



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**USA First PAC**

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

|  | COLUMN A<br>This Period                | COLUMN B<br>Calendar Year-to-Date      |
|--|--|--|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2014"/>  | <input type="text" value="0.00"/>      | <input type="text" value="0.00"/>      |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | <input type="text" value="175564.76"/> |  |
| (c) Total Receipts (from Line 19) .....  | <input type="text" value="77128.30"/>  | <input type="text" value="258602.79"/> |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | <input type="text" value="252693.06"/> | <input type="text" value="258602.79"/> |
| 7. Total Disbursements (from Line 31).....   | <input type="text" value="86749.58"/>  | <input type="text" value="92659.31"/>  |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | <input type="text" value="165943.48"/> | <input type="text" value="165943.48"/> |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | <input type="text" value="0.00"/>      |  |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | <input type="text" value="0.00"/>      |  |

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**USA First PAC**

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

| I. Receipts   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:  |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees   |                               |                                   |
| (i) Itemized (use Schedule A).....  | 24825.00                      | 109975.00                         |
| (ii) Unitemized .....   | 52303.30                      | 148627.79                         |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶  | 77128.30                      | 258602.79                         |
| (b) Political Party Committees .....  | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....  | 0.00                          | 0.00                              |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....  | 77128.30                      | 258602.79                         |
| 12. Transfers From Affiliated/Other Party Committees.....   | 0.00                          | 0.00                              |
| 13. All Loans Received .....  | 0.00                          | 0.00                              |
| 14. Loan Repayments Received.....   | 0.00                          | 0.00                              |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00                          | 0.00                              |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....           | 0.00                          | 0.00                              |
| 17. Other Federal Receipts (Dividends, Interest, etc.).....   | 0.00                          | 0.00                              |
| 18. Transfers from Non-Federal and Levin Funds  |                               |                                   |
| (a) Non-Federal Account (from Schedule H3).....   | 0.00                          | 0.00                              |
| (b) Levin Funds (from Schedule H5) .....  | 0.00                          | 0.00                              |
| (c) Total Transfers (add 18(a) and 18(b))..   | 0.00                          | 0.00                              |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶                        | 77128.30                      | 258602.79                         |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶                                  | 77128.30                      | 258602.79                         |

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:  |                               |                                   |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4)                                  |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) Non-Federal Share.....  | 0.00                          | 0.00                              |
| (b) Other Federal Operating Expenditures .....   | 58149.58                      | 64059.31                          |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 58149.58                      | 64059.31                          |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 28600.00                      | 28600.00                          |
| 24. Independent Expenditures (use Schedule E) .....  | 0.00                          | 0.00                              |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....                   | 0.00                          | 0.00                              |
| 26. Loan Repayments Made.....  | 0.00                          | 0.00                              |
| 27. Loans Made.....  | 0.00                          | 0.00                              |
| 28. Refunds of Contributions To:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees .....                                  | 0.00                          | 0.00                              |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....   | 0.00                          | 0.00                              |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....                            | 0.00                          | 0.00                              |
| 29. Other Disbursements .....  | 0.00                          | 0.00                              |
| 30. Federal Election Activity (2 U.S.C. §431(20))  |                               |                                   |
| (a) Allocated Federal Election Activity (from Schedule H6)                                     |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) "Levin" Share.....  | 0.00                          | 0.00                              |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           | 0.00                          | 0.00                              |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....           | 0.00                          | 0.00                              |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..      | 86749.58                      | 92659.31                          |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 86749.58                      | 92659.31                          |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....          | 77128.30                      | 258602.79                         |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                              | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....      | 77128.30                      | 258602.79                         |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... ▶ | 58149.58                      | 64059.31                          |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                   | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....▶               | 58149.58                      | 64059.31                          |

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

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 6 OF 35                 |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 12  |
|   |                              | <input type="checkbox"/> 15  |
|   |                              | <input type="checkbox"/> 16  |
|   |                              | <input type="checkbox"/> 17  |

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)  
**USA First PAC**

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. DANIEL ALLEN</b>   |                                    | Date of Receipt<br>10 / 07 / 2014            |
| Mailing Address 8299 GOODWIN CIRCLE   |                                    | <b>Transaction ID : SA11.2892</b>            |
| City<br>DALTON CITY   | State<br>IL                        | Zip Code<br>61925-9655                       |
| FEC ID number of contributing federal political committee.<br>C   |                                    | Amount of Each Receipt this Period<br>100.00 |
| Name of Employer<br>ALLEN ENGINEERING CORP  |                                    | CONTRIBUTION                                 |
| Occupation<br>ENGINEER  |                                    |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>300.00 |  |

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. SUSAN ATHA</b>   |                                    | Date of Receipt<br>10 / 08 / 2014            |
| Mailing Address 1520 LLOYD STEARMAN DR  |                                    | <b>Transaction ID : SA11.3228</b>            |
| City<br>BENTON  | State<br>KS                        | Zip Code<br>67017-8748                       |
| FEC ID number of contributing federal political committee.<br>C   |                                    | Amount of Each Receipt this Period<br>500.00 |
| Name of Employer<br>HOMEMAKER   |                                    | CONTRIBUTION                                 |
| Occupation<br>HOMEMAKER   |                                    |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>500.00 |  |

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. GWYNNE AUTREY</b>  |                                    | Date of Receipt<br>10 / 09 / 2014            |
| Mailing Address 7516 N SAN MANUEL RD  |                                    | <b>Transaction ID : SA11.3562</b>            |
| City<br>SCOTTSDALE  | State<br>AZ                        | Zip Code<br>85258-3468                       |
| FEC ID number of contributing federal political committee.<br>C   |                                    | Amount of Each Receipt this Period<br>250.00 |
| Name of Employer<br>RETIRED   |                                    | CONTRIBUTION                                 |
| Occupation<br>RETIRED   |                                    |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00 |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 850.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

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

FOR LINE NUMBER: PAGE 7 OF 35  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**USA First PAC**

Full Name (Last, First, Middle Initial)  
**A. JOE BILLION**

Mailing Address **32 KEAN DRIVE**

City **BOZEMAN**      State **MT**      Zip Code **59718-8706**

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

Name of Employer **J C BILLION INC**      Occupation **AUTO SALES**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
**10 / 07 / 2014**  
**Transaction ID : SA11.3107**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. A. BLAINE BRIMLEY**

Mailing Address **6420 W. BLACK HILL RD.**

City **PHOENIX**      State **AZ**      Zip Code **85083-7563**

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  
**10 / 07 / 2014**  
**Transaction ID : SA11.3031**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. LEONORA CALLAHAN**

Mailing Address **625 ISLAND DRIVE**

City **PALM BEACH**      State **FL**      Zip Code **33480-4744**

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 ▼  
225.00

Date of Receipt  
**10 / 07 / 2014**  
**Transaction ID : SA11.2842**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 775.00

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

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 8 OF 35  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**USA First PAC**

**A. LEONORA CALLAHAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 625 ISLAND DRIVE  
 City PALM BEACH State FL Zip Code 33480-4744  
 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 ▼ 225.00

Date of Receipt 10 / 10 / 2014  
**Transaction ID : SA11.3625**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION

**B. CAROLINA CASPERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 522 NORTH STATE RD  
 City BRIARCLIFF MANOR State NY Zip Code 10510-1540  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation MUSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 13 / 2014  
**Transaction ID : SA11.3790**  
 Amount of Each Receipt this Period 300.00  
 CONTRIBUTION

**C. GARY COOK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 320 WING LANE  
 City WINTER PARK State FL Zip Code 32789-6150  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation PERIODONTIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 11 / 2014  
**Transaction ID : SA11.3735**  
 Amount of Each Receipt this Period 300.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 650.00  
**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 9 OF 35                 |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 12  |
|   |                              | <input type="checkbox"/> 15  |
|   |                              | <input type="checkbox"/> 16  |
|   |                              | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**USA First PAC**

**A. JOHN DAVIS**  
Full Name (Last, First, Middle Initial)

Mailing Address 325 KENT ROAD

City CHARLOTTEVILLE State VA Zip Code 22903-2409

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 ▼  
1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 11 / 2014

**Transaction ID : SA11.3717**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**B. RUSSELL DI GIALLORENZO**  
Full Name (Last, First, Middle Initial)

Mailing Address 2000 S A1A #508

City JUPITER State FL Zip Code 33477-1448

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 M / D D D / Y Y Y Y Y Y  
 10 / 07 / 2014

**Transaction ID : SA11.2780**

Amount of Each Receipt this Period  
150.00

CONTRIBUTION

**C. JANICE DORRINGTON**  
Full Name (Last, First, Middle Initial)

Mailing Address 1995 FOXWOOD DRIVE

City EUREKA State CA Zip Code 95503-8945

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 M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2014

**Transaction ID : SA11.3420**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1400.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

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

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

FOR LINE NUMBER: PAGE 10 OF 35  
(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)  
**USA First PAC**

Full Name (Last, First, Middle Initial)  
**A. MALVIN DRIVER**

Mailing Address 1002 CAMPANILE

City State Zip Code  
SAN ANTONIO TX 78258-3137

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

Name of Employer Occupation  
VETERANS ADMINISTRATION PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2100.00

Date of Receipt  
10 / 07 / 2014  
**Transaction ID : SA11.3117**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. LAWRENCE GREENE**

Mailing Address 46 GOODNOW ROAD

City State Zip Code  
PRINCETON MA 01541-1602

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  
10 / 07 / 2014  
**Transaction ID : SA11.2776**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MICHELLE GRENIER**

Mailing Address 210 DEER RUN

City State Zip Code  
RIDGELAND MS 39157-9439

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

Name of Employer Occupation  
UMMC PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
10 / 14 / 2014  
**Transaction ID : SA11.3833**

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 11 OF 35   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**USA First PAC**

**A. F WILLIAM HACKMEYER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5055 W COUNTY HWY 98, UNIT 1015

|                          |             |                        |
|--------------------------|-------------|------------------------|
| City<br>SANTA ROSA BEACH | State<br>FL | Zip Code<br>32459-3564 |
|--------------------------|-------------|------------------------|

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

|                             |                       |
|-----------------------------|-----------------------|
| Name of Employer<br>RETIRED | Occupation<br>RETIRED |
|-----------------------------|-----------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 07 / 2014  
**Transaction ID : SA11.3071**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

**B. MARTHA HALE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7514 STRATFORD PLACE

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>BIRMINGHAM | State<br>AL | Zip Code<br>35242-2508 |
|--------------------|-------------|------------------------|

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

|                             |                       |
|-----------------------------|-----------------------|
| Name of Employer<br>RETIRED | Occupation<br>RETIRED |
|-----------------------------|-----------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 10 / 2014  
**Transaction ID : SA11.3641**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

**C. RICHARD HARPER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 176 RAINBOW DR#7626

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>LIVINGSTON | State<br>TX | Zip Code<br>77399-1076 |
|--------------------|-------------|------------------------|

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

|                             |                       |
|-----------------------------|-----------------------|
| Name of Employer<br>RETIRED | Occupation<br>RETIRED |
|-----------------------------|-----------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2014  
**Transaction ID : SA11.3434**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1500.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

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

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

FOR LINE NUMBER: PAGE 12 OF 35  
(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)  
**USA First PAC**

Full Name (Last, First, Middle Initial)  
**A. MICK HARTLEY**

Mailing Address 19773 KERSHAW CT.

City State Zip Code  
MONUMENT CO 80132-2895

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  
10 / 09 / 2014  
**Transaction ID : SA11.3320**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

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

Mailing Address 243 MARION COUNTY 7013

City State Zip Code  
FLIPPIN AR 72634-9671

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  
10 / 09 / 2014  
**Transaction ID : SA11.3286**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. JOHN KISH**

Mailing Address 9230 WHITE OAK ROAD

City State Zip Code  
KIRTLAND OH 44094-9758

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

Name of Employer Occupation  
THE KISH COMPANY OWNER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
10 / 08 / 2014  
**Transaction ID : SA11.3191**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 550.00

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

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 13 OF 35                |
|   | <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)  
**USA First PAC**

**A. JANE KLEINKRAMER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 129 N GILL RD  
City EXETER State CA Zip Code 93221-9528  
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 10 / 14 / 2014  
**Transaction ID : SA11.3812**  
Amount of Each Receipt this Period 250.00  
CONTRIBUTION

**B. DR. GEORGE KNAPP**  
Full Name (Last, First, Middle Initial)  
Mailing Address 33 HORICON AVENUE  
City GLENS FALLS State NY Zip Code 12801-2616  
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 10 / 10 / 2014  
**Transaction ID : SA11.3682**  
Amount of Each Receipt this Period 250.00  
CONTRIBUTION

**C. CHRIS KOCUR**  
Full Name (Last, First, Middle Initial)  
Mailing Address 507 HALLVALE DR  
City FORT WORTH State TX Zip Code 76108-1425  
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 10 / 07 / 2014  
**Transaction ID : SA11.2929**  
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 14 OF 35                |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 12  |
|   |                              | <input type="checkbox"/> 15  |
|   |                              | <input type="checkbox"/> 16  |
|   |                              | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**USA First PAC**

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. CASSIDY KUPPIN</b>   |                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>10 / 07 / 2014 |
| Mailing Address 21255 BURBANK BLVD.   |                                    | <b>Transaction ID : SA11.3002</b>                          |
| City<br>WOODLAND HILLS  | State<br>CA                        | Zip Code<br>91367-6610                                     |
| FEC ID number of contributing federal political committee.<br>C   |                                    | Amount of Each Receipt this Period<br>250.00               |
| Name of Employer<br>STUDENT   |                                    | CONTRIBUTION   |
| Occupation<br>STUDENT   |                                    |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00 |  |

|   |                                     |  |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. FREDERICK LLOYD</b>  |                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>10 / 13 / 2014 |
| Mailing Address 37245 VALGIO DR   |                                     | <b>Transaction ID : SA11.3778</b>                          |
| City<br>CALIMESA  | State<br>CA                         | Zip Code<br>92320-1481                                     |
| FEC ID number of contributing federal political committee.<br>C   |                                     | Amount of Each Receipt this Period<br>1000.00              |
| Name of Employer<br>SELF-EMPLOYED   |                                     | CONTRIBUTION   |
| Occupation<br>PHYSICIAN   |                                     |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1000.00 |  |

|   |                                     |  |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. LINDA MAGGLOS</b>  |                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>10 / 09 / 2014 |
| Mailing Address 5601 SEA VIEW DR  |                                     | <b>Transaction ID : SA11.3460</b>                          |
| City<br>MALIBU  | State<br>CA                         | Zip Code<br>90265-3746                                     |
| FEC ID number of contributing federal political committee.<br>C   |                                     | Amount of Each Receipt this Period<br>1000.00              |
| Name of Employer<br>HOMEMAKER   |                                     | CONTRIBUTION   |
| Occupation<br>HOMEMAKER   |                                     |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2000.00 |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 2250.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 15 OF 35   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**USA First PAC**

**A. CHRIS MANHOFF**  
Full Name (Last, First, Middle Initial)

Mailing Address 3050 MONROE WAY

City ALPHARETTA State GA Zip Code 30004-4904

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

Name of Employer UPS Occupation ACCOUNTANT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 11 / 2014  
Transaction ID : SA11.3718

Amount of Each Receipt this Period 250.00

CONTRIBUTION

**B. THOMAS MCBRIDE**  
Full Name (Last, First, Middle Initial)

Mailing Address 403 FOSSIL HILLS LOOP

City SPRING BRANCH State TX Zip Code 78070-6019

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 10 / 09 / 2014  
Transaction ID : SA11.3484

Amount of Each Receipt this Period 250.00

CONTRIBUTION

**C. RICHARD T MOCKLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 1444 GREATHOUSEE RD

City WAXAHACHIE State TX Zip Code 75167-8312

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 10 / 08 / 2014  
Transaction ID : SA11.3226

Amount of Each Receipt this Period 200.00

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 16 OF 35   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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

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NAME OF COMMITTEE (In Full)  
**USA First PAC**

**A. SAMUEL MURDOUGH**  
Full Name (Last, First, Middle Initial)

Mailing Address 5801 BENT PINE DR.

City VERO BEACH State FL Zip Code 32967-7589

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 10 / 07 / 2014  
Transaction ID : SA11.2840

Amount of Each Receipt this Period 250.00

CONTRIBUTION

**B. STEPHEN MURPHY**  
Full Name (Last, First, Middle Initial)

Mailing Address 1614 STANLEY DOLLAR DRIVE #1B

City WALNUT CREEK State CA Zip Code 94595-2860

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 10 / 07 / 2014  
Transaction ID : SA11.2893

Amount of Each Receipt this Period 500.00

CONTRIBUTION

**C. KEN MURRAY**  
Full Name (Last, First, Middle Initial)

Mailing Address 8665 BAY COLONY DR.#403

City NAPLES State FL Zip Code 34108-6765

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 10 / 07 / 2014  
Transaction ID : SA11.2972

Amount of Each Receipt this Period 1000.00

CONTRIBUTION

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1750.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 17 OF 35                |
|   | <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)  
**USA First PAC**

**A. CHARLES NEWMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 3035 RIDGE ROAD

City NORTH HAVEN State CT Zip Code 06473-1023

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

Name of Employer THE DUROL COMPANY Occupation SALES

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 15 / 2014

**Transaction ID : SA11.3879**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

**B. CHARLOTTE NICHOLSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 3400 BARROW ISLAND RD

City JUPITER State FL Zip Code 33477-1379

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  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 15 / 2014

**Transaction ID : SA11.3888**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

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

Mailing Address 1109 MADRONA ST.

City PORT ANGELES State WA Zip Code 98363-2328

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 M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2014

**Transaction ID : SA11.2720**

Amount of Each Receipt this Period  
 -100.00

CONTRIBUTION

CHARGED BACK

**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 18 OF 35                |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 12  |
|   |                              | <input type="checkbox"/> 15  |
|   |                              | <input type="checkbox"/> 16  |
|   |                              | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**USA First PAC**

**A. PHYLLIS NICHOLAS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 40 HOWARD ROAD  
City GREENWICH State CT Zip Code 06831-3104  
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 10 / 09 / 2014  
**Transaction ID : SA11.3248**  
Amount of Each Receipt this Period 500.00  
CONTRIBUTION

**B. SANDRA PETERS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2909 NE 261ST AVE.  
City CAMAS State WA Zip Code 98607-7051  
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 ▼ 450.00

Date of Receipt 10 / 07 / 2014  
**Transaction ID : SA11.2734**  
Amount of Each Receipt this Period 250.00  
CONTRIBUTION

**C. LYLE POWERS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 940 S. MUSTANG ST.  
City MERIDIAN State ID Zip Code 83642-6201  
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 10 / 07 / 2014  
**Transaction ID : SA11.2925**  
Amount of Each Receipt this Period 50.00  
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 19 OF 35                |
|   | <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)  
**USA First PAC**

**A. SALVATORE PRESTI**  
Full Name (Last, First, Middle Initial)  
Mailing Address 75 LIVINGSTON STREET APT 17D

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>BROOKLYN | State<br>NY | Zip Code<br>11201-5052 |
|------------------|-------------|------------------------|

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

|                                   |                         |
|-----------------------------------|-------------------------|
| Name of Employer<br>SELF-EMPLOYED | Occupation<br>PHYSICIAN |
|-----------------------------------|-------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 08    |   | 2014        |

**Transaction ID : SA11.3159**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**B. GERRI RIPP**  
Full Name (Last, First, Middle Initial)  
Mailing Address 260 SEABREEZE COURT

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>VERO BEACH | State<br>FL | Zip Code<br>32963-9507 |
|--------------------|-------------|------------------------|

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

|                             |                       |
|-----------------------------|-----------------------|
| Name of Employer<br>RETIRED | Occupation<br>RETIRED |
|-----------------------------|-----------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 07    |   | 2014        |

**Transaction ID : SA11.3039**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**C. R. DON SANDERS**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 1818

|                     |             |                        |
|---------------------|-------------|------------------------|
| City<br>FRIENDSWOOD | State<br>TX | Zip Code<br>77549-1818 |
|---------------------|-------------|------------------------|

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

|                                   |                        |
|-----------------------------------|------------------------|
| Name of Employer<br>SELF-EMPLOYED | Occupation<br>LANDLORD |
|-----------------------------------|------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 15    |   | 2014        |

**Transaction ID : SA11.3894**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1250.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

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

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

FOR LINE NUMBER: PAGE 20 OF 35  
(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)  
**USA First PAC**

Full Name (Last, First, Middle Initial)  
**A. DORIS SAUNDERS**

Mailing Address 8153 SW 196TH CT RD

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>DUNNELLON | State<br>FL | Zip Code<br>34432-3594 |
|-------------------|-------------|------------------------|

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

|                             |                       |
|-----------------------------|-----------------------|
| Name of Employer<br>RETIRED | Occupation<br>RETIRED |
|-----------------------------|-----------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    | / | 14    | / | 2014        |

**Transaction ID : SA11.3859**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. PAUL SIMMS**

Mailing Address 53 EDGEWOOD COURT

|                        |             |                        |
|------------------------|-------------|------------------------|
| City<br>WEST LAFAYETTE | State<br>IN | Zip Code<br>47906-9685 |
|------------------------|-------------|------------------------|

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

|                             |                       |
|-----------------------------|-----------------------|
| Name of Employer<br>RETIRED | Occupation<br>RETIRED |
|-----------------------------|-----------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    | / | 14    | / | 2014        |

**Transaction ID : SA11.3834**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. ALLEN SIMON**

Mailing Address 1383 N CRISS ST

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>CHANDLER | State<br>AZ | Zip Code<br>85226-1307 |
|------------------|-------------|------------------------|

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

|                             |                       |
|-----------------------------|-----------------------|
| Name of Employer<br>RETIRED | Occupation<br>RETIRED |
|-----------------------------|-----------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    | / | 07    | / | 2014        |

**Transaction ID : SA11.2951**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1500.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

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

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 21 OF 35                |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 12  |
|   |                              | <input type="checkbox"/> 16  |
|   |                              | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**USA First PAC**

Full Name (Last, First, Middle Initial)  
**A. CLIFF SMITH**

Mailing Address **2537 COUNTY STREET 2970**

City **NEWCASTLE** State **OK** Zip Code **73065-**

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  
**10 / 11 / 2014**

**Transaction ID : SA11.3733**

Amount of Each Receipt this Period  
**1000.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. DAVID SOLDAN**

Mailing Address **409 COUNTRY WALK CIR**

City **MIDLAND** State **MI** Zip Code **48642-7038**

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

Name of Employer **DOW CORNING** Occupation **DIRECTOR**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
**10 / 09 / 2014**

**Transaction ID : SA11.3487**

Amount of Each Receipt this Period  
**250.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. GAYLORD STAVELEY**

Mailing Address **1117 E MARINA LANE**

City **FLAGSTAFF** State **AZ** Zip Code **86004-7841**

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

Name of Employer **CANYONEERS, INC.** Occupation **CEO**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  
**10 / 09 / 2014**

**Transaction ID : SA11.3321**

Amount of Each Receipt this Period  
**100.00**

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 22 OF 35                |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 12  |
|   |                              | <input type="checkbox"/> 15  |
|   |                              | <input type="checkbox"/> 16  |
|   |                              | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**USA First PAC**

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. WILFORD TAYLOR</b>   |                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>10 / 07 / 2014 |
| Mailing Address P.O. BOX 898  |                                    | <b>Transaction ID : SA11.2810</b>                          |
| City<br>CANYON  | State<br>TX                        | Zip Code<br>79015-0898                                     |
| FEC ID number of contributing federal political committee.<br>C   |                                    | Amount of Each Receipt this Period<br>500.00               |
| Name of Employer<br>SELF-EMPLOYED   | Occupation<br>REAL ESTATE          | CONTRIBUTION   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>500.00 |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. JAMES TYLER TEAGUE</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>10 / 09 / 2014 |
| Mailing Address 7265 KINGSTON RD  |   | <b>Transaction ID : SA11.3361</b>                          |
| City<br>FAIRVIEW  | State<br>TN                               | Zip Code<br>37062-8251                                     |
| FEC ID number of contributing federal political committee.<br>C   |   | Amount of Each Receipt this Period<br>250.00               |
| Name of Employer<br>SELF-EMPLOYED   | Occupation<br>TECH CONSULTANT 3D PRINTING | CONTRIBUTION   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00        |  |

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. ELIZABETH THORESEN</b>   |                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>10 / 07 / 2014 |
| Mailing Address 14845 SW MURRAY SCHOLLS DR  |                                    | <b>Transaction ID : SA11.2814</b>                          |
| City<br>BEAVERTON   | State<br>OR                        | Zip Code<br>97007-9237                                     |
| FEC ID number of contributing federal political committee.<br>C   |                                    | Amount of Each Receipt this Period<br>250.00               |
| Name of Employer<br>RICHARD W. THORESEN DVM PC  | Occupation<br>OWNER                | CONTRIBUTION   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00 |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1000.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

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

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

FOR LINE NUMBER: PAGE 23 OF 35  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**USA First PAC**

Full Name (Last, First, Middle Initial)  
**A. DR. RICHARD VALENTINE**

Mailing Address 2371 TURNBERRY COURT

City State Zip Code  
NAPLES FL 34109-3371

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 M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2014  
**Transaction ID : SA11.3284**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. DAVID VANDE BUNTE**

Mailing Address 3870 BRIGADOON CT

City State Zip Code  
BYRON CENTER MI 49315-9730

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

Name of Employer Occupation  
VANDE BUNTE FAMILY FARMS AGRICULTURALIST

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 03 / 2014  
**Transaction ID : SA11.2698**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. ALBIN L. VAREHA JR.**

Mailing Address 113 ATTERBURY ROAD

City State Zip Code  
MONROEVILLE PA 15146-4801

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 07 / 2014  
**Transaction ID : SA11.2740**

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 24 OF 35  
(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)  
**USA First PAC**

Full Name (Last, First, Middle Initial)  
**A. JOHN VON KLEECK**

Mailing Address **7470 JEFFREYS WAY**

|                       |                    |                               |
|-----------------------|--------------------|-------------------------------|
| City<br><b>EASTON</b> | State<br><b>MD</b> | Zip Code<br><b>21601-4739</b> |
|-----------------------|--------------------|-------------------------------|

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

|                                    |                              |
|------------------------------------|------------------------------|
| Name of Employer<br><b>RETIRED</b> | Occupation<br><b>RETIRED</b> |
|------------------------------------|------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
**10 / 07 / 2014**

**Transaction ID : SA11.3037**

Amount of Each Receipt this Period  
**100.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. BILL WAGNER**

Mailing Address **2015 SE COLUMBIA RIVER DRIVE #120**

|                          |                    |                               |
|--------------------------|--------------------|-------------------------------|
| City<br><b>VANCOUVER</b> | State<br><b>WA</b> | Zip Code<br><b>98661-8062</b> |
|--------------------------|--------------------|-------------------------------|

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

|                                    |                              |
|------------------------------------|------------------------------|
| Name of Employer<br><b>RETIRED</b> | Occupation<br><b>RETIRED</b> |
|------------------------------------|------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2000.00**

Date of Receipt  
**10 / 11 / 2014**

**Transaction ID : SA11.3750**

Amount of Each Receipt this Period  
**2000.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. JEFFREY WARNER**

Mailing Address **575 REMBRANDT DRIVE**

|                       |                    |                               |
|-----------------------|--------------------|-------------------------------|
| City<br><b>CORONA</b> | State<br><b>CA</b> | Zip Code<br><b>92882-6332</b> |
|-----------------------|--------------------|-------------------------------|

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

|                                    |                              |
|------------------------------------|------------------------------|
| Name of Employer<br><b>RETIRED</b> | Occupation<br><b>RETIRED</b> |
|------------------------------------|------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
**10 / 07 / 2014**

**Transaction ID : SA11.3070**

Amount of Each Receipt this Period  
**500.00**

CONTRIBUTION

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>2600.00</b> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |                |

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

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 25 OF 35                |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 12  |
|   |                              | <input type="checkbox"/> 16  |
|   |                              | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**USA First PAC**

**A. RAL WEST**  
Full Name (Last, First, Middle Initial)  
Mailing Address 107A TOIVO CIRCLE

|               |             |                        |
|---------------|-------------|------------------------|
| City<br>SITKA | State<br>AK | Zip Code<br>99835-9552 |
|---------------|-------------|------------------------|

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

|                                   |                              |
|-----------------------------------|------------------------------|
| Name of Employer<br>SELF-EMPLOYED | Occupation<br>BUSINESS OWNER |
|-----------------------------------|------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 04    |   | 2014        |

**Transaction ID : SA11.2706**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**B. LYNN WHITSELL**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3603 N ECHO TRAIL

|               |             |                        |
|---------------|-------------|------------------------|
| City<br>PLANO | State<br>TX | Zip Code<br>75023-6121 |
|---------------|-------------|------------------------|

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

|                                       |                               |
|---------------------------------------|-------------------------------|
| Name of Employer<br>LWHITSELL & ASSOC | Occupation<br>MEDICAL BILLING |
|---------------------------------------|-------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 03    |   | 2014        |

**Transaction ID : SA11.2705**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**C. VICKI WILLIAMS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7513 HALCYON FOREST TRAIL

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>MONTGOMERY | State<br>AL | Zip Code<br>36117-3493 |
|--------------------|-------------|------------------------|

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

|  |                               |
|--|-------------------------------|
| Name of Employer<br>ANCHOR MORTGAGE SERVICES, INC. | Occupation<br>MORTGAGE BANKER |
|--|-------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 09    |   | 2014        |

**Transaction ID : SA11.3291**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1500.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

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

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 26 OF 35                |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 12  |
|   |                              | <input type="checkbox"/> 15  |
|   |                              | <input type="checkbox"/> 16  |
|   |                              | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**USA First PAC**

Full Name (Last, First, Middle Initial)  
**A. CLAIRE WILSON**

Mailing Address 3907 BANOAK ST

City State Zip Code  
HIGH POINT NC 27265-9633

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

Name of Employer Occupation  
SELF-EMPLOYED DDS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 09 / 2014

**Transaction ID : SA11.3453**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. LAWRENCE WRIGHT**

Mailing Address 1830 FOUNTAIN DRIVE # 1302

City State Zip Code  
RESTON VA 20190-4475

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 M / D D D / Y Y Y Y Y Y  
10 / 07 / 2014

**Transaction ID : SA11.2930**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 500.00   |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 24825.00 |

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**USA First PAC**

Full Name (Last, First, Middle Initial)

**A. ADRIAN GRAY CONSULTING LLC**

Mailing Address 9 COLONIAL THOMAS LANE

City BEDFORD State NY Zip Code 10506

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 10 |   |   | 13 |   |   | 2014 |   |   |   |

Transaction ID : **SB21B.902**

Amount of Each Disbursement this Period

|          |
|----------|
| 34876.22 |
|----------|

Full Name (Last, First, Middle Initial)

**B. AMERICAN EXPRESS**

Mailing Address PO BOX 1270

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 10 |   |   | 01 |   |   | 2014 |   |   |   |

Transaction ID : **SB21B.890**

Amount of Each Disbursement this Period

|         |
|---------|
| 4361.95 |
|---------|

Full Name (Last, First, Middle Initial)

**C. AMERICAN EXPRESS**

Mailing Address PO BOX 1270

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 10 |   |   | 01 |   |   | 2014 |   |   |   |

Transaction ID : **SB21B.891**

Amount of Each Disbursement this Period

|      |
|------|
| 5.75 |
|------|

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

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

|          |
|----------|
| 39243.92 |
|----------|

|  |
|--|
|  |
|--|

**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)  
**USA First PAC**

Full Name (Last, First, Middle Initial)

**A. AMERICAN EXPRESS**

Mailing Address PO BOX 1270

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 02 / 2014

**Transaction ID : SB21B.892**

Amount of Each Disbursement this Period

2.03

Full Name (Last, First, Middle Initial)

**B. AMERICAN EXPRESS**

Mailing Address PO BOX 1270

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 04 / 2014

**Transaction ID : SB21B.893**

Amount of Each Disbursement this Period

4.64

Full Name (Last, First, Middle Initial)

**C. AMERICAN EXPRESS**

Mailing Address PO BOX 1270

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 06 / 2014

**Transaction ID : SB21B.894**

Amount of Each Disbursement this Period

639.14

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

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

645.81

**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)  
**USA First PAC**

Full Name (Last, First, Middle Initial)

**A. AMERICAN EXPRESS**

Mailing Address PO BOX 1270

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 06 / 2014

Transaction ID : **SB21B.895**

Amount of Each Disbursement this Period

3.77

Full Name (Last, First, Middle Initial)

**B. AMERICAN EXPRESS**

Mailing Address PO BOX 1270

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 07 / 2014

Transaction ID : **SB21B.897**

Amount of Each Disbursement this Period

162.46

Full Name (Last, First, Middle Initial)

**C. AMERICAN EXPRESS**

Mailing Address PO BOX 1270

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 08 / 2014

Transaction ID : **SB21B.898**

Amount of Each Disbursement this Period

30.70

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

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

196.93

**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)  
**USA First PAC**

Full Name (Last, First, Middle Initial)

**A. BROADNET TELESERVICES LLC**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10    |   | 13    |   | 2014      |

Mailing Address PO BOX 975202

**Transaction ID : SB21B.903**

City DALLAS State TX Zip Code 75397

Amount of Each Disbursement this Period

|         |
|---------|
| 4250.55 |
|---------|

Purpose of Disbursement  
TELEPHONE SERVICE

|  |
|--|
|  |
|--|

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. CMDI**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10    |   | 07    |   | 2014      |

Mailing Address 1593 SPRING HILL ROAD SUITE 400

**Transaction ID : SB21B.896**

City TYSONS CORNER State VA Zip Code 22182

Amount of Each Disbursement this Period

|        |
|--------|
| 616.83 |
|--------|

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

|  |
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|  |
|--|

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. CMDI**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10    |   | 15    |   | 2014      |

Mailing Address 1593 SPRING HILL ROAD SUITE 400

**Transaction ID : SB21B.899**

City TYSONS CORNER State VA Zip Code 22182

Amount of Each Disbursement this Period

|         |
|---------|
| 3093.35 |
|---------|

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

|  |
|--|
|  |
|--|

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

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

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

|         |
|---------|
| 7960.73 |
|---------|

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**USA First PAC**

Full Name (Last, First, Middle Initial)

**A. CMDI**

Mailing Address 1593 SPRING HILL ROAD SUITE 400

City State Zip Code  
TYSONS CORNER VA 22182

Purpose of Disbursement  
DATABASE MANAGEMENT SERVICE/TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10    | / | 06    | / | 2014      |

Transaction ID : **SB21B.900**

Amount of Each Disbursement this Period

|         |
|---------|
| 3519.69 |
|---------|

Full Name (Last, First, Middle Initial)

**B. GOBER HILGERS PLLC**

Mailing Address 1005 CONGRESS AVENUE SUITE 350

City State Zip Code  
AUSTIN TX 78701

Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10    | / | 13    | / | 2014      |

Transaction ID : **SB21B.901**

Amount of Each Disbursement this Period

|         |
|---------|
| 5532.50 |
|---------|

Full Name (Last, First, Middle Initial)

**C. X.B. UNDERWOOD LLC**

Mailing Address 201 MASSACHUSETTS AVE NE SUITE 319

City State Zip Code  
WASHINGTON DC 20002

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10    | / | 13    | / | 2014      |

Transaction ID : **SB21B.904**

Amount of Each Disbursement this Period

|         |
|---------|
| 1050.00 |
|---------|

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

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

|          |
|----------|
| 10102.19 |
|----------|

|          |
|----------|
| 58149.58 |
|----------|

**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)  
**USA First PAC**

Full Name (Last, First, Middle Initial)

**A. BILL CASSIDY FOR US SENATE**

Mailing Address PO BOX 80505

City State Zip Code  
BATON ROUGE LA 70898

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**BILL CASSIDY**

Office Sought:  House  
 Senate  
 President  
State: LA District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 10 |   |   | 08 |   |   | 2014 |   |   |   |

**Transaction ID : SB23.461**

Amount of Each Disbursement this Period

|         |
|---------|
| 2600.00 |
|---------|

Full Name (Last, First, Middle Initial)

**B. CORY GARDNER FOR SENATE**

Mailing Address 9227 E LINCOLN AVE #200-234

City State Zip Code  
LONE TREE CO 80124

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**CORY GARDNER**

Office Sought:  House  
 Senate  
 President  
State: CO District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 10 |   |   | 08 |   |   | 2014 |   |   |   |

**Transaction ID : SB23.465**

Amount of Each Disbursement this Period

|         |
|---------|
| 2600.00 |
|---------|

Full Name (Last, First, Middle Initial)

**C. COTTON FOR SENATE**

Mailing Address PO BOX 379

City State Zip Code  
DARDANELLE AR 72834

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**TOM COTTON**

Office Sought:  House  
 Senate  
 President  
State: AR District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 10 |   |   | 08 |   |   | 2014 |   |   |   |

**Transaction ID : SB23.459**

Amount of Each Disbursement this Period

|         |
|---------|
| 2600.00 |
|---------|

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

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

|         |
|---------|
| 7800.00 |
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input 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)  
**USA First PAC**

Full Name (Last, First, Middle Initial)

**A. DR MONICA WEHBY FOR US SENATE**

Mailing Address PO BOX 3375

City PORTLAND State OR Zip Code 97208

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**MONICA WEHBY**

Office Sought:  House  
 Senate  
 President  
State: OR District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 10 |   |   | 08 |   |   | 2014 |   |   |   |

**Transaction ID : SB23.463**

Amount of Each Disbursement this Period

|         |
|---------|
| 2600.00 |
|---------|

Full Name (Last, First, Middle Initial)

**B. JONI ERNST FOR US SENATE INC**

Mailing Address PO BOX 93441

City DES MOINES State IA Zip Code 50393

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**JONI ERNST**

Office Sought:  House  
 Senate  
 President  
State: IA District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 10 |   |   | 08 |   |   | 2014 |   |   |   |

**Transaction ID : SB23.456**

Amount of Each Disbursement this Period

|         |
|---------|
| 2600.00 |
|---------|

Full Name (Last, First, Middle Initial)

**C. MCFADDEN FOR SENATE**

Mailing Address PO BOX 4039

City SAINT PAUL State MN Zip Code 55104

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**MICHAEL MCFADDEN**

Office Sought:  House  
 Senate  
 President  
State: MN District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 10 |   |   | 08 |   |   | 2014 |   |   |   |

**Transaction ID : SB23.466**

Amount of Each Disbursement this Period

|         |
|---------|
| 2600.00 |
|---------|

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

|         |
|---------|
| 7800.00 |
|---------|

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

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

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

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input 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)  
**USA First PAC**

Full Name (Last, First, Middle Initial)

**A. NEW HAMPSHIRE FOR SCOTT BROWN**

Mailing Address PO BOX 600

City RYE State NH Zip Code 03870

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**SCOTT BROWN**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: NH District:

Date of Disbursement

MM / DD / YYYY  
10 / 08 / 2014

**Transaction ID : SB23.458**

Amount of Each Disbursement this Period

2600.00

Full Name (Last, First, Middle Initial)

**B. STEVE DAINES FOR MONTANA**

Mailing Address PO BOX 1598

City HELENA State MT Zip Code 59624

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**STEVE DAINES**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: MT District:

Date of Disbursement

MM / DD / YYYY  
10 / 08 / 2014

**Transaction ID : SB23.462**

Amount of Each Disbursement this Period

2600.00

Full Name (Last, First, Middle Initial)

**C. SULLIVAN FOR US SENATE**

Mailing Address 3705 ARTIC BLVD #447

City ANCHORAGE State AK Zip Code 99503

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**DAN SULLIVAN**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: AK District:

Date of Disbursement

MM / DD / YYYY  
10 / 08 / 2014

**Transaction ID : SB23.460**

Amount of Each Disbursement this Period

2600.00

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

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

7800.00

**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)

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

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NAME OF COMMITTEE (In Full)  
**USA First PAC**

Full Name (Last, First, Middle Initial)

**A. THOM TILLIS COMMITTEE**

Mailing Address PO BOX 97396

City RALEIGH State NC Zip Code 27624

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**THOM TILLIS**

Office Sought:  House  
 Senate  
 President  
State: NC District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 10 |   |   | 08 |   |   | 2014 |   |   |   |

**Transaction ID : SB23.464**

Amount of Each Disbursement this Period

|         |
|---------|
| 2600.00 |
|---------|

Full Name (Last, First, Middle Initial)

**B. TIM SCOTT FOR SENATE**

Mailing Address 1405 ASHLEY RIVER ROAD

City CHARLESTON State SC Zip Code 29407

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**TIM SCOTT**

Office Sought:  House  
 Senate  
 President  
State: SC District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 10 |   |   | 08 |   |   | 2014 |   |   |   |

**Transaction ID : SB23.457**

Amount of Each Disbursement this Period

|         |
|---------|
| 2600.00 |
|---------|

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
|   |   |   |   |   |   |   |   |   |   |

Amount of Each Disbursement this Period

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|  |
|--|

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

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

|         |
|---------|
| 5200.00 |
|---------|

|          |
|----------|
| 28600.00 |
|----------|