date of Disbursement 03 / 23 / 2009
	Amount of Each Disbursement this Period 100.00

SUBTOTAL of Disbursements This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	34500.00

**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 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 checked="" 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) PETE BAXTER	Transaction ID: SB.406 Date of Disbursement 05 / 08 / 2009
	Mailing Address 278 CLAMSHELL COVE RD	Amount of Each Disbursement this Period 50.00
	City COTUIT State MA Zip Code 02635	
	Purpose of Disbursement CONTRIBUTION REFUND	
	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) CLAUDIA COMBS	Transaction ID: SB.403 Date of Disbursement 06 / 15 / 2009
	Mailing Address 1519 BENT TRAIL COURT	Amount of Each Disbursement this Period 12.25
	City SUGAR LAND State TX Zip Code 77479	
	Purpose of Disbursement CONTRIBUTION REFUND	
	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) CLAUDIA COMBS	Transaction ID: SB.404 Date of Disbursement 06 / 30 / 2009
	Mailing Address 1519 BENT TRAIL COURT	Amount of Each Disbursement this Period 12.25
	City SUGAR LAND State TX Zip Code 77479	
	Purpose of Disbursement CONTRIBUTION REFUND	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	74.50
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 213 / 217

<input 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 checked="" 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) RICHARD COOPER	Transaction ID: SB.409 Date of Disbursement 05 / 22 / 2009
	Mailing Address 3125 N BUFFALO DR #2099	Amount of Each Disbursement this Period 25.00
	City LAS VEGAS State NV Zip Code 89128	
	Purpose of Disbursement CONTRIBUTION REFUND	
	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) VELDAY KAY FINCHER	Transaction ID: SB.410 Date of Disbursement 06 / 16 / 2009
	Mailing Address 116 HILYER RD	Amount of Each Disbursement this Period 2000.00
	City DADEVILLE State AL Zip Code 36853	
	Purpose of Disbursement CONTRIBUTION REFUND	
	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) BRUCE FORD	Transaction ID: SB.402 Date of Disbursement 05 / 22 / 2009
	Mailing Address 7801 LONESTAR RD	Amount of Each Disbursement this Period 2000.00
	City JACKSONVILLE State FL Zip Code 32211	
	Purpose of Disbursement CONTRIBUTION REFUND	
	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)	4025.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 214 / 217

<input 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 checked="" 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) ARLENE FRELK	Transaction ID: SB.400 Date of Disbursement 02 / 13 / 2009
	Mailing Address N11011 US HWY 12	
	City MERRILLAN State WI Zip Code 54754	Amount of Each Disbursement this Period 100.00
	Purpose of Disbursement CONTRIBUTION REFUND 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) BARB HURLEY	Transaction ID: SB.401 Date of Disbursement 05 / 22 / 2009
	Mailing Address 4104 BERKSHIRE CT	
	City MIDLAND State MI Zip Code 48640	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement CONTRIBUTION REFUND 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) KEITH JONES	Transaction ID: SB.405 Date of Disbursement 05 / 22 / 2009
	Mailing Address 2036 S KITLEY AVE	
	City INDIANAPOLIS State IN Zip Code 46203	Amount of Each Disbursement this Period 25.00
	Purpose of Disbursement CONTRIBUTION REFUND 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)	▶	1125.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 215 / 217

<input 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 checked="" 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) PHIL STEPHENSON	Transaction ID: SB.407
	Mailing Address 1609 N RICHMOND RD	Date of Disbursement MM / DD / YYYY 06 / 15 / 2009
	City WHARTON State TX Zip Code 77488	Amount of Each Disbursement this Period 100.00
	Purpose of Disbursement CONTRIBUTION REFUND	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) PHIL STEPHENSON	Transaction ID: SB.408
	Mailing Address 1609 N RICHMOND RD	Date of Disbursement MM / DD / YYYY 06 / 30 / 2009
	City WHARTON State TX Zip Code 77488	Amount of Each Disbursement this Period 100.00
	Purpose of Disbursement CONTRIBUTION REFUND	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) ▼

SUBTOTAL of Disbursements This Page (optional) ►

200.00

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

5424.50

**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 216 / 217

<input 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 checked="" 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) BOB MCDONNELL FOR GOVERNOR	Transaction ID: SB.300 Date of Disbursement
	Mailing Address 2819 N PARHAM RD STE 210	<input type="text" value="02"/> / <input type="text" value="27"/> / <input type="text" value="2009"/>
	City RICHMOND State VA Zip Code 23294	Amount of Each Disbursement this Period
	Purpose of Disbursement NON-FEDERAL CONTRIBUTION	<input type="text" value="5000.00"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CHRIS CHRISTIE FOR GOVERNOR	Transaction ID: SB.302 Date of Disbursement
	Mailing Address 1719 STATE RTE 10 STE 126	<input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City PARSIPPANY State NJ Zip Code 07054	Amount of Each Disbursement this Period
	Purpose of Disbursement NON-FEDERAL CONTRIBUTION	<input type="text" value="3400.00"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) CHRIS CHRISTIE FOR GOVERNOR	Transaction ID: SB.303 Date of Disbursement
	Mailing Address 1719 STATE RTE 10 STE 126	<input type="text" value="06"/> / <input type="text" value="19"/> / <input type="text" value="2009"/>
	City PARSIPPANY State NJ Zip Code 07054	Amount of Each Disbursement this Period
	Purpose of Disbursement NON-FEDERAL CONTRIBUTION	<input type="text" value="3400.00"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 217 / 217

<input 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 checked="" 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)
HENRY MCMASTER FOR ATTORNEY GENERAL

Mailing Address PO BOX 11063

City COLUMBIA State SC Zip Code 29211

Purpose of Disbursement
NON-FEDERAL CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.305

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
MIKE DEWINE FOR OHIO

Mailing Address 2587 CONLEY RD

City CEDARVILLE State OH Zip Code 45314

Purpose of Disbursement
NON-FEDERAL CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.306

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ►

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