

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

COUNTRY FIRST

ADDRESS (number and street) PO BOX 2385
Check if different than previously reported. (ACC) OTTAWA IL 61350

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C C00771113

3. IS THIS REPORT NEW OR AMENDED (N) (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) [checked]
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 M M / D D / Y Y Y Y Y Y in the State of

- (d) 30-Day POST-Election Report for the: General (30G)
Runoff (30R)
Special (30S)

Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period 01 / 01 / 2024 through 01 / 31 / 2024

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 01 / 31 / 2024

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

Table with 7 columns and 1 row for Office Use Only.

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

COUNTRY FIRST

Report Covering the Period: From: 01 / 01 / 2024 To: 01 / 31 / 2024

Table with 2 columns: COLUMN A This Period, COLUMN B Calendar Year-to-Date. Rows include: 6. (a) Cash on Hand January 1, 2024 (1715990.09); (b) Cash on Hand at Beginning of Reporting Period (1715990.09); (c) Total Receipts (from Line 19) (3549.87); (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) (1719539.96); 7. Total Disbursements (from Line 31) (94467.99); 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) (1625071.97); 9. Debts and Obligations Owed TO the Committee (0.00); 10. Debts and Obligations Owed BY the Committee (0.00).

X 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: 01 / 01 / 2024 To: 01 / 31 / 2024

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).....	0.00	0.00
(ii) Unitemized	173.50	173.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	173.50	173.50
(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)	173.50	173.50
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	3376.37	3376.37
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)).....▶	3549.87	3549.87
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	3549.87	3549.87

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	17467.99	17467.99
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	17467.99	17467.99
22. Transfers to Affiliated/Other Party Committees.....	75000.00	75000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	2000.00
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).....	0.00	0.00
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)) ..	94467.99	94467.99
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	94467.99	94467.99

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	173.50	173.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	173.50	173.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	17467.99	17467.99
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	17467.99	17467.99

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 13
<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

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. FIRST STATE BANK		Date of Receipt MM / DD / YYYY 01 / 31 / 2024
Mailing Address 1212 LA SALLE STREET		Transaction ID : SA17.29779
City OTTAWA	State IL	Zip Code 61350-2023
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 3376.37
Name of Employer (for Individual)	Occupation (for Individual)	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3376.37	PAC BANK INTEREST

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B.		Date of Receipt MM / DD / YYYY
Mailing Address		Amount of Each Receipt this Period
City	State	Zip Code
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual)	Occupation (for Individual)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C.		Date of Receipt MM / DD / YYYY
Mailing Address		Amount of Each Receipt this Period
City	State	Zip Code
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual)	Occupation (for Individual)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	3376.37
TOTAL This Period (last page this line number only).....▶	3376.37

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)

Form for line numbers 21b-30b with checkboxes. 21b is checked.

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NAME OF COMMITTEE (In Full)
COUNTRY FIRST

Form A: CASTILLO, MARIO. Includes fields for Full Name, Mailing Address (2700 CALVERT ST NW), City (WASHINGTON), State (DC), Zip Code (20008), Purpose of Disbursement (SEE MEMO), Candidate Name, Office Sought, Disbursement For, Date of Disbursement (01/26/2024), FEC Identification Number (C), Transaction ID (SB21B.I2983), Amount of Each Disbursement (1300.70), and Memo Item checkbox.

Form B: AMERICAN AIRLINES. Includes fields for Full Name, Mailing Address (4333 AMON CARTER BOULEVARD), City (FORT WORTH), State (TX), Zip Code (76155-2605), Purpose of Disbursement (PAC AIRFARE), Candidate Name, Office Sought, Disbursement For, Date of Disbursement (01/26/2024), FEC Identification Number (C), Transaction ID (SB21B.I2983), Amount of Each Disbursement (1300.70), and Memo Item checkbox (checked).

Form C: RIDENOUR, GREG. Includes fields for Full Name, Mailing Address (1743 WATERS EDGE DR.), City (MINOOKA), State (IL), Zip Code (60447), Purpose of Disbursement (PAC MILEAGE), Candidate Name, Office Sought, Disbursement For, Date of Disbursement (01/03/2024), FEC Identification Number (C), Transaction ID (SB21B.I2983), Amount of Each Disbursement (289.38), and Memo Item checkbox.

SUBTOTAL of Disbursements This Page (optional) 1590.08
TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Form with checkboxes for line numbers 21b, 22, 23, 24, 25, 26, 27, 28a, 28b, 28c, 29, 30b

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NAME OF COMMITTEE (In Full)
COUNTRY FIRST

Form A: RIDENOUR, GREG, , , . Includes fields for Date of Disbursement (01/23/2024), FEC Identification Number (C), Transaction ID (SB21B.I2983), Amount (561.51), and Memo Item checkbox.

Form B: RIDENOUR, GREG, , , . Includes fields for Date of Disbursement (01/23/2024), FEC Identification Number (C), Transaction ID (SB21B.I2984), Amount (45.56), and Memo Item checkbox (checked).

Form C: AMERICAN AIRLINES. Includes fields for Date of Disbursement (01/23/2024), FEC Identification Number (C), Transaction ID (SB21B.I2984), Amount (515.95), and Memo Item checkbox (checked).

SUBTOTAL of Disbursements This Page (optional) 561.51
TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Form for line numbers 21b-30b with checkboxes. 21b is checked.

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NAME OF COMMITTEE (In Full)
COUNTRY FIRST

Form A: WEATHERFORD, AUSTIN, , MR.. Includes fields for Date of Disbursement (01/23/2024), FEC Identification Number (C), Transaction ID (SB21B.I2984), and Amount of Each Disbursement (382.50).

Form B: UNITED AIRLINES. Includes fields for Date of Disbursement (01/23/2024), FEC Identification Number (C), Transaction ID (SB21B.I2984), and Amount of Each Disbursement (327.79).

Form C: CMDI. Includes fields for Date of Disbursement (01/17/2024), FEC Identification Number (C), Transaction ID (SB21B.I2983), and Amount of Each Disbursement (750.00).

SUBTOTAL of Disbursements This Page (optional) 1132.50
TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

<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 01 / 05 / 2024	
Mailing Address 1408 N TRAIL DR		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I2983' Amount of Each Disbursement this Period 4646.00	
City CARROLLTON	State TX	Zip Code 75006	Category/ Type [REDACTED]
Purpose of Disbursement PAC FIELD CONSULTING		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) ▼		<input type="checkbox"/> Memo Item
State:	District:		

Full Name (Last, First, Middle Initial) B. MANDARIN MACARON		Date of Disbursement MM / DD / YYYY 01 / 26 / 2024	
Mailing Address 1408 N TRAIL DR		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I29834 Amount of Each Disbursement this Period 6500.00	
City CARROLLTON	State TX	Zip Code 75006	Category/ Type [REDACTED]
Purpose of Disbursement PAC FIELD CONSULTING		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) ▼		<input type="checkbox"/> Memo Item
State:	District:		

Full Name (Last, First, Middle Initial) C. PROFESSIONAL DATA SERVICES		Date of Disbursement MM / DD / YYYY 01 / 02 / 2024	
Mailing Address 824 S MILLEDGE AVE SUITE 101		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I2983 Amount of Each Disbursement this Period 500.00	
City ATHENS	State GA	Zip Code 30605-1332	Category/ Type [REDACTED]
Purpose of Disbursement PAC COMPLIANCE SERVICES		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) ▼		<input type="checkbox"/> Memo Item
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....▶	11646.00
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

A. THE LAWRENCE GROUP

Full Name (Last, First, Middle Initial)

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

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 26 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I2983:

Amount of Each Disbursement this Period: 2500.00

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).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	17430.09

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

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C C00522425

Transaction ID : SB22.I29781

Amount of Each Disbursement this Period

75000.00

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

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	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

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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).....▶

75000.00

75000.00

**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 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. HARRY DUNN FOR CONGRESS

Mailing Address PO BOX 1449

City
COLUMBIA

State
MD

Zip Code
21044

Purpose of Disbursement
PAC CONTRIBUTION

Candidate Name

DUNN, HARRY, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: MD District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		23		2024

FEC Identification Number

C C00864512

Transaction ID : SB23.I29838

Amount of Each Disbursement this Period

2000.00

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

Disbursement For:
 Primary General
 Other (specify)

State: District:

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

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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)..... ▶

2000.00

2000.00
