

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.

COUNTRY FIRST

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

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

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:
- Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 - Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 - Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
- Primary (12P) General (12G) Runoff (12R)
 - Convention (12C) Special (12S)
- Election on / / in the State of

- (d) 30-Day POST-Election Report for the:
- General (30G) Runoff (30R) Special (30S)
- Election on / / in the State of

5. Covering Period / / through / /

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 KILGORE, PAUL, , ,

Signature of Treasurer KILGORE, PAUL, , , Date / /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

COUNTRY FIRST

Report Covering the Period: From: 07 / 01 / 2023 To: 12 / 31 / 2023

Table with 2 columns: COLUMN A This Period, COLUMN B Calendar Year-to-Date. Rows include: 6. (a) Cash on Hand January 1, 2023 (387473.56); (b) Cash on Hand at Beginning of Reporting Period (1945904.87); (c) Total Receipts (from Line 19) (18977.51 / 2243340.48); (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) (1964882.38 / 2630814.04); 7. Total Disbursements (from Line 31) (248892.29 / 914823.95); 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) (1715990.09 / 1715990.09); 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) (0.00); 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) (0.00).

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

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

COUNTRY FIRST

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).....	1588.52	70474.32
(ii) Unitemized	919.70	156396.87
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	2508.22	226871.19
(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)	2508.22	226871.19
12. Transfers From Affiliated/Other Party Committees.....	0.00	2000000.00
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.).....	16469.29	16469.29
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)).....▶	18977.51	2243340.48
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	18977.51	2243340.48

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	77539.52	645471.18
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	77539.52	645471.18
22. Transfers to Affiliated/Other Party Committees.....	150000.00	150000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	12500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	16352.77	106852.77
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	248892.29	914823.95
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	248892.29	914823.95

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	2508.22	226871.19
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2508.22	226871.19
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	77539.52	645471.18
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	77539.52	645471.18

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 OF 57
(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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
COUNTRY FIRST

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. ALEXANDER, MELCHORA, , ,

Mailing Address **9206 BELMART ROAD**

City POTOMAC	State MD	Zip Code 20854-1621
------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) JOHNS HOPKINS	Occupation (for Individual) PT
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
11 / 10 / 2023

Transaction ID : SA11A.116642

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. BOONE, DAN, , ,

Mailing Address **2660 PEACHTREE ROAD
UNIT 35H**

City ATLANTA	State GA	Zip Code 30305-3682
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
11 / 12 / 2023

Transaction ID : SA11A.115749

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. BROESEKER, TIM, , ,

Mailing Address **4990 OSHEA COURT**

City TALLAHASSEE	State FL	Zip Code 32309-2716
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) TALLAHASSEE MEMORIAL HOSPITAL	Occupation (for Individual) PHYSICIAN
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
210.00

Date of Receipt
07 / 12 / 2023

Transaction ID : SA11A.113455

Amount of Each Receipt this Period
10.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	285.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
COUNTRY FIRST

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. CABALLERO, JORGE, , ,

Mailing Address 18868 SW 84TH CT
APT 10

City CUTLER BAY State FL Zip Code 33157-8005

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

Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
205.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2023

Transaction ID : SA11A.114268

Amount of Each Receipt this Period
5.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. CASHWELL, JUDITH, D., ,

Mailing Address 109 SCHOONER ROAD

City MOORESVILLE State NC Zip Code 28117-7561

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

Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
201.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 24 / 2023

Transaction ID : SA11A.113241

Amount of Each Receipt this Period
1.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. CONTI, FRED, A., ,

Mailing Address 11 BURROWS ST

City GROTON State CT Zip Code 06340-8810

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

Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) FINANCE

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
200.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2023

Transaction ID : SA11A.114559

Amount of Each Receipt this Period
0.10

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶ 6.10

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 8 OF 57
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
COUNTRY FIRST

A. DAWKINS, JAMES, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 799 WEILERS WAY

City PORT WASHINGTON State WI Zip Code 53074-9658

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

Name of Employer (for Individual) NOT EMPLOYED Occupation (for Individual) NOT EMPLOYED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.10

Date of Receipt 07 / 10 / 2023
Transaction ID : SA11A.114799

Amount of Each Receipt this Period 0.10

Memo Item
CONTRIBUTION

B. DOAK, GARY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7611 S QUINN AVE

City GILBERT State AZ Zip Code 85298-0147

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

Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1001.00

Date of Receipt 07 / 11 / 2023
Transaction ID : SA11A.113891

Amount of Each Receipt this Period 1.00

Memo Item
CONTRIBUTION

C. DOAK, GARY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7611 S QUINN AVE

City GILBERT State AZ Zip Code 85298-0147

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

Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼ 1001.00

Date of Receipt 07 / 01 / 2023
Transaction ID : SA11A.116734

Amount of Each Receipt this Period -60.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ -58.90

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 OF 57
	(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)
COUNTRY FIRST

A. EVANS, BRIAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 950 SPRINGTOWN
 City FORNEY State TX Zip Code 75126-4079
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LIGHHOUSE DOCUMENT TECHNOLOGIES Occupation (for Individual) CLIENT SUCCESS
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.35

Date of Receipt **07 / 17 / 2023**
Transaction ID : SA11A.113290
 Amount of Each Receipt this Period 0.10
 Memo Item CONTRIBUTION

B. EVANS, BRIAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 950 SPRINGTOWN
 City FORNEY State TX Zip Code 75126-4079
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LIGHHOUSE DOCUMENT TECHNOLOGIES Occupation (for Individual) CLIENT SUCCESS
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.35

Date of Receipt **11 / 10 / 2023**
Transaction ID : SA11A.116511
 Amount of Each Receipt this Period 0.25
 Memo Item CONTRIBUTION

C. FRANZONE, ANDREW, , , JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1450 BRIDGEWATER RD
 City BENSALEM State PA Zip Code 19020-4431
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.25

Date of Receipt **11 / 10 / 2023**
Transaction ID : SA11A.116343
 Amount of Each Receipt this Period 0.25
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶ 0.60
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 10 OF 57
	<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)
COUNTRY FIRST

A. FRANZONE, ANDREW, , JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1450 BRIDGEWATER RD
 City BENSLEM State PA Zip Code 19020-4431
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.25

Date of Receipt 07 / 01 / 2023
Transaction ID : SA11A.116741
 Amount of Each Receipt this Period - 60.00
 Memo Item
CONTRIBUTION

B. FRISBY, STEVEN, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1606 PICARDY DRIVE
 City STOCKTON State CA Zip Code 95203-2020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.10

Date of Receipt 07 / 10 / 2023
Transaction ID : SA11A.115185
 Amount of Each Receipt this Period 0.10
 Memo Item
CONTRIBUTION

C. FUNK, DANIEL, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8997 TERWILLIGERSRIDGE DR
 City CINCINNATI State OH Zip Code 45249-2762
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2501.00

Date of Receipt 07 / 11 / 2023
Transaction ID : SA11A.113845
 Amount of Each Receipt this Period 1.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	- 58.90
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 11 OF 57
(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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
COUNTRY FIRST

A. GRAF, EDWIN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **848 NORTH RAINBOW BOULEVARD**

City LAS VEGAS	State NV	Zip Code 89107-1103
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2525.00

Date of Receipt
11 / 13 / 2023

Transaction ID : SA11A.115698

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

B. GUDEMAN, NANCY, M., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **117 GOODRICH ROAD**

City CENTRALIA	State WA	Zip Code 98531-9302
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
635.00

Date of Receipt
07 / 17 / 2023

Transaction ID : SA11A.113285

Amount of Each Receipt this Period
10.00

Memo Item
CONTRIBUTION

C. GUDEMAN, NANCY, M., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **117 GOODRICH ROAD**

City CENTRALIA	State WA	Zip Code 98531-9302
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
635.00

Date of Receipt
11 / 11 / 2023

Transaction ID : SA11A.115853

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	60.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 OF 57
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
COUNTRY FIRST

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. HENNESSY, JOANNE, , ,

Mailing Address 12 BLUE HERON POND ROAD

City JOHNS ISLAND	State SC	Zip Code 29455-5813
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2023

Transaction ID : SA11A.114373

Amount of Each Receipt this Period
0.10

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. HIGH, MICHELLE, , ,

Mailing Address 4607 NORWOOD DR.

City CHEVY CHASE	State MD	Zip Code 20815-5348
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) AMERICAN PURPOSE	Occupation (for Individual) SENIOR EDITOR
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2023

Transaction ID : SA11A.114703

Amount of Each Receipt this Period
0.10

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. JENSEN, DORON, , ,

Mailing Address 12901 HIGHCLERE DRIVE

City BURNSVILLE	State MN	Zip Code 55337-3732
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) JENSEN'S CAFE	Occupation (for Individual) OWNER
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
201.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2023

Transaction ID : SA11A.114515

Amount of Each Receipt this Period
1.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	1.20
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 OF 57
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
COUNTRY FIRST

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. JONES, KENNETH, , ,

Mailing Address **804 HIGHLAND AVE**

City PIEDMONT	State CA	Zip Code 94611-3809
-------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.10

Date of Receipt
07 / 11 / 2023

Transaction ID : SA11A.113876

Amount of Each Receipt this Period
0.10

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. JONES, KENNETH, , ,

Mailing Address **804 HIGHLAND AVE**

City PIEDMONT	State CA	Zip Code 94611-3809
-------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.10

Date of Receipt
11 / 10 / 2023

Transaction ID : SA11A.116033

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. JULIAN, CONNIE, M., MRS.,

Mailing Address **5100 BLACK JACK ROAD**

City LA GRANGE	State TX	Zip Code 78945-5773
--------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.02

Date of Receipt
07 / 10 / 2023

Transaction ID : SA11A.115030

Amount of Each Receipt this Period
0.02

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	25.12
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 14 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
COUNTRY FIRST

A. KOLBERT, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11146 N VIA RIMINI DRIVE
 City FRESNO State CA Zip Code 93730-7101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.50

Date of Receipt 07 / 13 / 2023
Transaction ID : SA11A.113422
 Amount of Each Receipt this Period 0.50
 Memo Item
CONTRIBUTION

B. LAUGHREA, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 164 HIGHLAND AVE
 City NEWTON State MA Zip Code 02465-2510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GENERIS COLLECTIVE Occupation (for Individual) EXECUTIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.10

Date of Receipt 07 / 11 / 2023
Transaction ID : SA11A.114556
 Amount of Each Receipt this Period 0.10
 Memo Item
CONTRIBUTION

C. LIDDON, FRANCIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2132 W MAIN ST
 City DOTHAN State AL Zip Code 36301-1212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BART LIDDON HOMES LLC Occupation (for Individual) HOME BUILDER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.10

Date of Receipt 07 / 10 / 2023
Transaction ID : SA11A.115428
 Amount of Each Receipt this Period 0.10
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	0.70
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 57
	<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)
COUNTRY FIRST

A. LOAR, MATTHEW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7048 PALMA LANE
 City MORTON GROVE State IL Zip Code 60053-1224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) F5, INC. Occupation (for Individual) ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.10

Date of Receipt 07 / 12 / 2023
Transaction ID : SA11A.113619
 Amount of Each Receipt this Period 0.10
 Memo Item
 CONTRIBUTION

B. LOPINTO, WILLIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 N MOORE ST APT. 15B
 City NEW YORK State NY Zip Code 10013-2462
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 09 / 2023
Transaction ID : SA11A.115534
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION

C. LOPINTO, WILLIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 N MOORE ST APT. 15B
 City NEW YORK State NY Zip Code 10013-2462
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 08 / 09 / 2023
Transaction ID : SA11A.115618
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	100.10
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 OF 57
	(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)
COUNTRY FIRST

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. LOPINTO, WILLIAM, , ,

Mailing Address **25 N MOORE ST
APT. 15B**

City **NEW YORK** State **NY** Zip Code **10013-2462**

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

Name of Employer (for Individual) **NONE** Occupation (for Individual) **RETIRED**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt
09 / 09 / 2023

Transaction ID : SA11A.115630

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. LOPINTO, WILLIAM, , ,

Mailing Address **25 N MOORE ST
APT. 15B**

City **NEW YORK** State **NY** Zip Code **10013-2462**

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

Name of Employer (for Individual) **NONE** Occupation (for Individual) **RETIRED**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt
10 / 09 / 2023

Transaction ID : SA11A.115636

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. LOPINTO, WILLIAM, , ,

Mailing Address **25 N MOORE ST
APT. 15B**

City **NEW YORK** State **NY** Zip Code **10013-2462**

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

Name of Employer (for Individual) **NONE** Occupation (for Individual) **RETIRED**

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt
11 / 09 / 2023

Transaction ID : SA11A.116698

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ **150.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 17 OF 57
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
COUNTRY FIRST

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. LOPINTO, WILLIAM, , ,

Mailing Address **25 N MOORE ST
APT. 15B**

City **NEW YORK** State **NY** Zip Code **10013-2462**

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

Name of Employer (for Individual) **NONE** Occupation (for Individual) **RETIRED**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt **12 / 09 / 2023**

Transaction ID : SA11A.116699

Amount of Each Receipt this Period **50.00**

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. MACKIE, DANIEL, J., ,

Mailing Address **151 HEARTHSTONE DRIVE**

City **BERLIN** State **NJ** Zip Code **08009-9551**

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

Name of Employer (for Individual) **NONE** Occupation (for Individual) **RETIRED**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **200.10**

Date of Receipt **07 / 11 / 2023**

Transaction ID : SA11A.114309

Amount of Each Receipt this Period **0.10**

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. MAIN, ERIC, , ,

Mailing Address **10136 E. SOUTHERN AVE
1085**

City **MESA** State **AZ** Zip Code **85209-2742**

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

Name of Employer (for Individual) **HONORHEALTH** Occupation (for Individual) **REGISTERED NURSE**

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼ **850.00**

Date of Receipt **07 / 25 / 2023**

Transaction ID : SA11A.113235

Amount of Each Receipt this Period **25.00**

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... **75.10**

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 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
COUNTRY FIRST

A. MAIN, ERIC, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10136 E. SOUTHERN AVE
 1085
 City MESA State AZ Zip Code 85209-2742
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HONORHEALTH Occupation (for Individual) REGISTERED NURSE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2023
Transaction ID : SA11A.113271
 Amount of Each Receipt this Period
 25.00
 Memo Item
CONTRIBUTION

B. MAIN, ERIC, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10136 E. SOUTHERN AVE
 1085
 City MESA State AZ Zip Code 85209-2742
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HONORHEALTH Occupation (for Individual) REGISTERED NURSE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2023
Transaction ID : SA11A.114532
 Amount of Each Receipt this Period
 25.00
 Memo Item
CONTRIBUTION

C. MAIN, ERIC, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10136 E. SOUTHERN AVE
 1085
 City MESA State AZ Zip Code 85209-2742
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HONORHEALTH Occupation (for Individual) REGISTERED NURSE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 04 / 2023
Transaction ID : SA11A.115535
 Amount of Each Receipt this Period
 25.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 19 OF 57
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
COUNTRY FIRST

A. MAIN, ERIC, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10136 E. SOUTHERN AVE
 1085
 City MESA State AZ Zip Code 85209-2742
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HONORHEALTH Occupation (for Individual) REGISTERED NURSE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 08 / 22 / 2023
Transaction ID : SA11A.115573
 Amount of Each Receipt this Period 25.00
 Memo Item
CONTRIBUTION

B. MAIN, ERIC, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10136 E. SOUTHERN AVE
 1085
 City MESA State AZ Zip Code 85209-2742
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HONORHEALTH Occupation (for Individual) REGISTERED NURSE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 08 / 15 / 2023
Transaction ID : SA11A.115612
 Amount of Each Receipt this Period 25.00
 Memo Item
CONTRIBUTION

C. MAIN, ERIC, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10136 E. SOUTHERN AVE
 1085
 City MESA State AZ Zip Code 85209-2742
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HONORHEALTH Occupation (for Individual) REGISTERED NURSE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 08 / 08 / 2023
Transaction ID : SA11A.115621
 Amount of Each Receipt this Period 25.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 20 OF 57
(check only one)	
<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"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
COUNTRY FIRST

A. MAIN, ERIC, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10136 E. SOUTHERN AVE
 1085
 City MESA State AZ Zip Code 85209-2742
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HONORHEALTH Occupation (for Individual) REGISTERED NURSE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 01 / 2023
Transaction ID : SA11A.115626
 Amount of Each Receipt this Period
 25.00
 Memo Item
 CONTRIBUTION

B. MARCHINO, MARTHA, , MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7397 CATBOAT COURT
 City FISHERS State IN Zip Code 46038-2682
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 256.25

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 13 / 2023
Transaction ID : SA11A.115701
 Amount of Each Receipt this Period
 6.25
 Memo Item
 CONTRIBUTION

C. MARTIN, RITA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8717 SLATE RIDGE COURT
 City SYLVANIA State OH Zip Code 43560-9648
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2023
Transaction ID : SA11A.113266
 Amount of Each Receipt this Period
 0.10
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	31.35
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 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
COUNTRY FIRST

A. MATHEW, STUART, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2709 NE 167TH CIRCLE
 City RIDGEFIELD State WA Zip Code 98642-7990
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.10

Date of Receipt 07 / 26 / 2023
Transaction ID : SA11A.113229
 Amount of Each Receipt this Period 0.10
 Memo Item
CONTRIBUTION

B. MENASHE, JACK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4415 SW CARL PL
 City PORTLAND State OR Zip Code 97239-1518
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) REAL ESTATE DEVELOPER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 251.50

Date of Receipt 07 / 12 / 2023
Transaction ID : SA11A.113647
 Amount of Each Receipt this Period 1.50
 Memo Item
CONTRIBUTION

C. MURRAY, TIMOTHY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 37 CLIFFSIDE TRAIL
 City PONTE VEDRA State FL Zip Code 32081-0990
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt 07 / 11 / 2023
Transaction ID : SA11A.114080
 Amount of Each Receipt this Period 5.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶ 6.60
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 22 OF 57
	(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)
COUNTRY FIRST

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. MUTZ, GREGORY, T., MR.,

Mailing Address 1459 BAY POINT DR

City SARASOTA	State FL	Zip Code 34236-8405
------------------	-------------	------------------------

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

Name of Employer (for Individual) AMLI RESIDENTIAL	Occupation (for Individual) REAL ESTATE
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		11		2023

Transaction ID : SA11A.114640

Amount of Each Receipt this Period
0.10

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. PARADEIS, MARTHA, , ,

Mailing Address 1226 CLAUDE PICHARD DRIVE

City TALLAHASSEE	State FL	Zip Code 32308-5046
---------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
355.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		12		2023

Transaction ID : SA11A.113584

Amount of Each Receipt this Period
5.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. PEPPERS, MIKE, , ,

Mailing Address 400 SHERIDAN PL

City STEILACOOM	State WA	Zip Code 98388-3034
--------------------	-------------	------------------------

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

Name of Employer (for Individual) US ARMY	Occupation (for Individual) CIVIL SERVANT
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
358.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		11		2023

Transaction ID : SA11A.113677

Amount of Each Receipt this Period
2.50

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	7.60
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 OF 57
 (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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
COUNTRY FIRST

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. PEPPERS, MIKE, , ,

Mailing Address 400 SHERIDAN PL

City STEILACOOM	State WA	Zip Code 98388-3034
--------------------	-------------	------------------------

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

Name of Employer (for Individual) US ARMY	Occupation (for Individual) CIVIL SERVANT
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
358.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2023

Transaction ID : SA11A.115674

Amount of Each Receipt this Period
6.25

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. ROSE, BILL, , ,

Mailing Address 1990 NEWELL ROAD

City PALO ALTO	State CA	Zip Code 94303-3421
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2023

Transaction ID : SA11A.113218

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. ROSE, BILL, , ,

Mailing Address 1990 NEWELL ROAD

City PALO ALTO	State CA	Zip Code 94303-3421
-------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 28 / 2023

Transaction ID : SA11A.115540

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	206.25
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 24 OF 57
 (check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
COUNTRY FIRST

A. ROSE, BILL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1990 NEWELL ROAD
 City PALO ALTO State CA Zip Code 94303-3421
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 09 / 28 / 2023
Transaction ID : SA11A.115628
 Amount of Each Receipt this Period 100.00
 Memo Item
CONTRIBUTION

B. ROSE, BILL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1990 NEWELL ROAD
 City PALO ALTO State CA Zip Code 94303-3421
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 10 / 28 / 2023
Transaction ID : SA11A.115634
 Amount of Each Receipt this Period 100.00
 Memo Item
CONTRIBUTION

C. ROSE, BILL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1990 NEWELL ROAD
 City PALO ALTO State CA Zip Code 94303-3421
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 11 / 28 / 2023
Transaction ID : SA11A.115643
 Amount of Each Receipt this Period 100.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 25 OF 57
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
COUNTRY FIRST

A. ROSE, BILL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1990 NEWELL ROAD
 City PALO ALTO State CA Zip Code 94303-3421
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt **12 / 28 / 2023**
Transaction ID : SA11A.116783
 Amount of Each Receipt this Period 100.00
 Memo Item
CONTRIBUTION

B. SHAW, DANNY, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 222 WATERBURY CIRCLE
 City FRANKLIN State TN Zip Code 37067-6200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BATTEN|SHAW Occupation (for Individual) BUILDER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 526.00

Date of Receipt **07 / 11 / 2023**
Transaction ID : SA11A.114627
 Amount of Each Receipt this Period 1.00
 Memo Item
CONTRIBUTION

C. SHAW, DANNY, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 222 WATERBURY CIRCLE
 City FRANKLIN State TN Zip Code 37067-6200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BATTEN|SHAW Occupation (for Individual) BUILDER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 526.00

Date of Receipt **08 / 28 / 2023**
Transaction ID : SA11A.115542
 Amount of Each Receipt this Period 25.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶ 126.00
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 26 OF 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
COUNTRY FIRST

A. SIMONETTI, MARC, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 47 BEACHMONT TERRACE
 City NORTH CALDWELL State NJ Zip Code 07006-4617
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) STATE TAX LAW Occupation (for Individual) ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.10

Date of Receipt 07 / 16 / 2023
Transaction ID : SA11A.113293
 Amount of Each Receipt this Period 0.10
 Memo Item
CONTRIBUTION

B. STEBBINS, THOMAS, W., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 368 WEST FORK PINE CREEK ROAD
 City PINEHURST State ID Zip Code 83850-9731
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) VISION MARKETING Occupation (for Individual) MARKETING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 462.49

Date of Receipt 11 / 10 / 2023
Transaction ID : SA11A.115897
 Amount of Each Receipt this Period 12.50
 Memo Item
CONTRIBUTION

C. STODDARD, PETER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1529 WADDELL STREET
 City HICKSVILLE State NY Zip Code 11801-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CREATIVE CABLING SOLUTIONS INC Occupation (for Individual) DIRECTOR OF OPERATIONS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 305.00

Date of Receipt 07 / 12 / 2023
Transaction ID : SA11A.113623
 Amount of Each Receipt this Period 5.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶ 17.60
TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 27 OF 57
	(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)
COUNTRY FIRST

A. TEMPLIN, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 62791 250TH ST
 City GIBBON State MN Zip Code 55335-3105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UCU Occupation (for Individual) OPS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.35

Date of Receipt **07 / 12 / 2023**
Transaction ID : SA11A.113642
 Amount of Each Receipt this Period 0.10
 Memo Item
CONTRIBUTION

B. TEMPLIN, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 62791 250TH ST
 City GIBBON State MN Zip Code 55335-3105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UCU Occupation (for Individual) OPS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.35

Date of Receipt **11 / 15 / 2023**
Transaction ID : SA11A.115675
 Amount of Each Receipt this Period 0.25
 Memo Item
CONTRIBUTION

C. THOMPSON, ALLEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1266 KIFER ROAD
 City SUNNYVALE State CA Zip Code 94086-5304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INTUITIVE Occupation (for Individual) ENGINEER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 200.10

Date of Receipt **07 / 13 / 2023**
Transaction ID : SA11A.113428
 Amount of Each Receipt this Period 0.10
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	0.45
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 28 OF 57
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
COUNTRY FIRST

A. THOMPSON, WADE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 ELIOT ROAD
 City LEXINGTON State MA Zip Code 02421-5649
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.10

Date of Receipt 07 / 11 / 2023
Transaction ID : SA11A.113913
 Amount of Each Receipt this Period 0.10
 Memo Item
CONTRIBUTION

B. WHITE, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 453 POPPY PLACE
 City MOUNTAIN VIEW State CA Zip Code 94043-4516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) EQUITABLE Occupation (for Individual) FINANCIAL ADVISOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 07 / 11 / 2023
Transaction ID : SA11A.114566
 Amount of Each Receipt this Period 5.00
 Memo Item
CONTRIBUTION

C. WILLS, MONROE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18811 WINDING ATWOOD LANE
 City TOMBALL State TX Zip Code 77377-2851
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SK HYNIX AMERICA Occupation (for Individual) SALES DIRECTOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 201.00

Date of Receipt 07 / 10 / 2023
Transaction ID : SA11A.114838
 Amount of Each Receipt this Period 1.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 6.10
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 29 OF 57
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
COUNTRY FIRST

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. ZEH, WILLIAM, G., ,

Mailing Address 13465 BOXELDER CT.

City CARMEL State IN Zip Code 46074-5500

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

Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 13 / 2023

Transaction ID : SA11A.113420

Amount of Each Receipt this Period
0.10

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. ZIMMERMANN, JANET, , ,

Mailing Address 6626 TREBECK LANE

City SPRING State TX Zip Code 77379-7642

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

Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2023

Transaction ID : SA11A.113216

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. ZIMMERMANN, JANET, , ,

Mailing Address 6626 TREBECK LANE

City SPRING State TX Zip Code 77379-7642

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

Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2023

Transaction ID : SA11A.113346

Amount of Each Receipt this Period
0.10

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 25.20

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 OF 57
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
COUNTRY FIRST

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. ZIMMERMANN, JANET, , ,

Mailing Address **6626 TREBECK LANE**

City SPRING	State TX	Zip Code 77379-7642
-----------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.35**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 28 / 2023

Transaction ID : SA11A.115537

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. ZIMMERMANN, JANET, , ,

Mailing Address **6626 TREBECK LANE**

City SPRING	State TX	Zip Code 77379-7642
-----------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.35**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 28 / 2023

Transaction ID : SA11A.115627

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. ZIMMERMANN, JANET, , ,

Mailing Address **6626 TREBECK LANE**

City SPRING	State TX	Zip Code 77379-7642
-----------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼ **300.35**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 28 / 2023

Transaction ID : SA11A.115633

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 31 OF 57
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
COUNTRY FIRST

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. ZIMMERMANN, JANET, , ,

Mailing Address **6626 TREBECK LANE**

City **SPRING** State **TX** Zip Code **77379-7642**

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

Name of Employer (for Individual) **NONE** Occupation (for Individual) **RETIRED**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.35**

Date of Receipt
11 / 28 / 2023
Transaction ID : SA11A.115641

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. ZIMMERMANN, JANET, , ,

Mailing Address **6626 TREBECK LANE**

City **SPRING** State **TX** Zip Code **77379-7642**

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

Name of Employer (for Individual) **NONE** Occupation (for Individual) **RETIRED**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.35**

Date of Receipt
11 / 12 / 2023
Transaction ID : SA11A.115738

Amount of Each Receipt this Period
0.25

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. ZIMMERMANN, JANET, , ,

Mailing Address **6626 TREBECK LANE**

City **SPRING** State **TX** Zip Code **77379-7642**

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

Name of Employer (for Individual) **NONE** Occupation (for Individual) **RETIRED**

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼ **300.35**

Date of Receipt
12 / 28 / 2023
Transaction ID : SA11A.116784

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	50.25
TOTAL This Period (last page this line number only).....▶	1588.52

**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 32 OF 57
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
COUNTRY FIRST

A. FIRST STATE BANK
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 1212 LA SALLE STREET
City OTTAWA State IL Zip Code 61350-2023
FEC ID number of contributing federal political committee. **C**
Name of Employer (for Individual) Occupation (for Individual)
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 16469.29

Date of Receipt **08 / 31 / 2023**
Transaction ID : SA17.29646
Amount of Each Receipt this Period 3379.48
 Memo Item
PAC BANK INTEREST

B. FIRST STATE BANK
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 1212 LA SALLE STREET
City OTTAWA State IL Zip Code 61350-2023
FEC ID number of contributing federal political committee. **C**
Name of Employer (for Individual) Occupation (for Individual)
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 16469.29

Date of Receipt **09 / 29 / 2023**
Transaction ID : SA17.29647
Amount of Each Receipt this Period 3231.25
 Memo Item
PAC BANK INTEREST

C. FIRST STATE BANK
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 1212 LA SALLE STREET
City OTTAWA State IL Zip Code 61350-2023
FEC ID number of contributing federal political committee. **C**
Name of Employer (for Individual) Occupation (for Individual)
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date ▼ 16469.29

Date of Receipt **10 / 31 / 2023**
Transaction ID : SA17.29648
Amount of Each Receipt this Period 3562.54
 Memo Item
PAC BANK INTEREST

SUBTOTAL of Receipts This Page (optional).....	10173.27
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 33 OF 57
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
COUNTRY FIRST

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. FIRST STATE BANK

Mailing Address 1212 LA SALLE STREET

City OTTAWA	State IL	Zip Code 61350-2023
----------------	-------------	------------------------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
16469.29

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2023

Transaction ID : SA17.29649

Amount of Each Receipt this Period
3216.64

Memo Item
PAC BANK INTEREST

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. FIRST STATE BANK

Mailing Address 1212 LA SALLE STREET

City OTTAWA	State IL	Zip Code 61350-2023
----------------	-------------	------------------------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
16469.29

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		29		2023

Transaction ID : SA17.29650

Amount of Each Receipt this Period
3079.38

Memo Item
PAC BANK INTEREST

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C.

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	6296.02
TOTAL This Period (last page this line number only).....▶	16469.29

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
COUNTRY FIRST

Full Name (Last, First, Middle Initial) A. ALLEN, MARK, STEPHEN, ,			Date of Disbursement MM / DD / YYYY 09 / 01 / 2023	
Mailing Address 247 CLERMONT AVE, #4				
City BROOKLYN	State NY	Zip Code 11205	FEC Identification Number C [REDACTED] Transaction ID : SB21B.I2960	
Purpose of Disbursement PAC MEDIA CONSULTING			Amount of Each Disbursement this Period 4000.00	
Candidate Name			Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. D'ANTONIO, MICHAEL, , MR.,			Date of Disbursement MM / DD / YYYY 07 / 20 / 2023	
Mailing Address 1 ARLINGTON CT.				
City MILLER PLACE	State NY	Zip Code 11764	FEC Identification Number C [REDACTED] Transaction ID : SB21B.I29515	
Purpose of Disbursement PAC STRATEGY CONSULTING			Amount of Each Disbursement this Period 1000.00	
Candidate Name			Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. D'ANTONIO, MICHAEL, , MR.,			Date of Disbursement MM / DD / YYYY 08 / 08 / 2023	
Mailing Address 1 ARLINGTON CT.				
City MILLER PLACE	State NY	Zip Code 11764	FEC Identification Number C [REDACTED] Transaction ID : SB21B.I2960	
Purpose of Disbursement PAC STRATEGY CONSULTING			Amount of Each Disbursement this Period 1000.00	
Candidate Name			Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	6000.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST

Full Name (Last, First, Middle Initial)

A. DOGGETT, PATRICK, , ,

Mailing Address 705 EAST MAIN STREET

City
CRESCENT CITY

State
IL

Zip Code
60928-8085

Purpose of Disbursement
PAC STRATEGY CONSULTING

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2950'

Amount of Each Disbursement this Period

[REDACTED] 6000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. KINZINGER, ADAM, , ,

Mailing Address 25566 S KEATING BOULEVARD
APARTMENT GB

City
CHANNAHON

State
IL

Zip Code
60410-5623

Purpose of Disbursement
PAC AIRFARE MILEAGE REIMBURSEMENT

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	7		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I29618

Amount of Each Disbursement this Period

[REDACTED] 3476.52

Memo Item

Full Name (Last, First, Middle Initial)

C. RIDENOUR, GREG, , ,

Mailing Address 1743 WATERS EDGE DR.

City
MINOOKA

State
IL

Zip Code
60447

Purpose of Disbursement
PAC BOOKKEEPING SERVICES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2950

Amount of Each Disbursement this Period

[REDACTED] 575.00

Memo Item

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

[REDACTED] 10051.52

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

[REDACTED]

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST

Full Name (Last, First, Middle Initial)

A. RIDENOUR, GREG, , ,

Mailing Address 1743 WATERS EDGE DR.

City
MINOOKA

State
IL

Zip Code
60447

Purpose of Disbursement
PAC MILEAGE REIMBURSEMENT

Candidate Name

Category/
Type

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	Y
0	8			2	8			2	0	2	3		

FEC Identification Number

C [Redacted]

Transaction ID : SB21B.I2959I

Amount of Each Disbursement this Period

[Redacted] 191.19

Memo Item

Full Name (Last, First, Middle Initial)

B. RIDENOUR, GREG, , ,

Mailing Address 1743 WATERS EDGE DR.

City
MINOOKA

State
IL

Zip Code
60447

Purpose of Disbursement
PAC MILEAGE REIMBURSEMENT

Candidate Name

Category/
Type

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	Y
1	1			1	7			2	0	2	3		

FEC Identification Number

C [Redacted]

Transaction ID : SB21B.I2959I

Amount of Each Disbursement this Period

[Redacted] 533.69

Memo Item

Full Name (Last, First, Middle Initial)

C. WEATHERFORD, AUSTIN, , MR.,

Mailing Address PO BOX 310

City
THE PLAINS

State
VA

Zip Code
20198

Purpose of Disbursement
SEE MEMOS

Candidate Name

Category/
Type

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	Y
0	7			1	6			2	0	2	3		

FEC Identification Number

C [Redacted]

Transaction ID : SB21B.I2949I

Amount of Each Disbursement this Period

[Redacted] 1172.17

Memo Item

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

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

[Redacted] 1897.05

[Redacted]

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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
COUNTRY FIRST

Full Name (Last, First, Middle Initial)

A. AMERICAN AIRLINES

Mailing Address 4333 AMON CARTER BOULEVARD

City FORT WORTH State TX Zip Code 76155-2605

Purpose of Disbursement
PAC TRAVEL EXPENSE

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
07 / 16 / 2023

FEC Identification Number

C
Transaction ID : SB21B.I2950I
Amount of Each Disbursement this Period
485.72

Memo Item

Full Name (Last, First, Middle Initial)

B. MARRIOT

Mailing Address 775 12TH STREET NW

City WASHINGTON State DC Zip Code 20005-3901

Purpose of Disbursement
PAC TRAVEL EXPENSE

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
07 / 16 / 2023

FEC Identification Number

C
Transaction ID : SB21B.I2950I
Amount of Each Disbursement this Period
549.53

Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOT

Mailing Address PO BOX 84314

City BATON ROUGE State LA Zip Code 70884-4314

Purpose of Disbursement
PAC CC TRANSACTION FEES

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2023

FEC Identification Number

C
Transaction ID : SB21B.I2954
Amount of Each Disbursement this Period
149.42

Memo Item

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

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

149.42

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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
COUNTRY FIRST

Full Name (Last, First, Middle Initial)

A. ANEDOT

Mailing Address PO BOX 84314

City
BATON ROUGE

State
LA

Zip Code
70884-4314

Purpose of Disbursement
PAC CC TRANSACTION FEES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	8		2	0	2	3

FEC Identification Number

C

Transaction ID : SB21B.I29547

Amount of Each Disbursement this Period

20.31

Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOT

Mailing Address PO BOX 84314

City
BATON ROUGE

State
LA

Zip Code
70884-4314

Purpose of Disbursement
PAC CC TRANSACTION FEES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	2	3

FEC Identification Number

C

Transaction ID : SB21B.I29547

Amount of Each Disbursement this Period

9.02

Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOT

Mailing Address PO BOX 84314

City
BATON ROUGE

State
LA

Zip Code
70884-4314

Purpose of Disbursement
PAC CC TRANSACTION FEES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	8		2	0	2	3

FEC Identification Number

C

Transaction ID : SB21B.I2955

Amount of Each Disbursement this Period

54.30

Memo Item

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

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

83.63

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST

Full Name (Last, First, Middle Initial)

A. ANEDOT

Mailing Address PO BOX 84314

City
BATON ROUGE

State
LA

Zip Code
70884-4314

Purpose of Disbursement
PAC CC TRANSACTION FEES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.I29614

Amount of Each Disbursement this Period

2.70

Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOT

Mailing Address PO BOX 84314

City
BATON ROUGE

State
LA

Zip Code
70884-4314

Purpose of Disbursement
PAC CC TRANSACTION FEES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		2	8		2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.I29615

Amount of Each Disbursement this Period

6.10

Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOT

Mailing Address PO BOX 84314

City
BATON ROUGE

State
LA

Zip Code
70884-4314

Purpose of Disbursement
PAC CC TRANSACTION FEES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.I2961

Amount of Each Disbursement this Period

93.96

Memo Item

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

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

102.76

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
COUNTRY FIRST

Full Name (Last, First, Middle Initial)

A. ANEDOT

Mailing Address PO BOX 84314

City
BATON ROUGE

State
LA

Zip Code
70884-4314

Purpose of Disbursement
PAC CC TRANSACTION FEES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [Redacted]

Transaction ID : **SB21B.I2961**
Amount of Each Disbursement this Period

[Redacted] 8.28

Memo Item

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City
VIENNA

State
VA

Zip Code
22182

Purpose of Disbursement
PAC SOFTWARE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7		1	7		2	0	2	3		

FEC Identification Number

C [Redacted]

Transaction ID : **SB21B.I2958**
Amount of Each Disbursement this Period

[Redacted] 500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City
VIENNA

State
VA

Zip Code
22182

Purpose of Disbursement
PAC SOFTWARE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		1	5		2	0	2	3		

FEC Identification Number

C [Redacted]

Transaction ID : **SB21B.I2958**
Amount of Each Disbursement this Period

[Redacted] 500.00

Memo Item

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

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

[Redacted] 1008.28

[Redacted]

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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
COUNTRY FIRST

A. CMDI

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City VIENNA State VA Zip Code 22182

Purpose of Disbursement
PAC SOFTWARE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
09 / 15 / 2023

FEC Identification Number
C

Transaction ID : **SB21B.I2959I**

Amount of Each Disbursement this Period
500.00

Memo Item

B. CMDI

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City VIENNA State VA Zip Code 22182

Purpose of Disbursement
PAC SOFTWARE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
10 / 17 / 2023

FEC Identification Number
C

Transaction ID : **SB21B.I2959I**

Amount of Each Disbursement this Period
500.00

Memo Item

C. CMDI

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City VIENNA State VA Zip Code 22182

Purpose of Disbursement
PAC SOFTWARE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
11 / 15 / 2023

FEC Identification Number
C

Transaction ID : **SB21B.I2959I**

Amount of Each Disbursement this Period
500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City VIENNA

State VA

Zip Code 22182

Purpose of Disbursement

PAC SOFTWARE

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 15 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2959

Amount of Each Disbursement this Period

[REDACTED] 500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. MANDARIN MACARON

Mailing Address 1408 N TRAIL DR

City CARROLLTON

State TX

Zip Code 75006

Purpose of Disbursement

PAC FIELD CONSULTING

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 02 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I29504

Amount of Each Disbursement this Period

[REDACTED] 6522.85

Memo Item

Full Name (Last, First, Middle Initial)

C. MANDARIN MACARON

Mailing Address 1408 N TRAIL DR

City CARROLLTON

State TX

Zip Code 75006

Purpose of Disbursement

PAC FIELD CONSULTING

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 01 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2960

Amount of Each Disbursement this Period

[REDACTED] 6978.01

Memo Item

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

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

[REDACTED] 14000.86

[REDACTED]

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
COUNTRY FIRST

Full Name (Last, First, Middle Initial) A. MANDARIN MACARON		Date of Disbursement MM / DD / YYYY 11 / 02 / 2023	
Mailing Address 1408 N TRAIL DR		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I2960' Amount of Each Disbursement this Period 6500.00	
City CARROLLTON	State TX	Zip Code 75006	Category/ Type
Purpose of Disbursement PAC FIELD CONSULTING		Memo Item <input type="checkbox"/>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:			

Full Name (Last, First, Middle Initial) B. MANDARIN MACARON		Date of Disbursement MM / DD / YYYY 11 / 17 / 2023	
Mailing Address 1408 N TRAIL DR		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I29602 Amount of Each Disbursement this Period 8354.40	
City CARROLLTON	State TX	Zip Code 75006	Category/ Type
Purpose of Disbursement PAC FIELD CONSULTING		Memo Item <input type="checkbox"/>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:			

Full Name (Last, First, Middle Initial) C. MANDARIN MACARON		Date of Disbursement MM / DD / YYYY 11 / 30 / 2023	
Mailing Address 1408 N TRAIL DR		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I2960 Amount of Each Disbursement this Period 8354.40	
City CARROLLTON	State TX	Zip Code 75006	Category/ Type
Purpose of Disbursement PAC FIELD CONSULTING		Memo Item <input type="checkbox"/>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	23208.80
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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
COUNTRY FIRST

A. PROFESSIONAL DATA SERVICES

Full Name (Last, First, Middle Initial)

Mailing Address 824 S MILLEDGE AVE SUITE 101

City ATHENS State GA Zip Code 30605-1332

Purpose of Disbursement
PAC COMPLIANCE SERVICES

Candidate Name

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

State: District:

Date of Disbursement: 07 / 05 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I2949f

Amount of Each Disbursement this Period: 532.30

Memo Item

B. PROFESSIONAL DATA SERVICES

Full Name (Last, First, Middle Initial)

Mailing Address 824 S MILLEDGE AVE SUITE 101

City ATHENS State GA Zip Code 30605-1332

Purpose of Disbursement
PAC COMPLIANCE SERVICES

Candidate Name

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

State: District:

Date of Disbursement: 07 / 17 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I2950c

Amount of Each Disbursement this Period: 500.00

Memo Item

C. PROFESSIONAL DATA SERVICES

Full Name (Last, First, Middle Initial)

Mailing Address 824 S MILLEDGE AVE SUITE 101

City ATHENS State GA Zip Code 30605-1332

Purpose of Disbursement
PAC COMPLIANCE SERVICES

Candidate Name

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

State: District:

Date of Disbursement: 08 / 29 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I2960

Amount of Each Disbursement this Period: 555.63

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1587.93

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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
COUNTRY FIRST

Full Name (Last, First, Middle Initial)

A. PROFESSIONAL DATA SERVICES

Mailing Address 824 S MILLEDGE AVE SUITE 101

City ATHENS State GA Zip Code 30605-1332

Purpose of Disbursement
PAC COMPLIANCE SERVICES

Candidate Name

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			02			2023			

FEC Identification Number

C []
Transaction ID : SB21B.I2960
 Amount of Each Disbursement this Period
 [] 527.50

Memo Item

Full Name (Last, First, Middle Initial)

B. PROFESSIONAL DATA SERVICES

Mailing Address 824 S MILLEDGE AVE SUITE 101

City ATHENS State GA Zip Code 30605-1332

Purpose of Disbursement
PAC COMPLIANCE SERVICES

Candidate Name

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			24			2023			

FEC Identification Number

C []
Transaction ID : SB21B.I2960
 Amount of Each Disbursement this Period
 [] 530.00

Memo Item

Full Name (Last, First, Middle Initial)

C. PROFESSIONAL DATA SERVICES

Mailing Address 824 S MILLEDGE AVE SUITE 101

City ATHENS State GA Zip Code 30605-1332

Purpose of Disbursement
PAC COMPLIANCE SERVICES

Candidate Name

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			27			2023			

FEC Identification Number

C []
Transaction ID : SB21B.I2960
 Amount of Each Disbursement this Period
 [] 530.00

Memo Item

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

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

[]	1587.50
[]	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST

Full Name (Last, First, Middle Initial)

A. SHOPIFY

Mailing Address 33 NEW MONTGOMERY ST, STE 750

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement
VOID OF PREVIOUS-DUPLICATE PAYMENT

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 01 / 2023

FEC Identification Number

C
Transaction ID : SB21B.I29611
Amount of Each Disbursement this Period
- 118.38

Memo Item

Full Name (Last, First, Middle Initial)

B. THE LAWRENCE GROUP

Mailing Address 617 MAPLEWOOD DR.

City MINOOKA State IL Zip Code 60447

Purpose of Disbursement
PAC STRATEGY CONSULTING

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2023

FEC Identification Number

C
Transaction ID : SB21B.I29611
Amount of Each Disbursement this Period
2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. THE LAWRENCE GROUP

Mailing Address 617 MAPLEWOOD DR.

City MINOOKA State IL Zip Code 60447

Purpose of Disbursement
PAC STRATEGY CONSULTING

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 05 / 2023

FEC Identification Number

C
Transaction ID : SB21B.I29611
Amount of Each Disbursement this Period
7500.00

Memo Item

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

9881.62

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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST

Full Name (Last, First, Middle Initial)

A. VISA

Mailing Address PO BOX 4513

City
CAROL STREAM

State
IL

Zip Code
60197-4513

Purpose of Disbursement

SEE MEMO

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.I2949

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. INTUIT

Mailing Address 2700 COAST AVE

City
MOUNTAIN VIEW

State
CA

Zip Code
94043

Purpose of Disbursement

PAC SOFTWARE

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.I2950

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. SHELL OIL

Mailing Address 910 LOUISIANA STREET

City
HOUSTON

State
TX

Zip Code
77002

Purpose of Disbursement

PAC TRAVEL EXPENSE

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.I2950

Amount of Each Disbursement this Period

Memo Item

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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
COUNTRY FIRST

A. VISA

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 4513

City CAROL STREAM State IL Zip Code 60197-4513

Purpose of Disbursement SEE MEMO

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 02 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I2950

Amount of Each Disbursement this Period: 324.38

Memo Item

B. BLACKLANE

Full Name (Last, First, Middle Initial)

Mailing Address 929 COLORADO AVENUE

City SANTA MONICA State CA Zip Code 90401

Purpose of Disbursement PAC TRAVEL EXPENSE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 02 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I29512

Amount of Each Disbursement this Period: 151.32

Memo Item

C. INTUIT

Full Name (Last, First, Middle Initial)

Mailing Address 2700 COAST AVE

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement PAC SOFTWARE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 02 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I2951

Amount of Each Disbursement this Period: 85.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 324.38

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
COUNTRY FIRST

A. VISA

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 4513

City CAROL STREAM State IL Zip Code 60197-4513

Purpose of Disbursement SEE MEMO

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 12 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I29621

Amount of Each Disbursement this Period: 165.55

Memo Item

B. INTUIT

Full Name (Last, First, Middle Initial)

Mailing Address 2700 COAST AVE

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement PAC SOFTWARE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 12 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I29622

Amount of Each Disbursement this Period: 85.00

Memo Item

C. VISA

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 4513

City CAROL STREAM State IL Zip Code 60197-4513

Purpose of Disbursement PAC TRAVEL/MEETING EXPENSE-NO ITEMIZATION NECESSARY

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 11 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I2962

Amount of Each Disbursement this Period: 138.47

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 304.02

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
COUNTRY FIRST

A. VISA

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 4513

City CAROL STREAM State IL Zip Code 60197-4513

Purpose of Disbursement SEE MEMO

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 14 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I2962!

Amount of Each Disbursement this Period: 691.14

Memo Item

B. GOOGLE

Full Name (Last, First, Middle Initial)

Mailing Address 1600 AMPHITHEATRE PARKWAY

City MOUNTAIN VIEW State CA Zip Code 94043-1351

Purpose of Disbursement PAC SOFTWARE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 14 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I2963!

Amount of Each Disbursement this Period: 691.14

Memo Item

C. VISA

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 4513

City CAROL STREAM State IL Zip Code 60197-4513

Purpose of Disbursement SEE MEMO

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 17 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I2963

Amount of Each Disbursement this Period: 185.71

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 876.85

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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST

Full Name (Last, First, Middle Initial)

A. VISA

Mailing Address PO BOX 4513

City
CAROL STREAM

State
IL

Zip Code
60197-4513

Purpose of Disbursement

SEE MEMO

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 17 / 2023

FEC Identification Number

C

Transaction ID : SB21B.I2963I

Amount of Each Disbursement this Period

4657.85

Memo Item

Full Name (Last, First, Middle Initial)

B. BLACKLANE

Mailing Address 929 COLORADO AVENUE

City
SANTA MONICA

State
CA

Zip Code
90401

Purpose of Disbursement

PAC TRAVEL EXPENSE

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 17 / 2023

FEC Identification Number

C

Transaction ID : SB21B.I2963I

Amount of Each Disbursement this Period

1169.74

Memo Item

Full Name (Last, First, Middle Initial)

C. COURTYARD BY MARRIOTT

Mailing Address 140 L STREET SE

City
WASHINGTON

State
DC

Zip Code
20003-3335

Purpose of Disbursement

PAC LODGING

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 17 / 2023

FEC Identification Number

C

Transaction ID : SB21B.I2964I

Amount of Each Disbursement this Period

392.50

Memo Item

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

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

4657.85

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
COUNTRY FIRST

A. INTUIT

Full Name (Last, First, Middle Initial)

Mailing Address 2700 COAST AVE

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement
PAC SOFTWARE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 17 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I2963i

Amount of Each Disbursement this Period: 85.00

Memo Item

B. SHELL OIL

Full Name (Last, First, Middle Initial)

Mailing Address 910 LOUISIANA STREET

City HOUSTON State TX Zip Code 77002

Purpose of Disbursement
PAC TRAVEL EXPENSE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 17 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I2964c

Amount of Each Disbursement this Period: 28.27

Memo Item

C. UNITED AIRLINES

Full Name (Last, First, Middle Initial)

Mailing Address 77 W WACKER DR.

City CHICAGO State IL Zip Code 60601

Purpose of Disbursement
PAC AIRFARE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 17 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I2963

Amount of Each Disbursement this Period: 3023.70

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
COUNTRY FIRST

A. VISA

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 4513

City CAROL STREAM State IL Zip Code 60197-4513

Purpose of Disbursement SEE MEMO

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: M M / D D / Y Y Y Y Y Y
12 / 12 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I2964

Amount of Each Disbursement this Period: 140.64

Memo Item

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) ▼

Date of Disbursement: M M / D D / Y Y Y Y Y Y

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

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) ▼

Date of Disbursement: M M / D D / Y Y Y Y Y Y

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	140.64
TOTAL This Period (last page this line number only).....▶	77539.52

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

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NAME OF COMMITTEE (In Full)
COUNTRY FIRST

Full Name (Last, First, Middle Initial)

A. FUTURE FIRST LEADERSHIP PAC

Mailing Address P.O. BOX 2385

City
OTTAWA

State
IL

Zip Code
61350-6985

Purpose of Disbursement
TRANSFER TO AFFILIATED

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
0	7		0	7		2	0	2	3

FEC Identification Number

C C00522425
Transaction ID : SB22.I29596

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Memo Item

Full Name (Last, First, Middle Initial)

B. FUTURE FIRST LEADERSHIP PAC

Mailing Address P.O. BOX 2385

City
OTTAWA

State
IL

Zip Code
61350-6985

Purpose of Disbursement
TRANSFER TO AFFILIATED

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
1	1		0	2		2	0	2	3

FEC Identification Number

C C00522425
Transaction ID : SB22.I29597

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

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

1	5	0	0	0	0	0	0	0	0

1	5	0	0	0	0	0	0	0	0

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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST

Full Name (Last, First, Middle Initial)

A. VINDMAN FOR CONGRESS

Mailing Address 4222 FORTUNA CENTER PLZ, STE 664

City
DUMFRIES

State
VA

Zip Code
22025

Purpose of Disbursement
CONTRIBUTION

Candidate Name
VINDMAN, YEVGENY, 'EUGENE', ,

Office Sought: House
 Senate
 President

State: VA District: 07

Disbursement For: 2024

Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2023

FEC Identification Number

C C00856955

Transaction ID : SB23.I29631

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

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

5000.00

5000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
COUNTRY FIRST

Full Name (Last, First, Middle Initial)

A. JAIME FOR LANDS

Mailing Address PO BOX 1618

City
BATTLE GROUNDS

State
WA

Zip Code
98604

Purpose of Disbursement
CONTRIBUTION(STATE/LOCAL COMMITTEE)

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			11			2023			

FEC Identification Number

C [Redacted]

Transaction ID : SB29.I29643

Amount of Each Disbursement this Period

[Redacted] 4800.00

Memo Item

Full Name (Last, First, Middle Initial)

B. COUNTRY FIRST ACTION

Mailing Address PO BOX 2385

City
OTTAWA

State
IL

Zip Code
61350

Purpose of Disbursement
PAC DONATION

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
08			09			2023			

FEC Identification Number

C [Redacted]

Transaction ID : SB29.I29594

Amount of Each Disbursement this Period

[Redacted] 2145.63

Memo Item

Full Name (Last, First, Middle Initial)

C. COUNTRY FIRST ACTION

Mailing Address PO BOX 2385

City
OTTAWA

State
IL

Zip Code
61350

Purpose of Disbursement
PAC DONATION

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			04			2023			

FEC Identification Number

C [Redacted]

Transaction ID : SB29.I29595

Amount of Each Disbursement this Period

[Redacted] 1407.14

Memo Item

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

[Redacted] 8352.77

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

[Redacted]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
COUNTRY FIRST

A. ROMULUS T. WEATHERMAN MEMORIAL FUND

Full Name (Last, First, Middle Initial)

Mailing Address 19 RAILROAD PL

City SARATOGA SPRINGS State NY Zip Code 12866

Purpose of Disbursement DONATION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 14 / 2023

FEC Identification Number: C

Transaction ID : SB29.I29619

Amount of Each Disbursement this Period: 8000.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

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:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

C.

Full Name (Last, First, Middle Initial)

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:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	8000.00
TOTAL This Period (last page this line number only).....▶	16352.77