

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

USA First PAC

ADDRESS (number and street) 8705B COLESVILLE RD #149

Check if different than previously reported. (ACC) SILVER SPRING MD 20910

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00567685

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

### 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- |                                      |                                      |                                       |  |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day PRE-Election Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

Election on [MM] / [DD] / [YYYY] in the State of [ ]

- (d) 30-Day POST-Election Report for the:
- |   |                                       |  |
|---|---------------------------------------|--|
| <input checked="" type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|---|---------------------------------------|--|

Election on 11 / 04 / 2014 in the State of [ ]

5. Covering Period [MM] / [DD] / [YYYY] 10 / 16 / 2014 through [MM] / [DD] / [YYYY] 11 / 24 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer LOGAN D. DELANY JR.

Signature of Treasurer LOGAN D. DELANY JR. [Electronically Filed] Date 12 / 04 / 2014

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

Office Use Only									
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**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 This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="165943.48"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="118469.77"/>	<input type="text" value="377072.56"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="284413.25"/>	<input type="text" value="377072.56"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="76596.14"/>	<input type="text" value="169255.45"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="207817.11"/>	<input type="text" value="207817.11"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on 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

Write or Type Committee Name

**USA First PAC**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	47982.42	157957.42
(ii) Unitemized .....	70487.35	219115.14
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	118469.77	377072.56
(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) .....	118469.77	377072.56
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))..... ▶	118469.77	377072.56
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	118469.77	377072.56

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	74596.14	138655.45
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	74596.14	138655.45
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	30600.00
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)) ..	76596.14	169255.45
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	76596.14	169255.45

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	118469.77	377072.56
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	118469.77	377072.56
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	74596.14	138655.45
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	74596.14	138655.45

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 59
	<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	

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**

**A. BARBARA ADCOCK**  
Full Name (Last, First, Middle Initial)

Mailing Address 7 STONERIDGE CIRCLE

City TEXARKANA State TX Zip Code 75503-1460

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

Name of Employer HIGHTECH SIGNS Occupation SELF-EMPLOYED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 23 / 2014  
Transaction ID : SA11.4546

Amount of Each Receipt this Period 500.00

CONTRIBUTION

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

Mailing Address 660

City RAINELLE State WV Zip Code 25962-

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 / 27 / 2014  
Transaction ID : SA11.4808

Amount of Each Receipt this Period 250.00

CONTRIBUTION

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

Mailing Address 4654 SPRUCE

City BELLAIRE State TX Zip Code 77401-3608

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

Name of Employer TPC GROUP Occupation ENGINEER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 23 / 2014  
Transaction ID : SA11.4645

Amount of Each Receipt this Period 100.00

CONTRIBUTION

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

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

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

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

FOR LINE NUMBER: PAGE 7 OF 59  
(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**

**A. MS. EUGENIA M. ATKINS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1213 CATHEDRAL CIRCLE

City MADISON	State AL	Zip Code 35758-8912
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FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		28		2014

**Transaction ID : SA11.5207**

Amount of Each Receipt this Period  

100.00
--------

**CONTRIBUTION**

**B. MS. EUGENIA M. ATKINS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1213 CATHEDRAL CIRCLE

City MADISON	State AL	Zip Code 35758-8912
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FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		28		2014

**Transaction ID : SA11.5208**

Amount of Each Receipt this Period  

100.00
--------

**CONTRIBUTION**

**C. MS. EUGENIA M. ATKINS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1213 CATHEDRAL CIRCLE

City MADISON	State AL	Zip Code 35758-8912
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FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		30		2014

**Transaction ID : SA11.5463**

Amount of Each Receipt this Period  

100.00
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**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<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 8 OF 59  
(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. BRUCE BARTLOW**  
 Mailing Address 8110 BRIAR RIDGE LANE  
 City State Zip Code  
 CITRUS HEIGHTS CA 95610-7952  
 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 / 21 / 2014  
**Transaction ID : SA11.4391**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MICHAEL BASS**  
 Mailing Address 3861 EL CAMINO REAL  
 City State Zip Code  
 CARLSBAD CA 92008-2701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF-EMPLOYED RETAIL STORE OWNER  
 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 / 16 / 2014  
**Transaction ID : SA11.4252**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MS. MARY BEASLEY**  
 Mailing Address 205 N. 30TH STREET  
 City State Zip Code  
 DUNCAN OK 73533-2435  
 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 / 28 / 2014  
**Transaction ID : SA11.5009**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 59
	<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. MR. EUGENE M. BLONDER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 284C E. LAKE MEAD PKWY, #221

City HENDERSON	State NV	Zip Code 89015-5511
-------------------	-------------	------------------------

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		28		2014

**Transaction ID : SA11.4883**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**B. WELDON BOLLINGER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3308 NAPA VALLEY BND

City LEANDER	State TX	Zip Code 78641-2055
-----------------	-------------	------------------------

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		16		2014

**Transaction ID : SA11.4073**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**C. MR. BERNARD E. BROOKS JR.**  
Full Name (Last, First, Middle Initial)  
Mailing Address 12509 PLANTATION DRIVE

City BRANDYWINE	State MD	Zip Code 20613-2501
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FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFF	Occupation INFORMATION REQUESTED PER BEST EFF
--	--

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		28		2014

**Transaction ID : SA11.4870**

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: (check only one)	PAGE 10 OF 59
<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. LIONEL BROWN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 19 SHEPARD HILL RD  
City NEWTOWN State CT Zip Code 06470-1936  
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 / 24 / 2014**  
**Transaction ID : SA11.4778**  
Amount of Each Receipt this Period **250.00**  
CONTRIBUTION

**B. RONALD BUDE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 46275 QUAIL RIDGE DR.  
City PLYMOUTH State MI Zip Code 48170-3539  
FEC ID number of contributing federal political committee. **C**  
Name of Employer U. OF MICH. Occupation PROFESSOR  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **500.00**

Date of Receipt **10 / 16 / 2014**  
**Transaction ID : SA11.4402A**  
Amount of Each Receipt this Period **500.00**  
CONTRIBUTION  
CHARGED BACK \$500.00 ON 10/22/2014

**C. RONALD BUDE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 46275 QUAIL RIDGE DR.  
City PLYMOUTH State MI Zip Code 48170-3539  
FEC ID number of contributing federal political committee. **C**  
Name of Employer U. OF MICH. Occupation PROFESSOR  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **500.00**

Date of Receipt **10 / 22 / 2014**  
**Transaction ID : SA11.4402B**  
Amount of Each Receipt this Period **-500.00**  
CONTRIBUTION  
CHARGED BACK

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>250.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <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. CAROL CARLSON**

Mailing Address 170 PANTANO CAY BLVD

City ST. AUGUSTINE State FL Zip Code 32080-7369

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 / 23 / 2014

Transaction ID : SA11.4630

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. GARY CARSON**

Mailing Address 15281 VERMONT ST.

City WESTMINSTER State CA Zip Code 92683-6155

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 / 30 / 2014

Transaction ID : SA11.5360

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

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

Mailing Address 2051 WHYTE PARK AVE

City WALNUT CREEK State CA Zip Code 94595-1342

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  
 11 / 24 / 2014

Transaction ID : SA11.5836

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

<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 12 OF 59  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. CAROLINA CASPERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 522 NORTH STATE RD  
 City State Zip Code  
 BRIARCLIFF MANOR NY 10510-1540  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF-EMPLOYED MUSICIAN  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 650.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 23 / 2014  
**Transaction ID : SA11.4614**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**B. CAROLINA CASPERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 522 NORTH STATE RD  
 City State Zip Code  
 BRIARCLIFF MANOR NY 10510-1540  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF-EMPLOYED MUSICIAN  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 650.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 30 / 2014  
**Transaction ID : SA11.5285**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**C. CONNIE CHIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19352 TRINO CIRCLE  
 City State Zip Code  
 YORBA LINDA CA 92886-5537  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF-EMPLOYED HOME REMODELING  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2014  
**Transaction ID : SA11.4814**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 600.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 59
	<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**

Full Name (Last, First, Middle Initial)  
**A. MARIA CONNOR**

Mailing Address 36 ALLERTON ST

City	State	Zip Code
BROOKLINE	MA	02445-7726

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

Name of Employer	Occupation
POLYVINYL FILMS	SALES

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2014

**Transaction ID : SA11.5338**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MARIAN COOK**

Mailing Address P.O. BOX 3322

City	State	Zip Code
CAREFREE	AZ	85377-3322

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

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2014

**Transaction ID : SA11.5418**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. DAVID F. COUCH**

Mailing Address 5826 SAMET DRIVE STE. 105

City	State	Zip Code
HIGH POINT	NC	27265-3661

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

Name of Employer	Occupation
BLUE RIDGE COMPANIES	CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2014

**Transaction ID : SA11.4869**

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6100.00
<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 14 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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) <b>A. LOGAN DELANY</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2014 <b>Transaction ID : SA11.4247</b>
Mailing Address 6972 SE HARBOR CIRCLE		Amount of Each Receipt this Period 1000.00
City STUART	State FL	Zip Code 34996-1915
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer DELANY CAPITAL MANAGEMENT CORP	Occupation BUSINESSMAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. BILL DIEDRICH</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 09 / 2014 <b>Transaction ID : SA11.5710</b>
Mailing Address P.O. BOX 567		Amount of Each Receipt this Period 1000.00
City FIREBAUGH	State CA	Zip Code 93622-0567
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer SELF-EMPLOYED	Occupation FARMER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. DR. JENNIFER DOOLEY</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 16 / 2014 <b>Transaction ID : SA11.5800</b>
Mailing Address P.O. BOX 4067		Amount of Each Receipt this Period 500.00
City CHATTANOOGA	State TN	Zip Code 37405-0067
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer ERLANGER	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2500.00
<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 59
	<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**

Full Name (Last, First, Middle Initial) <b>A. DR. COLEMAN DRIVER</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 30 / 2014
Mailing Address 1002 CAMPANILE		<b>Transaction ID : SA11.5397</b>
City SAN ANTONIO	State TX	Zip Code 78258-3137
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer VHCA	Occupation PHYSICIAN	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. DR. MALVIN DRIVER</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 21 / 2014
Mailing Address 1002 CAMPANILE		<b>Transaction ID : SA11.4387</b>
City SAN ANTONIO	State TX	Zip Code 78258-3137
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer VETERANS ADMINISTRATION	Occupation PHYSICIAN	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3100.00	

Full Name (Last, First, Middle Initial) <b>C. ROBERT DUNLAP</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 24 / 2014
Mailing Address 847 FAIRVIEW DR		<b>Transaction ID : SA11.4768</b>
City HARTFORD	State WI	Zip Code 53027-2317
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2100.00
<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 16 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <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) <b>A. DAVID ELLIOTT</b>		Date of Receipt 10 / 23 / 2014 <b>Transaction ID : SA11.4442</b>
Mailing Address P.O. BOX 757		Amount of Each Receipt this Period 1000.00
City KAUFMAN	State TX	Zip Code 75142-0757
FEC ID number of contributing federal political committee. C	CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. MR. J. EUGENE FARR</b>		Date of Receipt 10 / 28 / 2014 <b>Transaction ID : SA11.5169</b>
Mailing Address 570 MCMINN ROAD		Amount of Each Receipt this Period 250.00
City PORT TOWNSEND	State WA	Zip Code 98368-9646
FEC ID number of contributing federal political committee. C	CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. MR. JOHN D. FOLWELL</b>		Date of Receipt 10 / 28 / 2014 <b>Transaction ID : SA11.5083</b>
Mailing Address 1802 THILENIUS STREET		Amount of Each Receipt this Period 250.00
City CAPE GIRARDEAU	State MO	Zip Code 63701-5244
FEC ID number of contributing federal political committee. C	CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<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 17 OF 59  
(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. CHRIS FULDNER**  
 Mailing Address 6198 LAWRENCE 2240  
 City State Zip Code  
 MONETT MO 65708-9504  
 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 / 30 / 2014  
**Transaction ID : SA11.5417**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. THOMAS GARDNER**  
 Mailing Address 45 MEADOW VIEW RD  
 City State Zip Code  
 ORINDA CA 94563-3210  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 210.42

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2014  
**Transaction ID : SA11.4091**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. THOMAS GARDNER**  
 Mailing Address 45 MEADOW VIEW RD  
 City State Zip Code  
 ORINDA CA 94563-3210  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 210.42

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 20 / 2014  
**Transaction ID : SA11.4372**  
 Amount of Each Receipt this Period  
 20.14  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 320.14  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <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. THOMAS GARDNER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 45 MEADOW VIEW RD  
 City ORINDA State CA Zip Code 94563-3210  
 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 ▼ 210.42

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2014  
**Transaction ID : SA11.4603**  
 Amount of Each Receipt this Period  
 20.14  
 CONTRIBUTION

**B. THOMAS GARDNER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 45 MEADOW VIEW RD  
 City ORINDA State CA Zip Code 94563-3210  
 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 ▼ 210.42

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2014  
**Transaction ID : SA11.5313**  
 Amount of Each Receipt this Period  
 20.14  
 CONTRIBUTION

**C. DIANNE GARNER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1203 NORTH 1270 WEST  
 City PROVO State UT Zip Code 84604-6005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SMITH BROTHERS HOBBY CENTER Occupation SECRETARY  
 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 / 16 / 2014  
**Transaction ID : SA11.3942**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	140.28
<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 19 OF 59  
(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**

**A. DIANNE GARNER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1203 NORTH 1270 WEST  
City PROVO State UT Zip Code 84604-6005  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SMITH BROTHERS HOBBY CENTER Occupation SECRETARY  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 30 / 2014  
**Transaction ID : SA11.5455**  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION

**B. DIANNE GARNER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1203 NORTH 1270 WEST  
City PROVO State UT Zip Code 84604-6005  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SMITH BROTHERS HOBBY CENTER Occupation SECRETARY  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt 11 / 16 / 2014  
**Transaction ID : SA11.5762**  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION

**C. LARRY GLADFELTER**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 25  
City GOTHA State FL Zip Code 34734-0025  
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 / 23 / 2014  
**Transaction ID : SA11.4616**  
Amount of Each Receipt this Period 500.00  
CONTRIBUTION

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

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

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

FOR LINE NUMBER: PAGE 20 OF 59  
(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**

**A. MS. KAREN L. GRANSEE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5362 VIA MORENA  
City YORBA LINDA State CA Zip Code 92886-5007  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MCDONALDS Occupation OWNER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 28 / 2014  
**Transaction ID : SA11.5040**  
Amount of Each Receipt this Period 1000.00  
CONTRIBUTION

**B. MR. STANLEY G. GRAY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 33161B CAMINO CAPISTRANO  
City SAN JUAN CAPISTRANO State CA Zip Code 92675-4826  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF-EMPLOYED Occupation CPA  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 28 / 2014  
**Transaction ID : SA11.5021**  
Amount of Each Receipt this Period 500.00  
CONTRIBUTION

**C. HARRY M HANKS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 86 PIZARRO AVE  
City NOVATO State CA Zip Code 94949-6148  
FEC ID number of contributing federal political committee. **C**  
Name of Employer JAKE INTERGRATED SOLUTIONS Occupation MANAGING PARTNER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 04 / 2014  
**Transaction ID : SA11.5676**  
Amount of Each Receipt this Period 50.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 1550.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 59
	<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**

Full Name (Last, First, Middle Initial)  
**A. PATRICIA HARGEST**

Mailing Address 724 W PADONIA ROAD

City State Zip Code  
COCKEYSVILLE MD 21030-1723

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

Name of Employer Occupation  
ENABLEDWARE SALES

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
10 / 23 / 2014  
**Transaction ID : SA11.4517**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. SHAWN HARRIS**

Mailing Address 46 OLD COURSE DR

City State Zip Code  
NEWPORT BEACH CA 92660-4275

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

Name of Employer Occupation  
SELF-EMPLOYED ACTRESS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2150.00

Date of Receipt  
10 / 16 / 2014  
**Transaction ID : SA11.4171**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

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

Mailing Address 46 OLD COURSE DR

City State Zip Code  
NEWPORT BEACH CA 92660-4275

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

Name of Employer Occupation  
SELF-EMPLOYED ACTRESS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2150.00

Date of Receipt  
10 / 20 / 2014  
**Transaction ID : SA11.4365**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <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) <b>A. SHAWN HARRIS</b>		Date of Receipt 10 / 23 / 2014 <b>Transaction ID : SA11.4627</b>
Mailing Address 46 OLD COURSE DR		Amount of Each Receipt this Period 100.00
City NEWPORT BEACH	State CA	Zip Code 92660-4275
FEC ID number of contributing federal political committee. C	CONTRIBUTION	
Name of Employer SELF-EMPLOYED	Occupation ACTRESS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2150.00	

Full Name (Last, First, Middle Initial) <b>B. SHAWN HARRIS</b>		Date of Receipt 10 / 30 / 2014 <b>Transaction ID : SA11.5470</b>
Mailing Address 46 OLD COURSE DR		Amount of Each Receipt this Period 250.00
City NEWPORT BEACH	State CA	Zip Code 92660-4275
FEC ID number of contributing federal political committee. C	CONTRIBUTION	
Name of Employer SELF-EMPLOYED	Occupation ACTRESS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2150.00	

Full Name (Last, First, Middle Initial) <b>C. SHAWN HARRIS</b>		Date of Receipt 11 / 03 / 2014 <b>Transaction ID : SA11.5666</b>
Mailing Address 46 OLD COURSE DR		Amount of Each Receipt this Period 100.00
City NEWPORT BEACH	State CA	Zip Code 92660-4275
FEC ID number of contributing federal political committee. C	CONTRIBUTION	
Name of Employer SELF-EMPLOYED	Occupation ACTRESS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2150.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<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 23 OF 59
	<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. GRACE M. HEINZ**  
Full Name (Last, First, Middle Initial)

Mailing Address 1210 W. CENTURY BLVD.

City LODI	State CA	Zip Code 95240-6631
--------------	-------------	------------------------

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 ▼  
572.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		04		2014

**Transaction ID : SA11.5678**

Amount of Each Receipt this Period  
572.00

CONTRIBUTION

**B. DR. WILLIAM HERMANN**  
Full Name (Last, First, Middle Initial)

Mailing Address 103 RIVER RIDGE RD

City SEALY	State TX	Zip Code 77474-8525
---------------	-------------	------------------------

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

Name of Employer MEMORIAL PATHOLOGY CONSULTANTS, PA	Occupation PHYSICIAN
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		30		2014

**Transaction ID : SA11.5311**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

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

Mailing Address 103 RIVER RIDGE RD

City SEALY	State TX	Zip Code 77474-8525
---------------	-------------	------------------------

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

Name of Employer MEMORIAL PATHOLOGY CONSULTANTS, PA	Occupation PHYSICIAN
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		30		2014

**Transaction ID : SA11.5428**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	722.00
<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 24 OF 59  
(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**

**A. DR. WILLIAM HERMANN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 103 RIVER RIDGE RD  
City SEALY State TX Zip Code 77474-8525  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MEMORIAL PATHOLOGY CONSULTANTS, PA Occupation PHYSICIAN  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt **11 / 16 / 2014**  
**Transaction ID : SA11.5788**  
Amount of Each Receipt this Period **50.00**  
CONTRIBUTION

**B. MS. MARTHA P. HOOTS**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 36  
City DEETH State NV Zip Code 89823-0036  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF-EMPLOYED Occupation SELF-EMPLOYED  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **10 / 17 / 2014**  
**Transaction ID : SA11.4326**  
Amount of Each Receipt this Period **250.00**  
CONTRIBUTION

**C. MS. MARTHA P. HOOTS**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 36  
City DEETH State NV Zip Code 89823-0036  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF-EMPLOYED Occupation SELF-EMPLOYED  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **10 / 28 / 2014**  
**Transaction ID : SA11.4885**  
Amount of Each Receipt this Period **250.00**  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... **550.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 25 OF 59
	(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. JOYCE JANCZAK**

Mailing Address 1221 LONDON GROVEPORT RD

City GROVE CITY State OH Zip Code 43123-9708

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

Name of Employer OUR LADY OF PERPETUAL HELP CHURCH Occupation ADMIN ASSIST

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 / 17 / 2014

**Transaction ID : SA11.4288**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. ROBERT L. KELSO**

Mailing Address 15400 HERRIMAN BLVD. STE. 102

City NOBLESVILLE State IN Zip Code 46060-4215

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

Name of Employer QUALITY FUEL NETWORKS, INC. Occupation MANAGER

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 / 28 / 2014

**Transaction ID : SA11.5098**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

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

Mailing Address 10 FOREST RIDGE

City UPPER SADDLE RIVER State NJ Zip Code 07458-1841

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 / 28 / 2014

**Transaction ID : SA11.4850**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

<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 26 OF 59
	(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. DR. HELEN KIM**

Mailing Address **294 EDGEWATER STREET**

City **STATEN ISLAND** State **NY** Zip Code **10305-4934**

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

Name of Employer **CLOVE LAKES E.N.T., PC** Occupation **PHYSICIAN**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 /  /   
**Transaction ID : SA11.4677**

Amount of Each Receipt this Period  
  
**CONTRIBUTION**

Full Name (Last, First, Middle Initial)  
**B. CHASE KLINESTEKER**

Mailing Address **292 EASTMOOR SE**

City **GRAND RAPIDS** State **MI** Zip Code **49546-2291**

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  
 /  /   
**Transaction ID : SA11.5325**

Amount of Each Receipt this Period  
  
**CONTRIBUTION**

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

Mailing Address **10828 BRENNER CREEK COURT**

City **HOUSTON** State **TX** Zip Code **77079-7300**

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

Name of Employer **ILDOM PUBLISHING CO.** Occupation **PUBLISHER**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 /  /   
**Transaction ID : SA11.4428**

Amount of Each Receipt this Period  
  
**CONTRIBUTION**

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

**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 27 OF 59
	<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. GARY KNUST**  
Full Name (Last, First, Middle Initial)

Mailing Address 5773 WOODWAY NO. 450

City HOUSTON State TX Zip Code 77057-1501

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

Name of Employer PROMACHINE Occupation OWNER

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 / 16 / 2014

**Transaction ID : SA11.4082**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

**B. MS. ELEANOR D. LEE**  
Full Name (Last, First, Middle Initial)

Mailing Address 1930 W. RIVER BEND COURT

City MEQUON State WI Zip Code 53092-2925

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 / 28 / 2014

**Transaction ID : SA11.5096**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

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

Mailing Address 740 COLDBROOK PL.

City SIMI VALLEY State CA Zip Code 93065-5531

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

Name of Employer URS CORP. Occupation SR. CONSTRUCTION MANAGER

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 / 23 / 2014

**Transaction ID : SA11.4536**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <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) <b>A. DR. JAMES LINK</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 30 / 2014
Mailing Address 651 HELEN KELLER		<b>Transaction ID : SA11.5487</b>
City TUSCALOOSA	State AL	Zip Code 35404-2983
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer UOFS	Occupation PHYSICIAN	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. DR. FREDERICK LLOYD</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 01 / 2014
Mailing Address 37245 VALGIO DR		<b>Transaction ID : SA11.5603</b>
City CALIMESA	State CA	Zip Code 92320-1481
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

Full Name (Last, First, Middle Initial) <b>C. DR. JUNE MABRY</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 23 / 2014
Mailing Address 130 CHORALE GROVE CT		<b>Transaction ID : SA11.4699</b>
City CONROE	State TX	Zip Code 77384-5049
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<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 29 OF 59
	(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) <b>A. DR. JUNE MABRY</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014
Mailing Address 130 CHORALE GROVE CT		<b>Transaction ID : SA11.5531</b>
City CONROE	State TX	Zip Code 77384-5049
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer SELF-EMPLOYED		CONTRIBUTION
Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. GLENN MACEY</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014
Mailing Address 8136 E. CORTEZ DR.		<b>Transaction ID : SA11.4636</b>
City SCOTTSDALE	State AZ	Zip Code 85260-5653
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer RETIRED		CONTRIBUTION
Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. LINDA MAGGLOS</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014
Mailing Address 5601 SEA VIEW DR		<b>Transaction ID : SA11.4481</b>
City MALIBU	State CA	Zip Code 90265-3746
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer HOMEMAKER		CONTRIBUTION
Occupation HOMEMAKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1350.00
<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 30 OF 59
	(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. LINDA MAGGLOS**  
Full Name (Last, First, Middle Initial)

Mailing Address 5601 SEA VIEW DR

City MALIBU State CA Zip Code 90265-3746

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **4000.00**

Date of Receipt: **11 / 05 / 2014**

**Transaction ID : SA11.5683**

Amount of Each Receipt this Period: **1000.00**

CONTRIBUTION

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

Mailing Address 13121 MAUGANSVILLE RD

City HAGERSTOWN State MD Zip Code 21740-2402

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

Name of Employer: **TRAILER ENTERPRISES** Occupation: **SALES**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt: **10 / 30 / 2014**

**Transaction ID : SA11.5308**

Amount of Each Receipt this Period: **250.00**

CONTRIBUTION

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

Mailing Address 21313 RABBIT RUN DR

City BATON ROUGE State LA Zip Code 70817-8131

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 ▼ **1500.00**

Date of Receipt: **10 / 23 / 2014**

**Transaction ID : SA11.4436**

Amount of Each Receipt this Period: **500.00**

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1750.00</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 31 OF 59  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. GILBERT MATHEWS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 911  
 City BURNSVILLE State MN Zip Code 55337-0911  
 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 / 16 / 2014  
**Transaction ID : SA11.4210**  
 Amount of Each Receipt this Period 500.00  
 CONTRIBUTION

**B. GILBERT MATHEWS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2703 WOODS TRAIL SOUTH  
 City BURNSVILLE State MN Zip Code 55306-5261  
 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 / 30 / 2014  
**Transaction ID : SA11.5348**  
 Amount of Each Receipt this Period 250.00  
 CONTRIBUTION

**C. MARIA MIDDLETON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1756 MEADOW HILL DRIVE  
 City ANNAPOLIS State MD Zip Code 21409-5821  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CATHOLIC SCHOOL Occupation GIFT RECORDS MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 24 / 2014  
**Transaction ID : SA11.4738**  
 Amount of Each Receipt this Period 250.00  
 CONTRIBUTION

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 32 OF 59
	(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) <b>A. MR. GREG J. NEICHTER</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 28 / 2014
Mailing Address 1412 SOUTH MASON ROAD		<b>Transaction ID : SA11.5025</b>
City SAINT LOUIS	State MO	Zip Code 63131-1211
FEC ID number of contributing federal political committee.	C	
Name of Employer CMP, INC.	Occupation EXECUTIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
		Amount of Each Receipt this Period 500.00
		CONTRIBUTION

Full Name (Last, First, Middle Initial) <b>B. PHYLLIS NICHOLAS</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 23 / 2014
Mailing Address 40 HOWARD ROAD		<b>Transaction ID : SA11.4712</b>
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
		Amount of Each Receipt this Period 500.00
		CONTRIBUTION

Full Name (Last, First, Middle Initial) <b>C. DAVID NORTH</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 17 / 2014
Mailing Address 7903 EAGLES FLIGHT LANE		<b>Transaction ID : SA11.4270</b>
City FORT MYERS	State FL	Zip Code 33912-1872
FEC ID number of contributing federal political committee.	C	
Name of Employer DENTAL CARE ALLIANCE	Occupation DIRECTOR OF OPERATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
		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 33 OF 59  
(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. JOANNA PAGE**

Mailing Address 930 FM 698

City NACOGDOCHES State TX Zip Code 75964-4344

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 31 / 2014**

**Transaction ID : SA11.5545**

Amount of Each Receipt this Period  
**250.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. CHARLES PARSONS**

Mailing Address 104 RICHARD RD

City SYRACUSE State NY Zip Code 13215-1530

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 / 23 / 2014**

**Transaction ID : SA11.4511**

Amount of Each Receipt this Period  
**250.00**

CONTRIBUTION

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

Mailing Address 1724 PINE MESA G.V.

City COLORADO SPRINGS State CO Zip Code 80918-

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 / 21 / 2014**

**Transaction ID : SA11.4392**

Amount of Each Receipt this Period  
**100.00**

CONTRIBUTION

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 34 OF 59
	(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. WILFRED PERKINS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1724 PINE MESA G.V.  
City COLORADO SPRINGS State CO Zip Code 80918-  
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 / 23 / 2014  
**Transaction ID : SA11.4695**  
Amount of Each Receipt this Period  
50.00  
CONTRIBUTION

**B. WILFRED PERKINS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1724 PINE MESA G.V.  
City COLORADO SPRINGS State CO Zip Code 80918-  
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 / 23 / 2014  
**Transaction ID : SA11.4696**  
Amount of Each Receipt this Period  
50.00  
CONTRIBUTION

**C. WILFRED PERKINS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1724 PINE MESA G.V.  
City COLORADO SPRINGS State CO Zip Code 80918-  
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 / 23 / 2014  
**Transaction ID : SA11.4697**  
Amount of Each Receipt this Period  
50.00  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<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 35 OF 59
	<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. MR. HAL PETERS**  
Full Name (Last, First, Middle Initial)

Mailing Address 1441 FOUNTAINGROVE PARKWAY

City SANTA ROSA	State CA	Zip Code 95403-1738
--------------------	-------------	------------------------

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  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	28	/	2014

**Transaction ID : SA11.4911**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**B. MRS. NANCY ANNE PETRISSANS**  
Full Name (Last, First, Middle Initial)

Mailing Address 5257 SANDRINI RD

City BAKERSFIELD	State CA	Zip Code 93307-9605
---------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	28	/	2014

**Transaction ID : SA11.5054**

Amount of Each Receipt this Period  
175.00

CONTRIBUTION

**C. MRS. NANCY ANNE PETRISSANS**  
Full Name (Last, First, Middle Initial)

Mailing Address 5257 SANDRINI RD

City BAKERSFIELD	State CA	Zip Code 93307-9605
---------------------	-------------	------------------------

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

Name of Employer INFORMATION REQUESTED PER BEST EFF	Occupation INFORMATION REQUESTED PER BEST EFF
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	28	/	2014

**Transaction ID : SA11.5055**

Amount of Each Receipt this Period  
150.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1325.00
<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 36 OF 59
	(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. DR. DENNIS PLUMMER**  
Full Name (Last, First, Middle Initial)

Mailing Address 3411 IRVING LANE

City AMARILLO State TX Zip Code 79121-1510

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

Name of Employer AMARILLO VA Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
10 / 20 / 2014  
**Transaction ID : SA11.4378**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**B. LINDA POTTER**  
Full Name (Last, First, Middle Initial)

Mailing Address 95 GREENHORN RD

City HAILEY State ID Zip Code 83333-

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 / 29 / 2014  
**Transaction ID : SA11.4830**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

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

Mailing Address 360 IRON BRIDGE RD

City FREEHOLD State NJ Zip Code 07728-2908

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

Name of Employer CALVARY CHAPEL OLD BRIDGE Occupation PASTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
10 / 31 / 2014  
**Transaction ID : SA11.5585**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 59
	<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. JEFF REETER**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 RIVERWAY SUITE 900

City HOUSTON State TX Zip Code 77056-1906

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

Name of Employer NORTHWESTERN MUTUAL Occupation MANAGING PARTNER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2600.00

Date of Receipt 10 / 28 / 2014  
Transaction ID : SA11.4825

Amount of Each Receipt this Period 2600.00

CONTRIBUTION

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

Mailing Address 1991 N. ELIZABETH ST

City DECATUR State IL Zip Code 62526-9403

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 ▼ 500.00

Date of Receipt 10 / 18 / 2014  
Transaction ID : SA11.4331

Amount of Each Receipt this Period 500.00

CONTRIBUTION

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

Mailing Address 2305 E SAINT GEORGE DRIVE

City SIOUX FALLS State SD Zip Code 57103-4660

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

Name of Employer SCHAAPS TRAVELAND INC. Occupation OWNER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 16 / 2014  
Transaction ID : SA11.4183

Amount of Each Receipt this Period 250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3350.00

**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 38 OF 59
	<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. KATHRYN SCHARPLAZ**  
Full Name (Last, First, Middle Initial)  
Mailing Address 658 JUSTICE RD  
City MINNEAPOLIS State KS Zip Code 67467-8720  
FEC ID number of contributing federal political committee. **C**  
Name of Employer PRAIRIE NATURAL BEEF Occupation OWNER/MANAGER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 18 / 2014  
**Transaction ID : SA11.4328**  
Amount of Each Receipt this Period 50.00  
CONTRIBUTION

**B. KATHRYN SCHARPLAZ**  
Full Name (Last, First, Middle Initial)  
Mailing Address 658 JUSTICE RD  
City MINNEAPOLIS State KS Zip Code 67467-8720  
FEC ID number of contributing federal political committee. **C**  
Name of Employer PRAIRIE NATURAL BEEF Occupation OWNER/MANAGER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 24 / 2014  
**Transaction ID : SA11.4731**  
Amount of Each Receipt this Period 250.00  
CONTRIBUTION

**C. DR. TIMOTHY SCHMITT**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10775 NADORFF RD  
City GREENVILLE State IN Zip Code 47124-9314  
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 / 30 / 2014  
**Transaction ID : SA11.5447**  
Amount of Each Receipt this Period 250.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 550.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 39 OF 59  
(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. MR. CHARLES D. SEARS**

Mailing Address 3609 VIA LA SELVA

City State Zip Code  
PALOS VERDES ESTATES CA 90274-1115

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 28 / 2014  
**Transaction ID : SA11.4984**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. LISA SHANK**

Mailing Address 57424 WILBUR HILL RD

City State Zip Code  
DOWAGIAC MI 49047-9755

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 16 / 2014  
**Transaction ID : SA11.3907**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

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

Mailing Address 57424 WILBUR HILL RD

City State Zip Code  
DOWAGIAC MI 49047-9755

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 23 / 2014  
**Transaction ID : SA11.4512**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 59
	<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. LISA SHANK**  
Full Name (Last, First, Middle Initial)

Mailing Address 57424 WILBUR HILL RD

City DOWAGIAC State MI Zip Code 49047-9755

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  
 11 / 16 / 2014

**Transaction ID : SA11.5731**

Amount of Each Receipt this Period  
 50.00

CONTRIBUTION

**B. DOUGLAS SHIVELY**  
Full Name (Last, First, Middle Initial)

Mailing Address 900 S. WALNUT ST.

City ANAHEIM State CA Zip Code 92802-1706

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

Name of Employer SELF-EMPLOYED Occupation CPA

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 / 30 / 2014

**Transaction ID : SA11.5389**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

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

Mailing Address 124 OLD BATTERY ROAD

City BRIDGEPORT State CT Zip Code 06605-3616

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

Name of Employer SELF-EMPLOYED Occupation ATTORNEY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2014

**Transaction ID : SA11.5490**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 400.00

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

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

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

FOR LINE NUMBER: PAGE 41 OF 59  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. MS. JENNIFER A. SILVIA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3524 KEMPTOWN CHURCH RD.  
 City MONROVIA State MD Zip Code 21770-8706  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation WRITER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 10 / 16 / 2014  
**Transaction ID : SA11.4203**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**B. MS. JENNIFER A. SILVIA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3524 KEMPTOWN CHURCH RD.  
 City MONROVIA State MD Zip Code 21770-8706  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation WRITER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 10 / 28 / 2014  
**Transaction ID : SA11.4943**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION

**C. MS. JENNIFER A. SILVIA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3524 KEMPTOWN CHURCH RD.  
 City MONROVIA State MD Zip Code 21770-8706  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation WRITER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 10 / 30 / 2014  
**Transaction ID : SA11.5466**  
 Amount of Each Receipt this Period 25.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 175.00  
**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 42 OF 59
	<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. MS. JENNIFER A. SILVIA**  
Full Name (Last, First, Middle Initial)

Mailing Address 3524 KEMPTOWN CHURCH RD.

City MONROVIA	State MD	Zip Code 21770-8706
------------------	-------------	------------------------

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

Name of Employer SELF-EMPLOYED	Occupation WRITER
-----------------------------------	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2014

**Transaction ID : SA11.5680**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

**B. JODI SKINNER**  
Full Name (Last, First, Middle Initial)

Mailing Address 3433 SOUTH 5700 WEST

City WELLSVILLE	State UT	Zip Code 84339-9204
--------------------	-------------	------------------------

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

Name of Employer HOMEMAKER	Occupation HOMEMAKER
-------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	24	/	2014

**Transaction ID : SA11.4761**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

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

Mailing Address 861 LAFAYETTE RD

City HAMPTON	State NH	Zip Code 03842-1232
-----------------	-------------	------------------------

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

Name of Employer SELF-EMPLOYED	Occupation DENTIST
-----------------------------------	-----------------------

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	/	28	/	2014

**Transaction ID : SA11.4827**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<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 43 OF 59
<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) <b>A. MARK SNELL</b>		Date of Receipt MM / DD / YYYY 10 / 23 / 2014 <b>Transaction ID : SA11.4721</b>
Mailing Address 18705 68TH ST E		Amount of Each Receipt this Period 100.00
City BONNEY LAKE	State WA	Zip Code 98391-6857
FEC ID number of contributing federal political committee. C	CONTRIBUTION	
Name of Employer MULTICARE HEALTH SYSTEM	Occupation GENERAL SURGEON	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. MARK SNELL</b>		Date of Receipt MM / DD / YYYY 11 / 03 / 2014 <b>Transaction ID : SA11.5669</b>
Mailing Address 18705 68TH ST E		Amount of Each Receipt this Period 100.00
City BONNEY LAKE	State WA	Zip Code 98391-6857
FEC ID number of contributing federal political committee. C	CONTRIBUTION	
Name of Employer MULTICARE HEALTH SYSTEM	Occupation GENERAL SURGEON	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. MR. JACK STATEN</b>		Date of Receipt MM / DD / YYYY 10 / 28 / 2014 <b>Transaction ID : SA11.5003</b>
Mailing Address 24 CASH DRIVE		Amount of Each Receipt this Period 500.00
City CARSON CITY	State NV	Zip Code 89706-7789
FEC ID number of contributing federal political committee. C	CONTRIBUTION	
Name of Employer HELICAL WIRE INC.	Occupation MANAGEMENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	700.00
<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 44 OF 59  
(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. DAVID SUMEGA**

Mailing Address 2106 MAYFLY ST.

City State Zip Code  
LEBANON OR 97355-3975

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 ▼  
275.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 23 / 2014  
**Transaction ID : SA11.4584**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

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

Mailing Address 2106 MAYFLY ST.

City State Zip Code  
LEBANON OR 97355-3975

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 ▼  
275.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 11 / 24 / 2014  
**Transaction ID : SA11.5810**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

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

Mailing Address 431 OAK LANE

City State Zip Code  
SAN GABRIEL CA 91775-2215

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

Name of Employer Occupation  
ATE REAL ESTATE

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 31 / 2014  
**Transaction ID : SA11.5600**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 225.00

**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 45 OF 59
	<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. JOHN THURSTON**  
Full Name (Last, First, Middle Initial)  
Mailing Address BOX 3355

City GRAND CANYON	State AZ	Zip Code 86023-3355
----------------------	-------------	------------------------

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

Name of Employer SELF-EMPLOYED	Occupation HOTELIER
-----------------------------------	------------------------

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	/	16	/	2014

**Transaction ID : SA11.3923**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**B. JOHN THURSTON**  
Full Name (Last, First, Middle Initial)  
Mailing Address BOX 3355

City GRAND CANYON	State AZ	Zip Code 86023-3355
----------------------	-------------	------------------------

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

Name of Employer SELF-EMPLOYED	Occupation HOTELIER
-----------------------------------	------------------------

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
11	/	16	/	2014

**Transaction ID : SA11.5745**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**C. ANTHONY TOPAZI**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7341 KINGS MTN ROAD

City VESTAVIA	State AL	Zip Code 35242-2596
------------------	-------------	------------------------

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	/	16	/	2014

**Transaction ID : SA11.4027**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<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 46 OF 59
	(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 VON KLEECK**  
Full Name (Last, First, Middle Initial)

Mailing Address 7470 JEFFREYS WAY

City EASTON State MD Zip Code 21601-4739

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2014

**Transaction ID : SA11.4034**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

**B. MS. FRANCES ANN WALKER**  
Full Name (Last, First, Middle Initial)

Mailing Address 5920 N. CAMINO PADRE ISIDORO

City TUCSON State AZ Zip Code 85718-4032

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 ▼ 775.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2014

**Transaction ID : SA11.4942**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

**C. MS. FRANCES ANN WALKER**  
Full Name (Last, First, Middle Initial)

Mailing Address 5920 N. CAMINO PADRE ISIDORO

City TUCSON State AZ Zip Code 85718-4032

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 ▼ 775.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2014

**Transaction ID : SA11.5307**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	625.00
<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 47 OF 59
	(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) <b>A. HENRY WALL</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 30 / 2014
Mailing Address 6025 JESSAMINE ST		<b>Transaction ID : SA11.5509</b>
City HOUSTON	State TX	Zip Code 77081-6401
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 2500.00
Name of Employer PICKERING, LLC	Occupation ENGINEER	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>B. MR. WILLIAM B. WALTERS</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 28 / 2014
Mailing Address 4612 AMHERST ROAD		<b>Transaction ID : SA11.4989</b>
City COLLEGE PARK	State MD	Zip Code 20740-3624
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00
Name of Employer UNIVERSITY OF MARYLAND	Occupation TEACHER	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. RAL WEST</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 30 / 2014
Mailing Address 107A TOIVO CIRCLE		<b>Transaction ID : SA11.5515</b>
City SITKA	State AK	Zip Code 99835-9552
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 100.00
Name of Employer SELF-EMPLOYED	Occupation BUSINESS OWNER	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3100.00
<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 48 OF 59
	(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) <b>A. DAVID WESTBY</b>		Date of Receipt
Mailing Address 300 MYRTLE ST.		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	<b>Transaction ID : SA11.5837</b>
HOQUIAM	WA	Amount of Each Receipt this Period
Zip Code		<input type="text" value="250.00"/>
98550-3036		<b>CONTRIBUTION</b>
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
SELF-EMPLOYED	VETERINARIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. MR. CURTIS C. WHITTLESEY</b>		Date of Receipt
Mailing Address 1880 BROOWOOD AVENUE APARTMENT 509		<input type="text" value="10"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	<b>Transaction ID : SA11.5095</b>
BURLINGTON	NC	Amount of Each Receipt this Period
Zip Code		<input type="text" value="300.00"/>
27215-3206		<b>CONTRIBUTION</b>
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
RETIRED	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. MR. WILLIAM H. WILKINSON</b>		Date of Receipt
Mailing Address 218 GREEN SPRINGS DRIVE		<input type="text" value="10"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	<b>Transaction ID : SA11.5112</b>
COLUMBUS	OH	Amount of Each Receipt this Period
Zip Code		<input type="text" value="300.00"/>
43235-4645		<b>CONTRIBUTION</b>
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
RETIRED	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 59
	<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. THOMAS WILSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 645 E BLITHEDALE

City MILL VALLEY State CA Zip Code 94941-1412

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  
 11 / 09 / 2014

**Transaction ID : SA11.5712**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

**B. DR. RONALD WONG**  
Full Name (Last, First, Middle Initial)

Mailing Address 2673 SUN DRIVE

City HANFORD State CA Zip Code 93230-1331

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 ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 07 / 2014

**Transaction ID : SA11.5696**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

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

Mailing Address 1830 FOUNTAIN DRIVE # 1302

City RESTON State VA Zip Code 20190-4475

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  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2014

**Transaction ID : SA11.4230**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	850.00
<b>TOTAL</b> This Period (last page this line number only).....▶	47982.42

**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. BRANDON PONDER**

Mailing Address 916 S PACA STREET

City BALTIMORE State MD Zip Code 21230

Purpose of Disbursement  
CONTRACT LABOR- DIGITAL SERVICES

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 06 / 2014

Transaction ID : SB21B.1238

Amount of Each Disbursement this Period

880.00

Full Name (Last, First, Middle Initial)

**B. AKILI WEST**

Mailing Address 1342 U STREET SE SUITE C

City WASHINGTON State DC Zip Code 20020

Purpose of Disbursement  
DIGITAL CONSULTING/WEB SERVICE

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 17 / 2014

Transaction ID : SB21B.1234

Amount of Each Disbursement this Period

10277.24

Full Name (Last, First, Middle Initial)

**C. AKILI WEST**

Mailing Address 1342 U STREET SE SUITE C

City WASHINGTON State DC Zip Code 20020

Purpose of Disbursement  
DIGITAL CONSULTING/WEB SERVICE

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 17 / 2014

Transaction ID : SB21B.1247

Amount of Each Disbursement this Period

4500.00

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

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

15657.24

**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  
SURVEY RESEARCH/POLITICAL STRATEGY CONSULTING/TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 20 / 2014

Transaction ID : SB21B.1253

Amount of Each Disbursement this Period

25759.74

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 / D D / Y Y Y Y Y Y  
11 / 05 / 2014

Transaction ID : SB21B.1242

Amount of Each Disbursement this Period

539.65

Full Name (Last, First, Middle Initial)

**C. ARMSTRONG WILLIAMS PRODUCTIONS LLC**

Mailing Address 201 MASSACHUSETTS AVE NE SUITE C-1

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
DELIVERY

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 10 / 2014

Transaction ID : SB21B.1246

Amount of Each Disbursement this Period

343.22

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

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

26642.61

**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. BB&T**

Mailing Address 2200 WILSON BLVD

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement  
BANK FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB21B.1235

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. BB&T**

Mailing Address 2200 WILSON BLVD

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement  
BANK FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB21B.1236

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. BB&T**

Mailing Address 2200 WILSON BLVD

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement  
BANK FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB21B.1237

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<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 TYSONS CORNER State VA Zip Code 22182

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

/  /

**Transaction ID : SB21B.1239**

Amount of Each Disbursement this Period

**B. CMDI**

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL ROAD SUITE 400

City TYSONS CORNER State VA Zip Code 22182

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

/  /

**Transaction ID : SB21B.1240**

Amount of Each Disbursement this Period

**C. CMDI**

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL ROAD SUITE 400

City TYSONS CORNER State VA Zip Code 22182

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

/  /

**Transaction ID : SB21B.1241**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<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 TYSONS CORNER State VA Zip Code 22182

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 / D D / Y Y Y Y Y  
11 / 12 / 2014

Transaction ID : SB21B.1243

Amount of Each Disbursement this Period

283.76

Full Name (Last, First, Middle Initial)

**B. CMDI**

Mailing Address 1593 SPRING HILL ROAD SUITE 400

City TYSONS CORNER State VA Zip Code 22182

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 / D D / Y Y Y Y Y  
11 / 18 / 2014

Transaction ID : SB21B.1244

Amount of Each Disbursement this Period

140.20

Full Name (Last, First, Middle Initial)

**C. CMDI**

Mailing Address 1593 SPRING HILL ROAD SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement  
DATABASE MANAGEMENT SERVICE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
11 / 04 / 2014

Transaction ID : SB21B.1245

Amount of Each Disbursement this Period

3560.56

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

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

3984.52

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

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

FOR LINE NUMBER:  
(check only one)

<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. INTUIT**

Mailing Address 2632 MARINES WAY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement  
SUBSCRIPTIONS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 20 / 2014

Transaction ID : SB21B.1251

Amount of Each Disbursement this Period

18.86

Full Name (Last, First, Middle Initial)

**B. INTUIT**

Mailing Address 2632 MARINES WAY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement  
SUBSCRIPTIONS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 17 / 2014

Transaction ID : SB21B.1252

Amount of Each Disbursement this Period

18.86

Full Name (Last, First, Middle Initial)

**C. NATIONBUILDER**

Mailing Address 520 S. GRAND AVE 2ND FLOOR

City LOS ANGELES State CA Zip Code 90071

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 19 / 2014

Transaction ID : SB21B.1257

Amount of Each Disbursement this Period

126.00

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

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

163.72

# 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. PRECISION DATA MANAGEMENT

Mailing Address 2000 EDMUND HALLEY DRIVE SUITE 250

City RESTON State VA Zip Code 20191

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 20 / 2014

Transaction ID : SB21B.1254

Amount of Each Disbursement this Period

5850.00

Full Name (Last, First, Middle Initial)

## B. PRECISION DATA MANAGEMENT

Mailing Address 2000 EDMUND HALLEY DRIVE SUITE 250

City RESTON State VA Zip Code 20191

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 24 / 2014

Transaction ID : SB21B.1255

Amount of Each Disbursement this Period

10000.00

Full Name (Last, First, Middle Initial)

## C. PRECISION DATA MANAGEMENT

Mailing Address 2000 EDMUND HALLEY DRIVE SUITE 250

City RESTON State VA Zip Code 20191

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 03 / 2014

Transaction ID : SB21B.1256

Amount of Each Disbursement this Period

900.00

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

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

16750.00

**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. PRECISION DATA MANAGEMENT**

Mailing Address 2000 EDMUND HALLEY DRIVE SUITE 250

City RESTON State VA Zip Code 20191

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

MM / DD / YYYY  
11 / 24 / 2014

Transaction ID : **SB21B.1258**

Amount of Each Disbursement this Period

3250.00

Full Name (Last, First, Middle Initial)

**B. THE UPS STORE**

Mailing Address 8705B COLESVILLE RD SUITE B

City SILVER SPRING State MD Zip Code 20910

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 27 / 2014

Transaction ID : **SB21B.1248**

Amount of Each Disbursement this Period

44.67

Full Name (Last, First, Middle Initial)

**C. THE UPS STORE**

Mailing Address 8705B COLESVILLE RD SUITE B

City SILVER SPRING State MD Zip Code 20910

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 31 / 2014

Transaction ID : **SB21B.1249**

Amount of Each Disbursement this Period

35.74

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

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

3330.41

**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. X.B. UNDERWOOD LLC**

Mailing Address 201 MASSACHUSETTS AVE NE SUITE 319

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
PRINTING/LAPEL PINS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 20 / 2014

**Transaction ID : SB21B.1250**

Amount of Each Disbursement this Period

3840.00

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

3840.00

74596.14

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

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

FOR LINE NUMBER:  
(check only one)

<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. BLUM FOR CONGRESS**

Mailing Address 2728 ASBURY ROAD SUITE 400

City DUBUQUE State IA Zip Code 52001

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**RODNEY LELAND BLUM**

Office Sought:  House  Senate  President  
 Disbursement For: 2014  Primary  General  Other (specify) ▼  
 State: IA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		30		2014

**Transaction ID : SB23.568**

Amount of Each Disbursement this Period

1000.00
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Full Name (Last, First, Middle Initial)

**B. MILLER-MEEKS FOR CONGRESS**

Mailing Address PO BOX 1570

City OTTUMWA State IA Zip Code 52501

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**MARIANNETTE JANE MILLER-MEEKS**

Office Sought:  House  Senate  President  
 Disbursement For: 2014  Primary  General  Other (specify) ▼  
 State: IA District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		30		2014

**Transaction ID : SB23.567**

Amount of Each Disbursement this Period

1000.00
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Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

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

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

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

2000.00
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2000.00
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