

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 01 / 01 / 2023 through 06 / 30 / 2023

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
KILGORE, PAUL, , ,
Type or Print Name of Treasurer

Signature of Treasurer KILGORE, PAUL, , , [Electronically Filed] Date 06 / 30 / 2023

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: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2023"/>		387473.56
(b) Cash on Hand at Beginning of Reporting Period.....	387473.56	
(c) Total Receipts (from Line 19)	2224362.97	2224362.97
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	2611836.53	2611836.53
7. Total Disbursements (from Line 31).....	665931.66	665931.66
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	1945904.87	1945904.87
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:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

COUNTRY FIRST

Report Covering the Period: From: 01 / 01 / 2023 To: 06 / 30 / 2023

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).....	68885.80	68885.80
(ii) Unitemized	155477.17	155477.17
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	224362.97	224362.97
(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)	224362.97	224362.97
12. Transfers From Affiliated/Other Party Committees.....	2000000.00	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.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	2224362.97	2224362.97
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	2224362.97	2224362.97

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	567931.66	567931.66
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	567931.66	567931.66
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7500.00	7500.00
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).....	90500.00	90500.00
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)) ..	665931.66	665931.66
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	665931.66	665931.66

DETAILED SUMMARY PAGE
of Disbursements

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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)	224362.97	224362.97
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	224362.97	224362.97
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	567931.66	567931.66
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	567931.66	567931.66

**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 133
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
COUNTRY FIRST

A. ALBERS, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 340 SOUTH PALM AVENUE
 UNIT 512
 City SARASOTA State FL Zip Code 34236-6743
 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
 M M M / D D D / Y Y Y Y Y Y
 02 / 21 / 2023
Transaction ID : SA11A.107493
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

B. ALEXANDER, MELCHORA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9206 BELMART RD
 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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 01 / 2023
Transaction ID : SA11A.110594
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

C. BALDWIN, DAVID, MATHIAS, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1602 WOODLAND ST
 City NASHVILLE State TN Zip Code 37206-1945
 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
 M M M / D D D / Y Y Y Y Y Y
 02 / 24 / 2023
Transaction ID : SA11A.107009
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 133
	<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. BATES, SCOTT, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8662 MYSTIC PINES CT

City PINCKNEY	State MI	Zip Code 48169-2101
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MDP	Occupation (for Individual) CONSTRUCTION
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

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

Transaction ID : SA11A.109289

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

B. BEAVERS, BEN, A., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2821 SOUTH BAYSHORE DRIVE
UNIT 8A

City MIAMI	State FL	Zip Code 33133-6049
---------------	-------------	------------------------

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

Name of Employer (for Individual) GRESHAM PARTNERS	Occupation (for Individual) FINANCIAL ADVISOR
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		10		2023

Transaction ID : SA11A.107104

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

Mailing Address 3852 FLAGSHIP WAY

City PORTSMOUTH	State VA	Zip Code 23703-5312
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) DEPT OF DEFENSE	Occupation (for Individual) HEALTH PHYSICIST
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
350.97

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		16		2023

Transaction ID : SA11A.107263

Amount of Each Receipt this Period
54.99

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	1304.99
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 133
	<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. BECCARELLI, STEVEN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3852 FLAGSHIP WAY

City PORTSMOUTH	State VA	Zip Code 23703-5312
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) DEPT OF DEFENSE	Occupation (for Individual) HEALTH PHYSICIST
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.97

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		06		2023

Transaction ID : SA11A.107264

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

B. BECCARELLI, STEVEN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3852 FLAGSHIP WAY

City PORTSMOUTH	State VA	Zip Code 23703-5312
--------------------	-------------	------------------------

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

Name of Employer (for Individual) DEPT OF DEFENSE	Occupation (for Individual) HEALTH PHYSICIST
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.97

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		31		2023

Transaction ID : SA11A.109799

Amount of Each Receipt this Period
95.98

Memo Item
CONTRIBUTION

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

Mailing Address 3852 FLAGSHIP WAY

City PORTSMOUTH	State VA	Zip Code 23703-5312
--------------------	-------------	------------------------

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

Name of Employer (for Individual) DEPT OF DEFENSE	Occupation (for Individual) HEALTH PHYSICIST
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
350.97

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		30		2023

Transaction ID : SA11A.110873

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	245.98
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 133
	<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. BECCARELLI, STEVEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3852 FLAGSHIP WAY
 City PORTSMOUTH State VA Zip Code 23703-5312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DEPT OF DEFENSE Occupation (for Individual) HEALTH PHYSICIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.97

Date of Receipt 01 / 30 / 2023
Transaction ID : SA11A.110874
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION

B. BENTON, RAYMOND, , MR., JR.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1106 N PEPPER TREE DR
 City PALATINE State IL Zip Code 60067-2742
 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 02 / 15 / 2023
Transaction ID : SA11A.106819
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

C. BERGSTROM, HANS, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7303 NORTHEAST 8TH DRIVE
 City BOCA RATON State FL Zip Code 33487-2422
 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 ▼ 1000.00

Date of Receipt 03 / 03 / 2023
Transaction ID : SA11A.107068
 Amount of Each Receipt this Period 1000.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	1300.00
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 10 OF 133
	<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. BLAYLOCK, GLENDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3705 ARCTIC BLVD #1283
 City ANCHORAGE State AK Zip Code 99503-5774
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 16 / 2023
Transaction ID : SA11A.109810
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

B. BLAYLOCK, GLENDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3705 ARCTIC BLVD #1283
 City ANCHORAGE State AK Zip Code 99503-5774
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 16 / 2023
Transaction ID : SA11A.109811
 Amount of Each Receipt this Period
 75.00
 Memo Item
 CONTRIBUTION

C. BOLTON, TERRY, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2246 2350TH ST
 City ATLANTA State IL Zip Code 61723-9002
 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
 M M M / D D D / Y Y Y Y Y Y
 03 / 07 / 2023
Transaction ID : SA11A.107167
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	575.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 133
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
COUNTRY FIRST

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

Mailing Address 2636 E19TH RD

City OTTAWA State IL Zip Code 61350-9319

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

Name of Employer (for Individual) IBEW 176 Occupation (for Individual) ELECTRICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 15 / 2023
Transaction ID : SA11A.106825

Amount of Each Receipt this Period 250.00

Memo Item CONTRIBUTION

B. CABOTAJE, STAN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2708 WEST 156TH STREET

City GARDENA State CA Zip Code 90249-4506

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 202.98

Date of Receipt 02 / 19 / 2023
Transaction ID : SA11A.107285

Amount of Each Receipt this Period 77.99

Memo Item CONTRIBUTION

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

Mailing Address 2708 WEST 156TH STREET

City GARDENA State CA Zip Code 90249-4506

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 202.98

Date of Receipt 05 / 02 / 2023
Transaction ID : SA11A.111332

Amount of Each Receipt this Period 64.99

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 392.98

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 12 OF 133
	<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. CABOTAJE, STAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2708 WEST 156TH STREET
 City GARDENA State CA Zip Code 90249-4506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 202.98

Date of Receipt 06 / 30 / 2023
Transaction ID : SA11A.112590
 Amount of Each Receipt this Period 60.00
 Memo Item CONTRIBUTION

B. CALLOW, JANIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 R ST SE
 City AUBURN State WA Zip Code 98002-5827
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MDS COMPLETION SERVICE Occupation (for Individual) OWNER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 31 / 2023
Transaction ID : SA11A.110700
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

C. CANIZARES, ROB, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 CHAMPLAIN PL
 City GIBSONIA State PA Zip Code 15044-8017
 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 ▼ 500.00

Date of Receipt 02 / 10 / 2023
Transaction ID : SA11A.108894
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	560.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 133
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. CANIZARES, ROB, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 CHAMPLAIN PL
 City GIBSONIA State PA Zip Code 15044-8017
 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 ▼ 500.00

Date of Receipt
 01 / 10 / 2023
Transaction ID : SA11A.110296
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

B. CAREY, CHARLES, P., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 604 52ND PL
 City WESTERN SPRINGS State IL Zip Code 60558-2013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) COMMODITIES TRADER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 01 / 12 / 2023
Transaction ID : SA11A.106757
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION

C. CASTLE, JOHN, W., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 465 MERRY OAKS DR.
 City SYCAMORE State IL Zip Code 60178-8788
 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
 02 / 24 / 2023
Transaction ID : SA11A.106977
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 133
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. CAUSEY, JERRY, L., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3105 GLENHOPE CT
 City CARY State NC Zip Code 27511-3886
 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
 M M / D D / Y Y Y Y Y
 02 / 17 / 2023
Transaction ID : SA11A.106833
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

B. CHARNESKI, BRIAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 11159
 City OLYMPIA State WA Zip Code 98508-1159
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) L & E BOTTLING CO. Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 01 / 31 / 2023
Transaction ID : SA11A.111009
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

C. CRAWFORD, CHERYL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3028 ANDREWS DR NW
 City ATLANTA State GA Zip Code 30305-2002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) HOMEMAKER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 01 / 31 / 2023
Transaction ID : SA11A.110865
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 133
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
COUNTRY FIRST

A. DAMUS, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16954 STRAWBERRY DRIVE
 City ENCINO State CA Zip Code 91436-3857
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SYSTEM PROPERTY DEVELOPMENT COMPANY IN Occupation (for Individual) CHIEF EXECUTIVE OFFICER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 02 / 2023
Transaction ID : SA11A.109295
 Amount of Each Receipt this Period
 1000.00
 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 ▼ 1060.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 01 / 2023
Transaction ID : SA11A.110209
 Amount of Each Receipt this Period
 1000.00
 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 ▼ 1060.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : SA11A.112553
 Amount of Each Receipt this Period
 60.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	2060.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 16 OF 133
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
COUNTRY FIRST

A. DRAKE, RAYMOND, C., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3N734 HERMAN MELVILLE LANE
 City ST. CHARLES State IL Zip Code 60175-6533
 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 **02 / 16 / 2023**
Transaction ID : SA11A.107489
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

B. DUBOFF, GARY, E., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11812 SOUTH PARK AVE.
 City LOS ANGELES State CA Zip Code 90066-4659
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **01 / 27 / 2023**
Transaction ID : SA11A.106754
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

C. DURHAM, LINDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2413 SADDLE CLUB ROAD
 City BURLINGTON State NC Zip Code 27215-4443
 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 **03 / 20 / 2023**
Transaction ID : SA11A.107499
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 17 OF 133
	(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. EVANS, BRIAN, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2023
Mailing Address 950 SPRINGTOWN		Transaction ID : SA11A.112428
City FORNEY	State TX	Zip Code 75126-4079
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer (for Individual) LIGHTHOUSE GLOBAL	Occupation (for Individual) DISCOVERY CONSULTANT	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. FEINSILVER, ALAN, D., MR.,		Date of Receipt MM / DD / YYYY 03 / 03 / 2023
Mailing Address 1885 SAINT JAMES PLACE SUITE 1100		Transaction ID : SA11A.107047
City HOUSTON	State TX	Zip Code 77056-4177
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer (for Individual) THE OVERBROOK COMPANY	Occupation (for Individual) PRESIDENT	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. FRANZONE, ANDREW, , , JR		Date of Receipt MM / DD / YYYY 02 / 01 / 2023
Mailing Address 1450 BRIDGEWATER RD		Transaction ID : SA11A.110619
City BENSALEM	State PA	Zip Code 19020-4431
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer (for Individual) ALLEN FIELD CO., INC.	Occupation (for Individual) PRESIDENT	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 310.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 133
	<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. 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) ALLEN FIELD CO., INC.	Occupation (for Individual) PRESIDENT
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
310.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2023

Transaction ID : SA11A.112564

Amount of Each Receipt this Period
60.00

Memo Item
CONTRIBUTION

B. FREEMAN, JILL, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8313 JOHNSON MILL ROAD

City BAHAMA	State NC	Zip Code 27503-9236
----------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
203.47

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		28		2023

Transaction ID : SA11A.109637

Amount of Each Receipt this Period
203.47

Memo Item
CONTRIBUTION

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

Mailing Address 812 PARK AVE

City NEW YORK	State NY	Zip Code 10021-2770
------------------	-------------	------------------------

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

Name of Employer (for Individual) EASTON CAPITAL	Occupation (for Individual) VC
---	-----------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

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

Transaction ID : SA11A.108746

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	2763.47
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 133
	<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. 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 ▼ 2500.00

Date of Receipt 01 / 06 / 2023
Transaction ID : SA11A.110297
 Amount of Each Receipt this Period 2500.00
 Memo Item CONTRIBUTION

B. GARDNER, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 440 N MCCLURG CT 820
 City CHICAGO State IL Zip Code 60611-4358
 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 ▼ 1000.00

Date of Receipt 01 / 31 / 2023
Transaction ID : SA11A.110723
 Amount of Each Receipt this Period 1000.00
 Memo Item CONTRIBUTION

C. GENTERT, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 324 437 N 12TH RD
 City LOSTANT State IL Zip Code 61334-0324
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BEST EFFORTS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 299.99

Date of Receipt 01 / 23 / 2023
Transaction ID : SA11A.109596
 Amount of Each Receipt this Period 200.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 3700.00
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 20 OF 133
	<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	<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. GENTERT, CHARLES, , ,		Date of Receipt MM / DD / YYYY 01 / 02 / 2023 Transaction ID : SA11A.109597
Mailing Address PO BOX 324 437 N 12TH RD		Amount of Each Receipt this Period 99.99
City LOSTANT	State IL	Zip Code 61334-0324
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 299.99	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. GIUSEPPONE, CARL, , ,		Date of Receipt MM / DD / YYYY 01 / 16 / 2023 Transaction ID : SA11A.110271
Mailing Address 10 HILLTOP RD		Amount of Each Receipt this Period 250.00
City NORWALK	State CT	Zip Code 06854-5002
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. GLADDEN, KENNETH, , ,		Date of Receipt MM / DD / YYYY 02 / 08 / 2023 Transaction ID : SA11A.108883
Mailing Address 1425 BROADWAY		Amount of Each Receipt this Period 250.00
City SEATTLE	State WA	Zip Code 98122-3854
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	599.99
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 133
	<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. GOLD, ERIC, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31229 APPLEWOOD LN
 City FARMINGTON HILLS State MI Zip Code 48331-1217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SLAVIK ENTERPRISES, LLC Occupation (for Individual) VICE PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **02 / 19 / 2023**
Transaction ID : SA11A.108798
 Amount of Each Receipt this Period 5000.00
 Memo Item CONTRIBUTION

B. GRAF, EDWIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 848 N RAINBOW BLVD
 City LAS VEGAS State NV Zip Code 89107-1103
 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 ▼ 2500.00

Date of Receipt **01 / 31 / 2023**
Transaction ID : SA11A.110416
 Amount of Each Receipt this Period 2500.00
 Memo Item CONTRIBUTION

C. GUDEMAN, NANCY, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 117 GOODRICH RD
 City CENTRALIA State WA Zip Code 98531-9302
 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 ▼ 600.00

Date of Receipt **02 / 07 / 2023**
Transaction ID : SA11A.108886
 Amount of Each Receipt this Period 600.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	8100.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 22 OF 133
(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. HENNESSY, JOANNE, , ,
 Mailing Address 12 BLUE HERON POND RD
 City JOHNS ISLAND State SC Zip Code 29455-5813
 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 ▼ 500.00

Date of Receipt 02 / 02 / 2023
Transaction ID : SA11A.109053
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. HEUMANN, H, , ,
 Mailing Address PO BOX 49
 City HUNTINGTON BEACH State CA Zip Code 92648-0049
 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 ▼ 900.00

Date of Receipt 01 / 01 / 2023
Transaction ID : SA11A.108738
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. HEUMANN, H, , ,
 Mailing Address PO BOX 49
 City HUNTINGTON BEACH State CA Zip Code 92648-0049
 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 ▼ 900.00

Date of Receipt 01 / 01 / 2023
Transaction ID : SA11A.108739
 Amount of Each Receipt this Period 300.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 900.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 133
	<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. HEUMANN, H, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 49
 City HUNTINGTON BEACH State CA Zip Code 92648-0049
 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 ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 01 / 2023
Transaction ID : SA11A.108740
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

B. HEUMANN, H, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 49
 City HUNTINGTON BEACH State CA Zip Code 92648-0049
 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 ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 01 / 2023
Transaction ID : SA11A.108741
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

C. HIGH, MICHELLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4607 NORWOOD DR
 City CHEVY CHASE State MD Zip Code 20815-5348
 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 ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 06 / 2023
Transaction ID : SA11A.108827
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 CONTRIBUTION

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 133
	<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. HILL, HEATHER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6474 WILLOW BROOM TRL
 City LITTLETON State CO Zip Code 80125-9063
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) INTERIOR DESIGNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 16 / 2023
Transaction ID : SA11A.110843
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

B. HILLENBRAND, PETER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 857 SIX PINE RANCH RD
 City BATESVILLE State IN Zip Code 47006-9586
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) HOSPITALITY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 01 / 2023
Transaction ID : SA11A.110863
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

C. HOOVER, WILL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 ALPINE TER
 City OAKLAND State CA Zip Code 94618-1822
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) MEDIA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 31 / 2023
Transaction ID : SA11A.110803
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 133
	<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. HOWARD, PHILLIP, A., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2505 LOWER BLUFF RD
 City EMMETT State ID Zip Code 83617-9531
 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 **02 / 24 / 2023**
Transaction ID : SA11A.107008
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

B. HUBBARD, SONJA, Y., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2806 STONEGATE DRIVE
 City TEXARKANA State TX Zip Code 75503-5414
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) YATES GROUP, INC. Occupation (for Individual) MANAGEMENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **03 / 15 / 2023**
Transaction ID : SA11A.107128
 Amount of Each Receipt this Period 1000.00
 Memo Item CONTRIBUTION

C. JENSIK, STEPHEN, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4266 W. HIGHBRIDGE LN.
 City CHICAGO State IL Zip Code 60646-6041
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BES
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **02 / 21 / 2023**
Transaction ID : SA11A.106900
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 133
	<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. JULIAN, CONNIE, M., MRS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5100 BLACK JACK RD

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 ▼ 250.00

Date of Receipt **02 / 19 / 2023**

Transaction ID : SA11A.108854

Amount of Each Receipt this Period 250.00

Memo Item CONTRIBUTION

B. KABOT, SHEILA, L., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3907 CHATFIELD COURT

City SUGAR LAND State TX Zip Code 77479-4101

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 ▼ 500.00

Date of Receipt **02 / 22 / 2023**

Transaction ID : SA11A.106933

Amount of Each Receipt this Period 500.00

Memo Item CONTRIBUTION

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

Mailing Address 400 REED STREET STE 185

City SANTA CLARA State CA Zip Code 95050-3110

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

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

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 202.48

Date of Receipt **04 / 21 / 2023**

Transaction ID : SA11A.111276

Amount of Each Receipt this Period 202.48

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	952.48
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 133
	<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. KAUFMANN, BILL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 170 W GOETHE ST
 City CHICAGO State IL Zip Code 60610-1902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CIENA Occupation (for Individual) SOFTWARE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **02 / 18 / 2023**
Transaction ID : SA11A.108824
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

B. KELLEY, GORDON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address UNIT 24514 BOX 699
 City APO AE State AE Zip Code 95864-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ENGLISH MONTESSORI PRESCHOOL Occupation (for Individual) OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **01 / 22 / 2023**
Transaction ID : SA11A.110703
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

C. KOLBERT, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11146 N VIA RIMINI DR
 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 ▼ 350.00

Date of Receipt **03 / 15 / 2023**
Transaction ID : SA11A.107129
 Amount of Each Receipt this Period 200.00
 Memo Item CONTRIBUTION

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 133
	<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. KOLBERT, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11146 N VIA RIMINI DR
 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 ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 01 / 2023
Transaction ID : SA11A.110208
 Amount of Each Receipt this Period
 150.00
 Memo Item
 CONTRIBUTION

B. KUHN, STEVE, R., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1119 DANIEL COURT
 City SYCAMORE State IL Zip Code 60178-3204
 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
 M M M / D D D / Y Y Y Y Y Y
 02 / 16 / 2023
Transaction ID : SA11A.107515
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

C. LAMB, BARBARA, L., MRS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4441 WOLF RD UNIT 406
 City WESTERN SPRINGS State IL Zip Code 60558-1623
 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
 M M M / D D D / Y Y Y Y Y Y
 02 / 15 / 2023
Transaction ID : SA11A.106828
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	650.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 29 OF 133
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
COUNTRY FIRST

A. LAUGHREA, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 164 HIGHLAND AVE
 City WEST NEWTON State MA Zip Code 02465-2510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LOC ASSOCIATES LLC Occupation (for Individual) PRINCIPAL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 29 / 2023
Transaction ID : SA11A.110616
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

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

Date of Receipt 02 / 11 / 2023
Transaction ID : SA11A.109220
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

C. LITTLEFIELD, JOSHUA, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1206 HAMMOND RD
 City DELRAY BEACH State FL Zip Code 33483-7242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BES
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 24 / 2023
Transaction ID : SA11A.107017
 Amount of Each Receipt this Period 300.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 800.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 133
	<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. LOPEZ, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17 WEST 95TH STREET
 1
 City NEW YORK State NY Zip Code 10025-6784
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CLEARY GOTTLIEB STEEN & HAMILTON LLP Occupation (for Individual) ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 13 / 2023
Transaction ID : SA11A.109499
 Amount of Each Receipt this Period 500.00
 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 ▼ 400.00

Date of Receipt 03 / 09 / 2023
Transaction ID : SA11A.107548
 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 ▼ 400.00

Date of Receipt 02 / 09 / 2023
Transaction ID : SA11A.107549
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 133
	<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. 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 ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 09 / 2023
Transaction ID : SA11A.109501
 Amount of Each Receipt this Period
 50.00
 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 ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 23 / 2023
Transaction ID : SA11A.110652
 Amount of Each Receipt this Period
 100.00
 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 ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 09 / 2023
Transaction ID : SA11A.111169
 Amount of Each Receipt this Period
 50.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	200.00
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 32 OF 133
	<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. 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 ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 09 / 2023

Transaction ID : SA11A.112608

Amount of Each Receipt this Period
50.00

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 ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 09 / 2023

Transaction ID : SA11A.112613

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

C. MACKIMMIE, DANA, R., , III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8505 LEES RIDGE RD

City WARRENTON	State VA	Zip Code 20186-8744
-------------------	-------------	------------------------

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
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2023

Transaction ID : SA11A.107117

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	350.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 33 OF 133
	(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. MAHONEY, STEVEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 PALISADE AVE
 City PISCATAWAY State NJ Zip Code 08854-5241
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ACINO Occupation (for Individual) MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 31 / 2023
Transaction ID : SA11A.110821
 Amount of Each Receipt this Period 250.00
 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 ▼ 650.00

Date of Receipt 03 / 21 / 2023
Transaction ID : SA11A.107541
 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 ▼ 650.00

Date of Receipt 03 / 14 / 2023
Transaction ID : SA11A.107542
 Amount of Each Receipt this Period 25.00
 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: (check only one)	PAGE 34 OF 133
	<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. 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 ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 07 / 2023
Transaction ID : SA11A.107543
 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 ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2023
Transaction ID : SA11A.107544
 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 ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 21 / 2023
Transaction ID : SA11A.107545
 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: (check only one)	PAGE 35 OF 133
	<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. 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 ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 14 / 2023
Transaction ID : SA11A.107546
 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 ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 07 / 2023
Transaction ID : SA11A.107547
 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 ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 18 / 2023
Transaction ID : SA11A.109498
 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: (check only one)	PAGE 36 OF 133
	<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. 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 ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 11 / 2023
Transaction ID : SA11A.109500
 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 ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 04 / 2023
Transaction ID : SA11A.109506
 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 ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 28 / 2023
Transaction ID : SA11A.109511
 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 37 OF 133
(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 ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 03 / 2023
Transaction ID : SA11A.111162
 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 ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 17 / 2023
Transaction ID : SA11A.111163
 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 ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 10 / 2023
Transaction ID : SA11A.111167
 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 38 OF 133
(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 ▼ 650.00

Date of Receipt 01 / 31 / 2023
Transaction ID : SA11A.111170
 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 ▼ 650.00

Date of Receipt 01 / 24 / 2023
Transaction ID : SA11A.111177
 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 ▼ 650.00

Date of Receipt 04 / 25 / 2023
Transaction ID : SA11A.111284
 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: (check only one)	PAGE 39 OF 133
	<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 ▼ 650.00

Date of Receipt **05 / 02 / 2023**

Transaction ID : SA11A.111340

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 ▼ 650.00

Date of Receipt **06 / 27 / 2023**

Transaction ID : SA11A.112614

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 ▼ 650.00

Date of Receipt **06 / 20 / 2023**

Transaction ID : SA11A.112615

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 40 OF 133
	(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. 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 ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 13 / 2023
Transaction ID : SA11A.112616
 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 ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2023
Transaction ID : SA11A.112617
 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 ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2023
Transaction ID : SA11A.112618
 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 41 OF 133
(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 ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2023
Transaction ID : SA11A.112619
 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 ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 16 / 2023
Transaction ID : SA11A.112620
 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 ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 09 / 2023
Transaction ID : SA11A.112621
 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: (check only one)	PAGE 42 OF 133
	<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	<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. MARCHINO, MARTHA, , MS.,

Mailing Address 7397 CATBOAT CT

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 ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		03		2023

Transaction ID : SA11A.107056

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. MARTIN, RITA, , ,

Mailing Address 8717 SLATE RIDGE CT

City SYLVANIA	State OH	Zip Code 43560-9648
------------------	-------------	------------------------

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

Name of Employer (for Individual) PD&B	Occupation (for Individual) ADMIN
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		03		2023

Transaction ID : SA11A.109344

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

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

Mailing Address 2709 NE 167TH CIR

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 ▼
500.00

Date of Receipt

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

Transaction ID : SA11A.108931

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 133
	<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. MCKIBBEN, NATHAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4486 ELEGANT STREET
 City CASTLE ROCK State CO Zip Code 80109-3828
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt **01 / 18 / 2023**
Transaction ID : SA11A.109766
 Amount of Each Receipt this Period 300.00
 Memo Item CONTRIBUTION

B. MCNAMARA, HOLLY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 84 3RD STREET APT. 2
 City SOMERSET State MA Zip Code 02726-3125
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HOLLY MAC LLC Occupation (for Individual) OWNER/ENGINEERING
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 262.47

Date of Receipt **02 / 01 / 2023**
Transaction ID : SA11A.107220
 Amount of Each Receipt this Period 158.49
 Memo Item CONTRIBUTION

C. MCNAMARA, HOLLY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 84 3RD STREET APT. 2
 City SOMERSET State MA Zip Code 02726-3125
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HOLLY MAC LLC Occupation (for Individual) OWNER/ENGINEERING
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 262.47

Date of Receipt **03 / 04 / 2023**
Transaction ID : SA11A.107347
 Amount of Each Receipt this Period 33.99
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	492.48
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 44 OF 133
	<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. MCNAMARA, HOLLY, , ,			Date of Receipt MM / DD / YYYY 03 / 07 / 2023
Mailing Address 84 3RD STREET APT. 2			Transaction ID : SA11A.107348
City SOMERSET	State MA	Zip Code 02726-3125	Amount of Each Receipt this Period 69.99
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) HOLLY MAC LLC		Occupation (for Individual) OWNER/ENGINEERING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 262.47		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. MENASHE, JACK, , ,			Date of Receipt MM / DD / YYYY 02 / 01 / 2023
Mailing Address 4415 SW CARL PL			Transaction ID : SA11A.110581
City PORTLAND	State OR	Zip Code 97239-1518	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) SELF EMPLOYED		Occupation (for Individual) REAL ESTATE DEVELOPER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. MOLINE, JOHN, C., MR.,			Date of Receipt MM / DD / YYYY 03 / 03 / 2023
Mailing Address 901 REDBUD TRL			Transaction ID : SA11A.107050
City WEST LAKE HILLS	State TX	Zip Code 78746-3535	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) BRIGHTLAND HOMES		Occupation (for Individual) ACCOUNTANT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional).....▶	1319.99
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 133
	<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. MURRAY, MICHAEL, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 34 LENG DR
 City SCHAUMBURG State IL Zip Code 60193-1645
 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
 M M M / D D D / Y Y Y Y Y Y
 02 / 15 / 2023
Transaction ID : SA11A.106783
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

B. NICHOLS, STEPHEN, D., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7940 HAMPTON WAY
 City OWINGS State MD Zip Code 20736-3806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) US NAVY Occupation (for Individual) INTELLIGENCE ANALYST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 27 / 2023
Transaction ID : SA11A.106756
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION

C. PARADEIS, MARTHA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1226 CLAUDE PICHARD DR
 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 ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 21 / 2023
Transaction ID : SA11A.109051
 Amount of Each Receipt this Period
 50.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	800.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 133
	<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. PARADEIS, MARTHA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1226 CLAUDE PICHARD DR
 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 ▼ 350.00

Date of Receipt **04 / 14 / 2023**
Transaction ID : SA11A.109539
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION

B. PARADEIS, MARTHA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1226 CLAUDE PICHARD DR
 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 ▼ 350.00

Date of Receipt **01 / 01 / 2023**
Transaction ID : SA11A.110558
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION

C. PARADEIS, MARTHA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1226 CLAUDE PICHARD DR
 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 ▼ 350.00

Date of Receipt **01 / 21 / 2023**
Transaction ID : SA11A.110559
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 133
	<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. PARADEIS, MARTHA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1226 CLAUDE PICHARD DR
 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 ▼ 350.00

Date of Receipt 02 / 01 / 2023
Transaction ID : SA11A.110560
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION

B. PARKER, DIANE, W., MRS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 1011
 City THOMASVILLE State GA Zip Code 31799-1011
 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 ▼ 5000.00

Date of Receipt 02 / 22 / 2023
Transaction ID : SA11A.106952
 Amount of Each Receipt this Period 5000.00
 Memo Item CONTRIBUTION

C. PEABODY, MALCOLM, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2811 DUMBARTON ST NW
 City WASHINGTON State DC Zip Code 20007-3336
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PEABODY CORP Occupation (for Individual) REAL ESTATE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 24 / 2023
Transaction ID : SA11A.106998
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	5350.00
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 48 OF 133
	<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. PENCE, DENNIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11053 N BOYER RD
 City SANDPOINT State ID Zip Code 83864-8859
 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 05 / 2023
Transaction ID : SA11A.109168
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

B. PENCE, DENNIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11053 N BOYER RD
 City SANDPOINT State ID Zip Code 83864-8859
 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 05 / 2023
Transaction ID : SA11A.110782
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

C. PEPPERS, MIKE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) CIVILIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 06 / 2023
Transaction ID : SA11A.110995
 Amount of Each Receipt this Period
 150.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	650.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 133
	<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. PEPPERS, MIKE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) CIVILIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 02 / 01 / 2023
Transaction ID : SA11A.110996
 Amount of Each Receipt this Period 200.00
 Memo Item CONTRIBUTION

B. PFIESTER, R EDWARD, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2000 RIVERSIDE DRIVE
 City LOS ANGELES State CA Zip Code 90039-3707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 02 / 03 / 2023
Transaction ID : SA11A.107305
 Amount of Each Receipt this Period 80.00
 Memo Item CONTRIBUTION

C. PFIESTER, R EDWARD, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2000 RIVERSIDE DRIVE
 City LOS ANGELES State CA Zip Code 90039-3707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 02 / 03 / 2023
Transaction ID : SA11A.107306
 Amount of Each Receipt this Period 140.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	420.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 50 OF 133
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
COUNTRY FIRST

A. PICETTI, CINDY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1092 EVERGLADES DRIVE
 City PACIFICA State CA Zip Code 94044-3845
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt **01 / 20 / 2023**
Transaction ID : SA11A.110095
 Amount of Each Receipt this Period 300.00
 Memo Item CONTRIBUTION

B. POKORNY, FRANK, J., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2540 W COYLE AVE
 City CHICAGO State IL Zip Code 60645-3213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMERICAN DENTAL ASSOCIATION Occupation (for Individual) MANAGER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt **01 / 09 / 2023**
Transaction ID : SA11A.105431
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

C. POMERLEAU, ERNEST, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 69 COLLEGE ST
 City BURLINGTON State VT Zip Code 05401-8403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) REAL ESTATE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt **01 / 06 / 2023**
Transaction ID : SA11A.110583
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 800.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 133
	<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. PONCZEK, DENNIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 417-S GILBERT AVE
 City LAGRANGE State IL Zip Code 60525-2159
 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 **01 / 01 / 2023**
Transaction ID : SA11A.110223
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

B. POWELL, JUSTIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 CROMWELL DR.
 City MENDHAM State NJ Zip Code 07945-2108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 302.96

Date of Receipt **03 / 10 / 2023**
Transaction ID : SA11A.107410
 Amount of Each Receipt this Period 23.99
 Memo Item CONTRIBUTION

C. POWELL, JUSTIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 CROMWELL DR.
 City MENDHAM State NJ Zip Code 07945-2108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 302.96

Date of Receipt **03 / 19 / 2023**
Transaction ID : SA11A.107411
 Amount of Each Receipt this Period 23.99
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	297.98
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 52 OF 133
	<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. POWELL, JUSTIN, , ,			Date of Receipt MM / DD / YYYY 03 / 19 / 2023
Mailing Address 25 CROMWELL DR.			Transaction ID : SA11A.107412
City MENDHAM	State NJ	Zip Code 07945-2108	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS		Occupation (for Individual) INFORMATION REQUESTED PER BE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 302.96	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. POWELL, JUSTIN, , ,			Date of Receipt MM / DD / YYYY 03 / 27 / 2023
Mailing Address 25 CROMWELL DR.			Transaction ID : SA11A.109396
City MENDHAM	State NJ	Zip Code 07945-2108	Amount of Each Receipt this Period 23.99
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS		Occupation (for Individual) INFORMATION REQUESTED PER BE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 302.96	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. POWELL, JUSTIN, , ,			Date of Receipt MM / DD / YYYY 01 / 15 / 2023
Mailing Address 25 CROMWELL DR.			Transaction ID : SA11A.109904
City MENDHAM	State NJ	Zip Code 07945-2108	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS		Occupation (for Individual) INFORMATION REQUESTED PER BE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 302.96	

SUBTOTAL of Receipts This Page (optional).....	223.99
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 53 OF 133
	<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. POWELL, JUSTIN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 25 CROMWELL DR.

City MENDHAM	State NJ	Zip Code 07945-2108
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
302.96

Date of Receipt
MM / DD / YYYY
01 / 15 / 2023

Transaction ID : SA11A.109905

Amount of Each Receipt this Period
30.99

Memo Item
CONTRIBUTION

B. PRISCO, ROBERT, A., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 316 LEGRANDE BLVD

City AURORA	State IL	Zip Code 60506-4848
----------------	-------------	------------------------

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
MM / DD / YYYY
02 / 01 / 2023

Transaction ID : SA11A.110338

Amount of Each Receipt this Period
250.00

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
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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 ▼
600.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2023

Transaction ID : SA11A.107539

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	380.99
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 54 OF 133
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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 ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 28 / 2023
Transaction ID : SA11A.109514
 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 ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 28 / 2023
Transaction ID : SA11A.111176
 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 ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 28 / 2023
Transaction ID : SA11A.111342
 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 55 OF 133
(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 ▼ 600.00

Date of Receipt 06 / 28 / 2023
Transaction ID : SA11A.112605
 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 ▼ 600.00

Date of Receipt 05 / 28 / 2023
Transaction ID : SA11A.112612
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION

C. ROTHHOUSE, ROBERT, C., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 HARVEST CT
 City EGG HARBOR TOWNSHI State NJ Zip Code 08234-9660
 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 ▼ 5000.00

Date of Receipt 03 / 03 / 2023
Transaction ID : SA11A.107065
 Amount of Each Receipt this Period 5000.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 5200.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 56 OF 133
(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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. SCHERZINGER, STEPHEN, , ,

Mailing Address 255 S PELZER RD

City BOONVILLE	State IN	Zip Code 47601-7826
-------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) ENGINEERING
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	11	/	2023

Transaction ID : SA11A.109246

Amount of Each Receipt this Period
100.00

Memo Item CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. SCHERZINGER, STEPHEN, , ,

Mailing Address 255 S PELZER RD

City BOONVILLE	State IN	Zip Code 47601-7826
-------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) ENGINEERING
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	11	/	2023

Transaction ID : SA11A.110911

Amount of Each Receipt this Period
100.00

Memo Item CONTRIBUTION

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

Mailing Address 255 S PELZER RD

City BOONVILLE	State IN	Zip Code 47601-7826
-------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) ENGINEERING
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	19	/	2023

Transaction ID : SA11A.110912

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: (check only one)	PAGE 57 OF 133
	<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. SCHNEIDER, DAVID, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5234 SOUTHWELL CT

City LONG GROVE	State IL	Zip Code 60047-5218
--------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) PHYSICIAN
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2023

Transaction ID : SA11A.109101

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

B. SHAW, DANNY, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 222 WATERBURY CIR

City FRANKLIN	State TN	Zip Code 37067-6200
------------------	-------------	------------------------

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

Name of Employer (for Individual) BATTEN & SHAW INC.	Occupation (for Individual) EXEC. VP
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		10		2023

Transaction ID : SA11A.107091

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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

Mailing Address 5251 NORTH MAGNOLIA AVENUE

City CHICAGO	State IL	Zip Code 60640-2202
-----------------	-------------	------------------------

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

M M M	/	D D D	/	Y Y Y Y Y Y
02		17		2023

Transaction ID : SA11A.106869

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 133
	<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. SHERET, ANNE, M., MS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 306 EAGLES NEST ROAD

City MARQUETTE	State MI	Zip Code 49855-9736
-------------------	-------------	------------------------

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 ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 21 / 2023

Transaction ID : SA11A.106902

Amount of Each Receipt this Period
500.00

Memo Item CONTRIBUTION

B. SIMEONE, MICHAEL, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12677 W BIG HORN CRK

City BROOMFIELD	State CO	Zip Code 80021-8407
--------------------	-------------	------------------------

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
MM / DD / YYYY
01 / 06 / 2023

Transaction ID : SA11A.110244

Amount of Each Receipt this Period
250.00

Memo Item CONTRIBUTION

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

Mailing Address 47 BEACHMONT TER

City NORTH CALDWELL	State NJ	Zip Code 07006-4617
------------------------	-------------	------------------------

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

Name of Employer (for Individual) PILLSBURY	Occupation (for Individual) ATTORNEY
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 01 / 2023

Transaction ID : SA11A.109203

Amount of Each Receipt this Period
500.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 59 OF 133
(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

A. SMITH, FRANCIS, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1230 N WESTSHORE BOULEVARD
 City MANTENO State IL Zip Code 60950-1809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 F W SMITH FAMILY INSURANCE SERVICES MANAGING MEMBER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 15 / 2023
Transaction ID : SA11A.106823
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

B. SOLLBERGER, HARRIET, , MRS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 419 HUNTERS CREEK DR
 City NEW BRAUNFELS State TX Zip Code 78132-4711
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 NONE RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 07 / 2023
Transaction ID : SA11A.107172
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

C. SPURR, JOHN, , , JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24 CRESCENT AVE
 City SCITUATE State MA Zip Code 02066-4309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 A. W. PERRY, INC. REAL ESTATE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 08 / 2023
Transaction ID : SA11A.109072
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 133
	<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. STARK, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 209 EAST WASHINGTON STREET
 City BLOOMINGTON State IL Zip Code 61701-4458
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) STARK EXCAVATING Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **02 / 15 / 2023**
Transaction ID : SA11A.107474
 Amount of Each Receipt this Period 250.00
 Memo Item
CONTRIBUTION

B. STEBBINS, THOMAS, W., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 85
 City NEWMAN LAKE State WA Zip Code 99025-0085
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) MARKETING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 449.99

Date of Receipt **03 / 20 / 2023**
Transaction ID : SA11A.107182
 Amount of Each Receipt this Period 200.00
 Memo Item
CONTRIBUTION

C. STEBBINS, THOMAS, W., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 85
 City NEWMAN LAKE State WA Zip Code 99025-0085
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) MARKETING
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 449.99

Date of Receipt **03 / 10 / 2023**
Transaction ID : SA11A.107458
 Amount of Each Receipt this Period 249.99
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	699.99
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 61 OF 133
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
COUNTRY FIRST

A. STODDARD, PETER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1529 WADDELL ST
 City NORTH BALDWIN State NY Zip Code 11510-2042
 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 ▼ 300.00

Date of Receipt 02 / 19 / 2023
Transaction ID : SA11A.109258
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION

B. STODDARD, PETER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1529 WADDELL ST
 City NORTH BALDWIN State NY Zip Code 11510-2042
 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 ▼ 300.00

Date of Receipt 02 / 05 / 2023
Transaction ID : SA11A.109259
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION

C. STODDARD, PETER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1529 WADDELL ST
 City NORTH BALDWIN State NY Zip Code 11510-2042
 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 ▼ 300.00

Date of Receipt 01 / 05 / 2023
Transaction ID : SA11A.110940
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 250.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 62 OF 133
(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

A. STODDARD, PETER, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1529 WADDELL ST

City NORTH BALDWIN	State NY	Zip Code 11510-2042
-----------------------	-------------	------------------------

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 ▼
300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	19	/	2023

Transaction ID : SA11A.110941

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

B. SWARTZWELDER, GRANT, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 141747

City IRVING	State TX	Zip Code 75014-1747
----------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	25	/	2023

Transaction ID : SA11A.109384

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

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

Mailing Address PO BOX 141747

City IRVING	State TX	Zip Code 75014-1747
----------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	17	/	2023

Transaction ID : SA11A.109601

Amount of Each Receipt this Period
200.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	350.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 63 OF 133
	(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. SZYMANSKI, STEPHEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19796 MADDELENA CIR
 City ESTERO State FL Zip Code 33967-0537
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) CPA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 04 / 2023
Transaction ID : SA11A.109269
 Amount of Each Receipt this Period
 500.00
 Memo Item
CONTRIBUTION

B. TABER, S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 601665
 City DALLAS State TX Zip Code 75360-1665
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) FIN'L SRVS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 01 / 2023
Transaction ID : SA11A.110886
 Amount of Each Receipt this Period
 250.00
 Memo Item
CONTRIBUTION

C. TEMPLIN, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 62791 250TH STREET
 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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 03 / 2023
Transaction ID : SA11A.107238
 Amount of Each Receipt this Period
 250.00
 Memo Item
CONTRIBUTION

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 133
	<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. THOMPSON, DANIEL, P., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3026 DERBY CT
 City AURORA State IL Zip Code 60502-8633
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ILOCA SERVICES, INC. Occupation (for Individual) OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 02 / 22 / 2023
Transaction ID : SA11A.106976
 Amount of Each Receipt this Period 5000.00
 Memo Item
 CONTRIBUTION

B. UKRAINE, ONDRIY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 WALK AVENUE
 City OWINGS MILLS State MD Zip Code 21117-2124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 304.49

Date of Receipt 04 / 18 / 2023
Transaction ID : SA11A.109534
 Amount of Each Receipt this Period 304.49
 Memo Item
 CONTRIBUTION

C. VANDE ZANDE, DANIEL, L., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 176 HARMSSEN AVE.
 City WAUPUN State WI Zip Code 53963-1000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 09 / 2023
Transaction ID : SA11A.105433
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	5804.49
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 65 OF 133
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
COUNTRY FIRST

A. VARELA, JUAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 33 PIERCE ST
 City NEW ROCHELLE State NY Zip Code 10801-2024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) LANLORD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 06 / 2023
Transaction ID : SA11A.110833
 Amount of Each Receipt this Period
 250.00
 Memo Item
CONTRIBUTION

B. VERMILLION, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3035 HURON PEAK PL
 City SUPERIOR State CO Zip Code 80027-6074
 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
 M M M / D D D / Y Y Y Y Y Y
 01 / 20 / 2023
Transaction ID : SA11A.110407
 Amount of Each Receipt this Period
 250.00
 Memo Item
CONTRIBUTION

C. WASSERMAN, ANDREW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 471 CHANNING AVE
 City WESTFIELD State NJ Zip Code 07090-4308
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 12 / 2023
Transaction ID : SA11A.107254
 Amount of Each Receipt this Period
 100.00
 Memo Item
CONTRIBUTION

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

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

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

FOR LINE NUMBER: PAGE 66 OF 133
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
COUNTRY FIRST

A. WASSERMAN, ANDREW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 471 CHANNING AVE
 City WESTFIELD State NJ Zip Code 07090-4308
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) ATTORNEY
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 12 / 2023
Transaction ID : SA11A.109330
 Amount of Each Receipt this Period
 150.00
 Memo Item
CONTRIBUTION

B. WEI, LING, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 358 PAGE ST UNIT 4
 City SAN JOSE State CA Zip Code 95126-3269
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) TAX PREPARER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 20 / 2023
Transaction ID : SA11A.108807
 Amount of Each Receipt this Period
 250.00
 Memo Item
CONTRIBUTION

C. WEI, LING, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 358 PAGE ST UNIT 4
 City SAN JOSE State CA Zip Code 95126-3269
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) TAX PREPARER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 09 / 2023
Transaction ID : SA11A.108808
 Amount of Each Receipt this Period
 250.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 650.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 133
	<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. WEINSTEIN, ELIOT, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5482 S HYDE PARK BLVD
 City CHICAGO State IL Zip Code 60615-5802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNIVERSITY OF CHICAGO Occupation (for Individual) GRADUATE STUDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 16 / 2023
Transaction ID : SA11A.110879
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION

B. WHITE, JIM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 453 POPPY PL
 City MONTAIN VIEW State CA Zip Code 94043-4516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) FINANCIAL ADVISOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 31 / 2023
Transaction ID : SA11A.110889
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

C. WHITE, WILLARD, E., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2323 N CENTRAL AVE UNIT 603
 City PHOENIX State AZ Zip Code 85004-1342
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) NONPROFIT CONSULTANT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 24 / 2023
Transaction ID : SA11A.106979
 Amount of Each Receipt this Period 150.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 900.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 133
	<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. WHITE, WILLARD, E., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2323 N CENTRAL AVE
UNIT 603

City PHOENIX State AZ Zip Code 85004-1342

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

Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) NONPROFIT CONSULTANT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 06 / 2023

Transaction ID : SA11A.110793

Amount of Each Receipt this Period
100.00

Memo Item CONTRIBUTION

B. WINTER, JACK, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 1033

City MALAKOFF State TX Zip Code 75148-1033

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 ▼
500.00

Date of Receipt
MM / DD / YYYY
01 / 28 / 2023

Transaction ID : SA11A.110662

Amount of Each Receipt this Period
500.00

Memo Item CONTRIBUTION

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

Mailing Address 9705 KATIE LEIGH COURT

City GREAT FALLS State VA Zip Code 22066-3800

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 ▼
416.00

Date of Receipt
MM / DD / YYYY
01 / 01 / 2023

Transaction ID : SA11A.108744

Amount of Each Receipt this Period
416.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	1016.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 133
	<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. ZADINA, JANIE, L., MS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 47832 MILL RD

City ORD	State NE	Zip Code 68862-5040
-------------	-------------	------------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) FARMER
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	22	/	2023

Transaction ID : SA11A.107027

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

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

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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	22	/	2023

Transaction ID : SA11A.106924

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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

Mailing Address 660 10TH STREET

City KEY COLONY BEACH	State FL	Zip Code 33051-
--------------------------	-------------	--------------------

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 ▼
475.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2023

Transaction ID : SA11A.108735

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	800.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 133
	<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. ZOLLER, MARIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 660 10TH STREET
 City KEY COLONY BEACH State FL Zip Code 33051-
 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 ▼ 475.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 22 / 2023
Transaction ID : SA11A.108737
 Amount of Each Receipt this Period 25.00
 Memo Item CONTRIBUTION

B. ZOLLER, MARIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 660 10TH STREET
 City KEY COLONY BEACH State FL Zip Code 33051-
 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 ▼ 475.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 01 / 2023
Transaction ID : SA11A.108749
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION

C. ZOLLER, MARIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 660 10TH STREET
 City KEY COLONY BEACH State FL Zip Code 33051-
 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 ▼ 475.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 01 / 2023
Transaction ID : SA11A.108750
 Amount of Each Receipt this Period 25.00
 Memo Item CONTRIBUTION

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 133
	<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ZOLLER, MARIE, , ,

Mailing Address **660 10TH STREET**

City KEY COLONY BEACH	State FL	Zip Code 33051-
---------------------------------	--------------------	---------------------------

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 ▼ **475.00**

Date of Receipt

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

Transaction ID : SA11A.108751

Amount of Each Receipt this Period

50.00

Memo Item
CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ZOLLER, MARIE, , ,

Mailing Address **660 10TH STREET**

City KEY COLONY BEACH	State FL	Zip Code 33051-
---------------------------------	--------------------	---------------------------

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 ▼ **475.00**

Date of Receipt

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

Transaction ID : SA11A.108752

Amount of Each Receipt this Period

50.00

Memo Item
CONTRIBUTION

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

Mailing Address **660 10TH STREET**

City KEY COLONY BEACH	State FL	Zip Code 33051-
---------------------------------	--------------------	---------------------------

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 ▼ **475.00**

Date of Receipt

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

Transaction ID : SA11A.108753

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: (check only one)	PAGE 72 OF 133
	<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. ZOLLER, MARIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 660 10TH STREET
 City KEY COLONY BEACH State FL Zip Code 33051-
 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 ▼ 475.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 01 / 2023
Transaction ID : SA11A.108754
 Amount of Each Receipt this Period
 50.00
 Memo Item
 CONTRIBUTION

B. ZOLLER, MARIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 660 10TH STREET
 City KEY COLONY BEACH State FL Zip Code 33051-
 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 ▼ 475.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 01 / 2023
Transaction ID : SA11A.108755
 Amount of Each Receipt this Period
 25.00
 Memo Item
 CONTRIBUTION

C. ZOLLER, MARIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 660 10TH STREET
 City KEY COLONY BEACH State FL Zip Code 33051-
 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 ▼ 475.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 01 / 2023
Transaction ID : SA11A.108756
 Amount of Each Receipt this Period
 50.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	125.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)	PAGE 73 OF 133
<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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ZOLLER, MARIE, , ,

Mailing Address **660 10TH STREET**

City KEY COLONY BEACH	State FL	Zip Code 33051-
---------------------------------	--------------------	---------------------------

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 ▼
475.00

Date of Receipt
01 / 01 / 2023

Transaction ID : SA11A.108757

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

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

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

Amount of Each Receipt this Period

Memo Item

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

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	50.00
TOTAL This Period (last page this line number only).....▶	68885.80

**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 74 OF 133
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
COUNTRY FIRST

A. COUNTRY OVER PARTY PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO BOX 2365

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

FEC ID number of contributing federal political committee. **C** C00458877

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2023

Transaction ID : SA12.28344

Amount of Each Receipt this Period
2000000.00

Memo Item
TRANSFER FROM AFFILIATED

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

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
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).....	2000000.00
TOTAL This Period (last page this line number only).....	2000000.00

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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. DOGGETT, PATRICK, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 705 EAST MAIN STREET

City CRESCENT CITY State IL Zip Code 60928-8085

Purpose of Disbursement PAC STRATEGY CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 23 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I28314

Amount of Each Disbursement this Period: 6000.00

Memo Item

B. DOGGETT, PATRICK, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 705 EAST MAIN STREET

City CRESCENT CITY State IL Zip Code 60928-8085

Purpose of Disbursement PAC STRATEGY CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 25 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I28339

Amount of Each Disbursement this Period: 6000.00

Memo Item

C. DOGGETT, PATRICK, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 705 EAST MAIN STREET

City CRESCENT CITY State IL Zip Code 60928-8085

Purpose of Disbursement PAC STRATEGY CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 05 / 24 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I2837

Amount of Each Disbursement this Period: 6000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 18000.00

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, , ,		Date of Disbursement MM / DD / YYYY 06 / 14 / 2023
Mailing Address 705 EAST MAIN STREET		FEC Identification Number C Transaction ID : SB21B.I2937 Amount of Each Disbursement this Period 6000.00
City CRESCENT CITY	State IL	
Zip Code 60928-8085	Purpose of Disbursement PAC STRATEGY CONSULTING	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. HAYES, EMILY, , ,		Date of Disbursement MM / DD / YYYY 02 / 02 / 2023
Mailing Address 5428 HEDGEWOOD CIR		FEC Identification Number C Transaction ID : SB21B.I2719C Amount of Each Disbursement this Period 3000.00
City CEDAR FALLS	State IA	
Zip Code 50613	Purpose of Disbursement PAC FIELD CONSULTING	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. HAYES, EMILY, , ,		Date of Disbursement MM / DD / YYYY 03 / 01 / 2023
Mailing Address 5428 HEDGEWOOD CIR		FEC Identification Number C Transaction ID : SB21B.I2829 Amount of Each Disbursement this Period 3000.00
City CEDAR FALLS	State IA	
Zip Code 50613	Purpose of Disbursement PAC FIELD CONSULTING	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	12000.00
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. KINZINGER, ADAM, , ,		Date of Disbursement MM / DD / YYYY 02 / 09 / 2023
Mailing Address 25566 S KEATING BOULEVARD APARTMENT GB		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I27211 Amount of Each Disbursement this Period 3104.15
City CHANNAHON	State IL	Zip Code 60410-5623
Purpose of Disbursement PAC AIRFARE MILEAGE REIMBURSEMENT		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. KINZINGER, ADAM, , ,		Date of Disbursement MM / DD / YYYY 04 / 17 / 2023
Mailing Address 25566 S KEATING BOULEVARD APARTMENT GB		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I28263 Amount of Each Disbursement this Period 4294.32
City CHANNAHON	State IL	Zip Code 60410-5623
Purpose of Disbursement PAC MILEAGE REIMBURSEMENT		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. RIDENOUR, GREG, , ,		Date of Disbursement MM / DD / YYYY 02 / 09 / 2023
Mailing Address 1743 WATERS EDGE DR.		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I2720 Amount of Each Disbursement this Period 80.63
City MINOOKA	State IL	Zip Code 60447
Purpose of Disbursement PAC MILEAGE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

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

7479.10

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. RIDENOUR, GREG, , ,		Date of Disbursement MM / DD / YYYY 04 / 17 / 2023
Mailing Address 1743 WATERS EDGE DR.		FEC Identification Number C
City MINOOKA	State IL	
Purpose of Disbursement PAC MILEAGE		Transaction ID : SB21B.I2829 Amount of Each Disbursement this Period 129.82
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. RIDENOUR, GREG, , ,		Date of Disbursement MM / DD / YYYY 06 / 09 / 2023
Mailing Address 1743 WATERS EDGE DR.		FEC Identification Number C
City MINOOKA	State IL	
Purpose of Disbursement PAC MILEAGE		Transaction ID : SB21B.I28387 Amount of Each Disbursement this Period 226.63
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. RIDENOUR, GREG, , ,		Date of Disbursement MM / DD / YYYY 06 / 21 / 2023
Mailing Address 1743 WATERS EDGE DR.		FEC Identification Number C
City MINOOKA	State IL	
Purpose of Disbursement PAC MILEAGE		Transaction ID : SB21B.I2938 Amount of Each Disbursement this Period 81.35
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).....▶	437.80
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. ACE ENDEAVORS LLC

Full Name (Last, First, Middle Initial)

Mailing Address 27561 S SCHEER RD

City MANHATTAN State IL Zip Code 60442

Purpose of Disbursement PAC PRINTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
02 / 01 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I2718I

Amount of Each Disbursement this Period: 11050.49

Memo Item

B. ACE ENDEAVORS LLC

Full Name (Last, First, Middle Initial)

Mailing Address 27561 S SCHEER RD

City MANHATTAN State IL Zip Code 60442

Purpose of Disbursement PAC PRINTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
02 / 09 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I2719I

Amount of Each Disbursement this Period: 9271.90

Memo Item

C. ACE ENDEAVORS LLC

Full Name (Last, First, Middle Initial)

Mailing Address 27561 S SCHEER RD

City MANHATTAN State IL Zip Code 60442

Purpose of Disbursement PAC PRINTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
03 / 01 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I2827I

Amount of Each Disbursement this Period: 25599.75

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 45922.14

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. ACE ENDEAVORS LLC		Date of Disbursement MM / DD / YYYY 06 / 09 / 2023	
Mailing Address 27561 S SCHEER RD		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I2838f Amount of Each Disbursement this Period [REDACTED] 1362.27	
City MANHATTAN	State IL	Zip Code 60442	Category/ Type [REDACTED]
Purpose of Disbursement PAC PRINTING		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. ANEDOT		Date of Disbursement MM / DD / YYYY 01 / 17 / 2023	
Mailing Address PO BOX 84314		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I2702f Amount of Each Disbursement this Period [REDACTED] 17.36	
City BATON ROUGE	State LA	Zip Code 70884-4314	Category/ Type [REDACTED]
Purpose of Disbursement PAC CC TRANSACTION FEES		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. ANEDOT		Date of Disbursement MM / DD / YYYY 01 / 31 / 2023	
Mailing Address PO BOX 84314		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I2828 Amount of Each Disbursement this Period [REDACTED] 10.60	
City BATON ROUGE	State LA	Zip Code 70884-4314	Category/ Type [REDACTED]
Purpose of Disbursement PAC CC TRANSACTION FEES		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

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

[REDACTED] 1390.23

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. ANEDOT

Full Name (Last, First, Middle Initial)

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: 02 / 28 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I2828

Amount of Each Disbursement this Period: 187.02

Memo Item

B. ANEDOT

Full Name (Last, First, Middle Initial)

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: 03 / 28 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I2828

Amount of Each Disbursement this Period: 51.30

Memo Item

C. ANEDOT

Full Name (Last, First, Middle Initial)

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: 04 / 18 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I2828

Amount of Each Disbursement this Period: 42.24

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 280.56

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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. ANEDOT

Full Name (Last, First, Middle Initial)

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: 04 / 25 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I2834

Amount of Each Disbursement this Period: 7.90

Memo Item

B. ANEDOT

Full Name (Last, First, Middle Initial)

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: 05 / 30 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I29384

Amount of Each Disbursement this Period: 25.40

Memo Item

C. ANEDOT

Full Name (Last, First, Middle Initial)

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: 06 / 28 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I2938

Amount of Each Disbursement this Period: 15.60

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 48.90

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. CITICARDS

Mailing Address PO BOX 790002

City
SAINT LOUIS

State
MO

Zip Code
63179-0002

Purpose of Disbursement
SEE MEMO ENTRIES

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	3		1	4		2	0	2	3

FEC Identification Number

C

Transaction ID : SB21B.I2723
Amount of Each Disbursement this Period

4321.53

Memo Item

Full Name (Last, First, Middle Initial)

B. APPLE

Mailing Address 5715 N CENTERPARK WAY

City
MILWAUKEE

State
WI

Zip Code
53217-4535

Purpose of Disbursement
PAC WIRELESS SERVICE

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	2	3

FEC Identification Number

C

Transaction ID : SB21B.I2724
Amount of Each Disbursement this Period

2494.75

Memo Item

Full Name (Last, First, Middle Initial)

C. CITICARDS

Mailing Address PO BOX 790002

City
SAINT LOUIS

State
MO

Zip Code
63179-0002

Purpose of Disbursement
PAC FINANCE CHARGES

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	3		1	4		2	0	2	3

FEC Identification Number

C

Transaction ID : SB21B.I2724
Amount of Each Disbursement this Period

34.44

Memo Item

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

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

4321.53

**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. DISCOUNT TIRE

Full Name (Last, First, Middle Initial)

Mailing Address 1719 W JEFFERSON ST

City JOLIET State IL Zip Code 60435

Purpose of Disbursement PAC CAR MAINTENANCE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 14 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I2723i

Amount of Each Disbursement this Period: 1048.60

Memo Item

B. GSUITE

Full Name (Last, First, Middle Initial)

Mailing Address 1600 AMPHITHEATRE PKWY

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: 03 / 14 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I2724i

Amount of Each Disbursement this Period: 48.00

Memo Item

C. PENDRY

Full Name (Last, First, Middle Initial)

Mailing Address 230 MICHIGAN AVE.

City CHICAGO State IL Zip Code 60601

Purpose of Disbursement PAC LODGING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 14 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I2724i

Amount of Each Disbursement this Period: 421.66

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

Full Name (Last, First, Middle Initial)

A. CITICARDS

Mailing Address PO BOX 790002

City
SAINT LOUIS

State
MO

Zip Code
63179-0002

Purpose of Disbursement
SEE MEMO ENTRIES

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
04 / 17 / 2023

FEC Identification Number

C
Transaction ID : SB21B.I2826
Amount of Each Disbursement this Period
737.59

Memo Item

Full Name (Last, First, Middle Initial)

B. CITICARDS

Mailing Address PO BOX 790002

City
SAINT LOUIS

State
MO

Zip Code
63179-0002

Purpose of Disbursement
PAC FINANCE CHARGES

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
04 / 17 / 2023

FEC Identification Number

C
Transaction ID : SB21B.I28271
Amount of Each Disbursement this Period
38.75

Memo Item

Full Name (Last, First, Middle Initial)

C. CONRAD HOTEL

Mailing Address 950 NEW YORK AVE, NW

City
WASHINGTON

State
DC

Zip Code
20001

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
04 / 17 / 2023

FEC Identification Number

C
Transaction ID : SB21B.I2826
Amount of Each Disbursement this Period
384.60

Memo Item

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

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

737.59

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
01 / 18 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I2702

Amount of Each Disbursement this Period: 250.00

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
02 / 15 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I28284

Amount of Each Disbursement this Period: 250.00

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
03 / 15 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I2828

Amount of Each Disbursement this Period: 250.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 750.00

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. 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
04 / 17 / 2023

FEC Identification Number: C
Transaction ID : SB21B.I2828f
Amount of Each Disbursement this Period: 250.00

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
05 / 16 / 2023

FEC Identification Number: C
Transaction ID : SB21B.I29387
Amount of Each Disbursement this Period: 250.00

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
05 / 17 / 2023

FEC Identification Number: C
Transaction ID : SB21B.I2938
Amount of Each Disbursement this Period: 250.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 750.00

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. ILLINOIS DEPARTMENT OF REVENUE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		01		2023

Mailing Address PO BOX 19041

FEC Identification Number

C [REDACTED]
Transaction ID : SB21B.I2829
 Amount of Each Disbursement this Period
 [REDACTED] 557.18

City SPRINGFIELD State IL Zip Code 62794

Purpose of Disbursement
PAC TAXES

[REDACTED]
 Category/
 Type

Candidate Name

Office Sought: House
 Senate
 President
 State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

B. MANDARIN MACARON

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		28		2023

Mailing Address 1408 N TRAIL DR

FEC Identification Number

C [REDACTED]
Transaction ID : SB21B.I28254
 Amount of Each Disbursement this Period
 [REDACTED] 6372.89

City CARROLLTON State TX Zip Code 75006

Purpose of Disbursement
PAC FIELD CONSULTING

[REDACTED]
 Category/
 Type

Candidate Name

Office Sought: House
 Senate
 President
 State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

C. MANDARIN MACARON

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		27		2023

Mailing Address 1408 N TRAIL DR

FEC Identification Number

C [REDACTED]
Transaction ID : SB21B.I2836
 Amount of Each Disbursement this Period
 [REDACTED] 6140.00

City CARROLLTON State TX Zip Code 75006

Purpose of Disbursement
PAC FIELD CONSULTING

[REDACTED]
 Category/
 Type

Candidate Name

Office Sought: House
 Senate
 President
 State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Memo Item

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

[REDACTED] 13070.07

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. MANDARIN MACARON		Date of Disbursement MM / DD / YYYY 05 / 31 / 2023	
Mailing Address 1408 N TRAIL DR		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I2837I Amount of Each Disbursement this Period 6262.12	
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. MANDARIN MACARON		Date of Disbursement MM / DD / YYYY 06 / 30 / 2023	
Mailing Address 1408 N TRAIL DR		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I2939I Amount of Each Disbursement this Period 6503.00	
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. MERRIMACK POTOMAC & CHARLES LLC		Date of Disbursement MM / DD / YYYY 01 / 18 / 2023	
Mailing Address 20 TRAFALGAR SQ. STE 602		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I2704 Amount of Each Disbursement this Period 5000.00	
City NASHUA	State NH	Zip Code 03063	Category/ Type [REDACTED]
Purpose of Disbursement PAC COMMUNICATIONS & SOCIAL MEDIA 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) ▼		Memo Item <input type="checkbox"/>
State: District:			

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

17765.12

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. MERRIMACK POTOMAC & CHARLES LLC

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 20 TRAFALGAR SQ. STE 602

M M M	/	D D D	/	Y Y Y Y Y
02		07		2023

City
NASHUA

State
NH

Zip Code
03063

FEC Identification Number

Purpose of Disbursement
PAC COMMUNICATIONS & SOCIAL MEDIA CONSULTING

C

Candidate Name

Category/
Type

Transaction ID : SB21B.I2719:
Amount of Each Disbursement this Period

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

Amount of Each Disbursement this Period
4166.50

State: District:

Memo Item

B. NATIONBUILDER

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 520 S GRAND AVE

M M M	/	D D D	/	Y Y Y Y Y
01		18		2023

City
LOS ANGELES

State
CA

Zip Code
90071

FEC Identification Number

Purpose of Disbursement
PAC CC TRANSACTION FEES

C

Candidate Name

Category/
Type

Transaction ID : SB21B.I2702:
Amount of Each Disbursement this Period

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

Amount of Each Disbursement this Period
803.31

State: District:

Memo Item

C. NATIONBUILDER

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 520 S GRAND AVE

M M M	/	D D D	/	Y Y Y Y Y
01		31		2023

City
LOS ANGELES

State
CA

Zip Code
90071

FEC Identification Number

Purpose of Disbursement
PAC CC TRANSACTION FEES

C

Candidate Name

Category/
Type

Transaction ID : SB21B.I2829
Amount of Each Disbursement this Period

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

Amount of Each Disbursement this Period
781.77

State: District:

Memo Item

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

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

5751.58

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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. NATIONBUILDER

Mailing Address 520 S GRAND AVE

City
LOS ANGELES

State
CA

Zip Code
90071

Purpose of Disbursement
PAC CC TRANSACTION FEES

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
0	2		2	2		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2829

Amount of Each Disbursement this Period

[REDACTED] 1431.40

Memo Item

Full Name (Last, First, Middle Initial)

B. NORTH STAR OPINION RESEARCH

Mailing Address 112 N ALFRED ST

City
ALEXANDRIA

State
VA

Zip Code
22314

Purpose of Disbursement
PAC POLLING

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
0	1		2	6		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2716

Amount of Each Disbursement this Period

[REDACTED] 45000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. PAY PAL

Mailing Address 2211 N. 1ST ST.

City
SAN JOSE

State
CA

Zip Code
62682

Purpose of Disbursement
PAC CC TRANSACTION FEES

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
0	2		2	3		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2830

Amount of Each Disbursement this Period

[REDACTED] 225.06

Memo Item

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

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

[REDACTED] 46656.46

[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. PINK CILANTRO LLC		Date of Disbursement MM / DD / YYYY 01 / 03 / 2023
Mailing Address 11333 CHIMNEY ROCK RD.		FEC Identification Number C [] Transaction ID : SB21B.I2697 Amount of Each Disbursement this Period [] 29923.29
City HOUSTON	State TX	Zip Code 77035
Purpose of Disbursement PAC STRATEGY CONSULTING		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. PINK CILANTRO LLC		Date of Disbursement MM / DD / YYYY 01 / 06 / 2023
Mailing Address 11333 CHIMNEY ROCK RD.		FEC Identification Number C [] Transaction ID : SB21B.I27025 Amount of Each Disbursement this Period [] 10000.00
City HOUSTON	State TX	Zip Code 77035
Purpose of Disbursement PAC STRATEGY CONSULTING		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. PINK CILANTRO LLC		Date of Disbursement MM / DD / YYYY 01 / 26 / 2023
Mailing Address 11333 CHIMNEY ROCK RD.		FEC Identification Number C [] Transaction ID : SB21B.I2717 Amount of Each Disbursement this Period [] 5473.92
City HOUSTON	State TX	Zip Code 77035
Purpose of Disbursement PAC STRATEGY CONSULTING		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 45397.21
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. PINK CILANTRO LLC		Date of Disbursement MM / DD / YYYY 02 / 06 / 2023
Mailing Address 11333 CHIMNEY ROCK RD.		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I2719 Amount of Each Disbursement this Period 10000.00
City HOUSTON	State TX	Zip Code 77035
Purpose of Disbursement PAC STRATEGY CONSULTING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. PINK CILANTRO LLC		Date of Disbursement MM / DD / YYYY 02 / 17 / 2023
Mailing Address 11333 CHIMNEY ROCK RD.		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I2723 Amount of Each Disbursement this Period 10539.65
City HOUSTON	State TX	Zip Code 77035
Purpose of Disbursement PAC STRATEGY CONSULTING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. PINK CILANTRO LLC		Date of Disbursement MM / DD / YYYY 02 / 23 / 2023
Mailing Address 11333 CHIMNEY ROCK RD.		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I2723 Amount of Each Disbursement this Period 35877.99
City HOUSTON	State TX	Zip Code 77035
Purpose of Disbursement PAC STRATEGY CONSULTING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	56417.64
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. PINK CILANTRO LLC		Date of Disbursement MM / DD / YYYY 03 / 08 / 2023
Mailing Address 11333 CHIMNEY ROCK RD.		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I2830: Amount of Each Disbursement this Period 10000.00
City HOUSTON	State TX	Zip Code 77035
Purpose of Disbursement PAC STRATEGY CONSULTING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. PINK CILANTRO LLC		Date of Disbursement MM / DD / YYYY 03 / 15 / 2023
Mailing Address 11333 CHIMNEY ROCK RD.		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I28304 Amount of Each Disbursement this Period 100000.00
City HOUSTON	State TX	Zip Code 77035
Purpose of Disbursement PAC STRATEGY CONSULTING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. PROFESSIONAL DATA SERVICES		Date of Disbursement MM / DD / YYYY 01 / 26 / 2023
Mailing Address 824 S MILLEDGE AVE SUITE 101		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I2830 Amount of Each Disbursement this Period 530.92
City ATHENS	State GA	Zip Code 30605-1332
Purpose of Disbursement PAC COMPLIANCE SERVICES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

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

110530.92

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

MM / DD / YYYY
03 / 08 / 2023

FEC Identification Number

C
Transaction ID : SB21B.I2830
Amount of Each Disbursement this Period
533.20

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

MM / DD / YYYY
04 / 04 / 2023

FEC Identification Number

C
Transaction ID : SB21B.I2831f
Amount of Each Disbursement this Period
529.30

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

MM / DD / YYYY
04 / 25 / 2023

FEC Identification Number

C
Transaction ID : SB21B.I2834
Amount of Each Disbursement this Period
527.50

Memo Item

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

1590.00

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. 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
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 05 / 24 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I2837

Amount of Each Disbursement this Period: 527.50

Memo Item

Full Name (Last, First, Middle Initial)
B. RED RIVER CO. LLC

Mailing Address 8501 BAYSIDE ROAD SUITE C4-D

City CHESAPEAKE BEACH State MD Zip Code 20732

Purpose of Disbursement PAC FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 01 / 18 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I2704

Amount of Each Disbursement this Period: 3000.00

Memo Item

Full Name (Last, First, Middle Initial)
C. SCHEFFER & ASSOCIATES, P.C.

Mailing Address 550 BOB BLAIR DR

City MINOOKA State IL Zip Code 60447

Purpose of Disbursement PAC ACCOUNTING SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 01 / 17 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I2704

Amount of Each Disbursement this Period: 315.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 3842.50

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

A. SHOPIFY

Full Name (Last, First, Middle Initial)

Mailing Address 33 NEW MONTGOMERY ST, STE 750

City SAN FRANCISCO State CA Zip Code 94105

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: 03 / 31 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I2830i

Amount of Each Disbursement this Period: 294.27

Memo Item

B. SHOPIFY

Full Name (Last, First, Middle Initial)

Mailing Address 33 NEW MONTGOMERY ST, STE 750

City SAN FRANCISCO State CA Zip Code 94105

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: 02 / 22 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I2830i

Amount of Each Disbursement this Period: 130.78

Memo Item

C. SHOPIFY

Full Name (Last, First, Middle Initial)

Mailing Address 33 NEW MONTGOMERY ST, STE 750

City SAN FRANCISCO State CA Zip Code 94105

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: 04 / 26 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I2834

Amount of Each Disbursement this Period: 13.31

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 438.36

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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. SHOPIFY

Full Name (Last, First, Middle Initial)

Mailing Address 33 NEW MONTGOMERY ST, STE 750

City SAN FRANCISCO State CA Zip Code 94105

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: 05 / 31 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I2939

Amount of Each Disbursement this Period: 153.13

Memo Item

B. SHOPIFY

Full Name (Last, First, Middle Initial)

Mailing Address 33 NEW MONTGOMERY ST, STE 750

City SAN FRANCISCO State CA Zip Code 94105

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: 06 / 30 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I2939

Amount of Each Disbursement this Period: 165.38

Memo Item

C. 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 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I2717

Amount of Each Disbursement this Period: 3250.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 3568.51

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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 ENTRIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.I2697f

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. CORSOLUTIONS LLC

Mailing Address 607 4TH ST NE

City
WASHINGTON

State
DC

Zip Code
20002

Purpose of Disbursement
PAC STRATEGIC CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.I2697f

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. VISA

Mailing Address PO BOX 4513

City
CAROL STREAM

State
IL

Zip Code
60197-4513

Purpose of Disbursement
SEE MEMO ENTRIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.I2702

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. KIRWAN'S

Full Name (Last, First, Middle Initial)

Mailing Address 749 WHARF ST. SW

City WASHINGTON State DC Zip Code 20024

Purpose of Disbursement PAC EVENT CATERING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 12 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I2704'

Amount of Each Disbursement this Period: 1041.30

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

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 12 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I2704c

Amount of Each Disbursement this Period: 45.69

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 ENTRIES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 18 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I2704

Amount of Each Disbursement this Period: 11163.36

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 11163.36

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

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

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

FOR LINE NUMBER:
(check only one)

<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. FACEBOOK

Mailing Address 156 UNIVERSITY AVENUE

City
PALO ALTO

State
CA

Zip Code
94301-1688

Purpose of Disbursement
PAC ADVERTISING

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	1			1	8			2	0	2	3		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2704f

Amount of Each Disbursement this Period

[REDACTED] 10161.82

Memo Item

Full Name (Last, First, Middle Initial)

B. GSUITE

Mailing Address 1600 AMPHITHEATRE PKWY

City
MOUNTAIN VIEW

State
CA

Zip Code
94043

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2704f

Amount of Each Disbursement this Period

[REDACTED] 264.00

Memo Item

Full Name (Last, First, Middle Initial)

C. KAJABI

Mailing Address 17100 LAGUNA CANYON RD #100

City
IRVINE

State
CA

Zip Code
92618

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2715

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] 0.00

[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. VISA

Mailing Address PO BOX 4513

City
CAROL STREAM

State
IL

Zip Code
60197-4513

Purpose of Disbursement
SEE MEMO ENTRIES

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	2		0	1		2	0	2	3

FEC Identification Number

C []
Transaction ID : SB21B.I2718
Amount of Each Disbursement this Period
[] 3658.91 []

Memo Item

Full Name (Last, First, Middle Initial)

B. CORSOLUTIONS LLC

Mailing Address 607 4TH ST NE

City
WASHINGTON

State
DC

Zip Code
20002

Purpose of Disbursement
PAC STRATEGIC CONSULTING

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	2		0	1		2	0	2	3

FEC Identification Number

C []
Transaction ID : SB21B.I2718
Amount of Each Disbursement this Period
[] 3658.91 []

Memo Item

Full Name (Last, First, Middle Initial)

C. VISA

Mailing Address PO BOX 4513

City
CAROL STREAM

State
IL

Zip Code
60197-4513

Purpose of Disbursement
SEE MEMO ENTRIES

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	2		0	9		2	0	2	3

FEC Identification Number

C []
Transaction ID : SB21B.I2719
Amount of Each Disbursement this Period
[] 10678.37 []

Memo Item

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

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

[] 14337.28 []

[] [] [] [] [] [] [] [] [] []

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. FACEBOOK

Mailing Address 156 UNIVERSITY AVENUE

City
PALO ALTO

State
CA

Zip Code
94301-1688

Purpose of Disbursement
PAC ADVERTISING

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	2		0	9		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2719f

Amount of Each Disbursement this Period

[REDACTED] 10219.63

Memo Item

Full Name (Last, First, Middle Initial)

B. GSUITE

Mailing Address 1600 AMPHITHEATRE PKWY

City
MOUNTAIN VIEW

State
CA

Zip Code
94043

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
0	2		0	9		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2719f

Amount of Each Disbursement this Period

[REDACTED] 267.66

Memo Item

Full Name (Last, First, Middle Initial)

C. PRINTIFY.COM

Mailing Address 108 W 13TH ST

City
WILMINGTON

State
DE

Zip Code
19801

Purpose of Disbursement
PAC PRINTING & SHIPPING

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	2		0	9		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2719f

Amount of Each Disbursement this Period

[REDACTED] 176.04

Memo Item

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

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

[REDACTED] 0.00

[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. 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 ENTRIES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 22 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I27234

Amount of Each Disbursement this Period: 2180.36

Memo Item

B. PRINTFUL

Full Name (Last, First, Middle Initial)

Mailing Address 11025 WESTLAKE DR

City CHARLOTTE State NC Zip Code 28273

Purpose of Disbursement PAC PRINTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 22 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I27234

Amount of Each Disbursement this Period: 1000.00

Memo Item

C. 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

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 22 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I27234

Amount of Each Disbursement this Period: 46.37

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2180.36

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

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

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

FOR LINE NUMBER:
(check only one)

<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
PAC PRINTING & SHIPPING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 22 / 2023

FEC Identification Number

C
Transaction ID : SB21B.I2723
Amount of Each Disbursement this Period
1103.18

Memo Item

Full Name (Last, First, Middle Initial)

B. VISA

Mailing Address PO BOX 4513

City CAROL STREAM State IL Zip Code 60197-4513

Purpose of Disbursement
SEE MEMO ENTRIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify)

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2023

FEC Identification Number

C
Transaction ID : SB21B.I2724
Amount of Each Disbursement this Period
1197.93

Memo Item

Full Name (Last, First, Middle Initial)

C. DELAWARE CORP. & TAX

Mailing Address 401 FEDERAL ST #4

City DOVER State DE Zip Code 19901

Purpose of Disbursement
PAC FILING FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2023

FEC Identification Number

C
Transaction ID : SB21B.I2724
Amount of Each Disbursement this Period
216.00

Memo Item

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

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

1197.93

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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. FACEBOOK

Mailing Address 156 UNIVERSITY AVENUE

City PALO ALTO State CA Zip Code 94301-1688

Purpose of Disbursement
PAC ADVERTISING

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2023

FEC Identification Number

C
Transaction ID : SB21B.I2725
Amount of Each Disbursement this Period
591.39

Memo Item

Full Name (Last, First, Middle Initial)

B. GSUITE

Mailing Address 1600 AMPHITHEATRE PKWY

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

MM / DD / YYYY
03 / 14 / 2023

FEC Identification Number

C
Transaction ID : SB21B.I2724
Amount of Each Disbursement this Period
264.96

Memo Item

Full Name (Last, First, Middle Initial)

C. PRINTIFY.COM

Mailing Address 108 W 13TH ST

City WILMINGTON State DE Zip Code 19801

Purpose of Disbursement
PAC PRINTING & SHIPPING

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2023

FEC Identification Number

C
Transaction ID : SB21B.I2724
Amount of Each Disbursement this Period
90.58

Memo Item

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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 ENTRIES

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
0	3			0	2			2	0	2	3		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2823i

Amount of Each Disbursement this Period

[REDACTED] 390.00

Memo Item

Full Name (Last, First, Middle Initial)

B. ZOOM.COM

Mailing Address 55 ALMADEN BLVD, 6TH FL

City
SAN JOSE

State
CA

Zip Code
95113

Purpose of Disbursement
PAC CONFERENCE CALLS

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
0	3			0	2			2	0	2	3		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2823i

Amount of Each Disbursement this Period

[REDACTED] 390.00

Memo Item

Full Name (Last, First, Middle Initial)

C. VISA

Mailing Address PO BOX 4513

City
CAROL STREAM

State
IL

Zip Code
60197-4513

Purpose of Disbursement
SEE MEMO ENTRIES

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
0	4			1	2			2	0	2	3		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2825

Amount of Each Disbursement this Period

[REDACTED] 6796.97

Memo Item

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

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

[REDACTED] 7186.97

[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. PRINTFUL

Full Name (Last, First, Middle Initial)

Mailing Address 11025 WESTLAKE DR

City CHARLOTTE State NC Zip Code 28273

Purpose of Disbursement PAC PRINTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 12 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I2826I

Amount of Each Disbursement this Period: 2000.00

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

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 12 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I2825I

Amount of Each Disbursement this Period: 45.76

Memo Item

C. SHOPIFY

Full Name (Last, First, Middle Initial)

Mailing Address 33 NEW MONTGOMERY ST, STE 750

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement PAC PRINTING AND SHIPPING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 12 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I2826I

Amount of Each Disbursement this Period: 1858.98

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

Full Name (Last, First, Middle Initial)

A. FACEBOOK

Mailing Address 156 UNIVERSITY AVENUE

City
PALO ALTO

State
CA

Zip Code
94301-1688

Purpose of Disbursement
PAC ADVERTISING

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
0	4		1	8		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2827

Amount of Each Disbursement this Period

[REDACTED] 22915.71

Memo Item

Full Name (Last, First, Middle Initial)

B. GSUITE

Mailing Address 1600 AMPHITHEATRE PKWY

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

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	8		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2827

Amount of Each Disbursement this Period

[REDACTED] 543.04

Memo Item

Full Name (Last, First, Middle Initial)

C. PRINTIFY.COM

Mailing Address 108 W 13TH ST

City
WILMINGTON

State
DE

Zip Code
19801

Purpose of Disbursement
PAC PRINTING

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
0	4		1	8		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2827

Amount of Each Disbursement this Period

[REDACTED] 37.20

Memo Item

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

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

[REDACTED] 0.00

[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. 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 FINANCE CHARGES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 18 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I2827

Amount of Each Disbursement this Period: 209.67

Memo Item

B. 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 ENTRIES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 27 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I2830

Amount of Each Disbursement this Period: 5887.19

Memo Item

C. PRINTFUL

Full Name (Last, First, Middle Initial)

Mailing Address 11025 WESTLAKE DR

City CHARLOTTE State NC Zip Code 28273

Purpose of Disbursement PAC PRINTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 27 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I2831

Amount of Each Disbursement this Period: 3000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 5887.19

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

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

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

FOR LINE NUMBER:
(check only one)

<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. 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:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2831
Amount of Each Disbursement this Period

[REDACTED] 22.12

Memo Item

Full Name (Last, First, Middle Initial)

B. SHOPIFY

Mailing Address 33 NEW MONTGOMERY ST, STE 750

City
SAN FRANCISCO

State
CA

Zip Code
94105

Purpose of Disbursement
PAC PRINTING & SHIPPING

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		2	7		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2831
Amount of Each Disbursement this Period

[REDACTED] 2865.07

Memo Item

Full Name (Last, First, Middle Initial)

C. VISA

Mailing Address PO BOX 4513

City
CAROL STREAM

State
IL

Zip Code
60197-4513

Purpose of Disbursement
SEE MEMO ENTRIES

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	4		0	4		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2831
Amount of Each Disbursement this Period

[REDACTED] 1040.44

Memo Item

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

[REDACTED] 1040.44

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. BLACKLANE		Date of Disbursement MM / DD / YYYY 04 / 04 / 2023
Mailing Address 929 COLORADO AVENUE		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I28311 Amount of Each Disbursement this Period [REDACTED] 615.44
City SANTA MONICA	State CA	Zip Code 90401
Purpose of Disbursement PAC TRAVEL EXPENSE		Category/ Type [REDACTED]
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:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. ZOOM.COM		Date of Disbursement MM / DD / YYYY 04 / 04 / 2023
Mailing Address 55 ALMADEN BLVD, 6TH FL		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I28311 Amount of Each Disbursement this Period [REDACTED] 425.00
City SAN JOSE	State CA	Zip Code 95113
Purpose of Disbursement PAC CONFERENCE CALLS		Category/ Type [REDACTED]
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:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. VISA		Date of Disbursement MM / DD / YYYY 04 / 04 / 2023
Mailing Address PO BOX 4513		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I2832 Amount of Each Disbursement this Period [REDACTED] 483.87
City CAROL STREAM	State IL	Zip Code 60197-4513
Purpose of Disbursement SEE MEMO ENTRIES		Category/ Type [REDACTED]
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:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 483.87
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. CAPITOL HILL CLUB

Full Name (Last, First, Middle Initial)

Mailing Address 301 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement PAC MEETING EXPENSE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 04 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I2832

Amount of Each Disbursement this Period: 199.76

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

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 04 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I2832

Amount of Each Disbursement this Period: 14.35

Memo Item

C. USPS

Full Name (Last, First, Middle Initial)

Mailing Address 405 W MAIN STREET

City OTTAWA State IL Zip Code 61350-2801

Purpose of Disbursement PAC POSTAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 04 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I2832

Amount of Each Disbursement this Period: 103.30

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

Full Name (Last, First, Middle Initial)

A. VERIZON WIRELESS

Mailing Address PO BOX 660108

City
DALLAS

State
TX

Zip Code
75266-0108

Purpose of Disbursement
PAC WIRELESS SERVICE

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
0	4		0	4		2	0	2	3

FEC Identification Number

C []
Transaction ID : SB21B.I2832'
Amount of Each Disbursement this Period
[] 121.97

Memo Item

Full Name (Last, First, Middle Initial)

B. VISA

Mailing Address PO BOX 4513

City
CAROL STREAM

State
IL

Zip Code
60197-4513

Purpose of Disbursement
SEE MEMO ENTRIES

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
0	3		0	7		2	0	2	3

FEC Identification Number

C []
Transaction ID : SB21B.I2832'
Amount of Each Disbursement this Period
[] 12600.00

Memo Item

Full Name (Last, First, Middle Initial)

C. FACEBOOK

Mailing Address 156 UNIVERSITY AVENUE

City
PALO ALTO

State
CA

Zip Code
94301-1688

Purpose of Disbursement
PAC ADVERTISING

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
0	3		0	7		2	0	2	3

FEC Identification Number

C []
Transaction ID : SB21B.I2832'
Amount of Each Disbursement this Period
[] 12600.00

Memo Item

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

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

[]	12600.00
-----	----------

[]	
-----	--

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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. PSM AVIATION

Mailing Address 3900 LIVINGSTON RD.

City INDIAN HEAD State MD Zip Code 20640

Purpose of Disbursement
PAC AIRCRAFT HANGAR

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
03 / 08 / 2023

FEC Identification Number

C
Transaction ID : SB21B.I2833
Amount of Each Disbursement this Period
584.78

Memo Item

Full Name (Last, First, Middle Initial)

B. SHOPIFY

Mailing Address 33 NEW MONTGOMERY ST, STE 750

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement
PAC PRINTING & SHIPPING

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
03 / 08 / 2023

FEC Identification Number

C
Transaction ID : SB21B.I2833
Amount of Each Disbursement this Period
1292.23

Memo Item

Full Name (Last, First, Middle Initial)

C. TRAVEL GUARD

Mailing Address 3300 BUSINESS PARK DR

City STEVENS POINT State WI Zip Code 54482

Purpose of Disbursement
PAC TRAVEL EXPENSE

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
03 / 08 / 2023

FEC Identification Number

C
Transaction ID : SB21B.I2833
Amount of Each Disbursement this Period
78.90

Memo Item

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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. 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 TRAVEL EXPENSE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 08 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I2833f

Amount of Each Disbursement this Period: 2061.70

Memo Item

B. 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 ENTRIES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 09 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I2833f

Amount of Each Disbursement this Period: 5400.00

Memo Item

C. FACEBOOK

Full Name (Last, First, Middle Initial)

Mailing Address 156 UNIVERSITY AVENUE

City PALO ALTO State CA Zip Code 94301-1688

Purpose of Disbursement PAC ADVERTISING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 09 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I2833f

Amount of Each Disbursement this Period: 5400.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 5400.00

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. VISA

Mailing Address PO BOX 4513

City
CAROL STREAM

State
IL

Zip Code
60197-4513

Purpose of Disbursement
SEE MEMO ENTRIES

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:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2833I

Amount of Each Disbursement this Period

[REDACTED] 1238.78

Memo Item

Full Name (Last, First, Middle Initial)

B. PSM AVIATION

Mailing Address 3900 LIVINGSTON RD.

City
INDIAN HEAD

State
MD

Zip Code
20640

Purpose of Disbursement
PAC AIRCRAFT HANGAR

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:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2834I

Amount of Each Disbursement this Period

[REDACTED] 1238.78

Memo Item

Full Name (Last, First, Middle Initial)

C. VISA

Mailing Address PO BOX 4513

City
CAROL STREAM

State
IL

Zip Code
60197-4513

Purpose of Disbursement
SEE MEMO ENTRIES

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:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2837

Amount of Each Disbursement this Period

[REDACTED] 2146.86

Memo Item

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

[REDACTED] 3385.64

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. PRINTIFY.COM

Mailing Address 108 W 13TH ST

City
WILMINGTON

State
DE

Zip Code
19801

Purpose of Disbursement
PAC PRINTING & SHIPPING

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	5		1	0		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2837!

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. SHOPIFY

Mailing Address 33 NEW MONTGOMERY ST, STE 750

City
SAN FRANCISCO

State
CA

Zip Code
94105

Purpose of Disbursement
PAC PRINTING & SHIPPING

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	5		1	0		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2837!

Amount of Each Disbursement this Period

[REDACTED] 1089.36

Memo Item

Full Name (Last, First, Middle Initial)

C. VISA

Mailing Address PO BOX 4513

City
CAROL STREAM

State
IL

Zip Code
60197-4513

Purpose of Disbursement
SEE MEMO ENTRIES

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	6		0	9		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2837!

Amount of Each Disbursement this Period

[REDACTED] 1969.06

Memo Item

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

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

[REDACTED] 1969.06

[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. PRINTFUL

Mailing Address 11025 WESTLAKE DR

City CHARLOTTE State NC Zip Code 28273

Purpose of Disbursement
PAC PRINTING

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. 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

State: District:

Disbursement For: Primary General Other (specify) ▼

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

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 09 / 2023

FEC Identification Number

C

Transaction ID : SB21B.I2838

Amount of Each Disbursement this Period

1000.00

Memo Item

Date of Disbursement

MM / DD / YYYY
06 / 09 / 2023

FEC Identification Number

C

Transaction ID : SB21B.I2838

Amount of Each Disbursement this Period

22.84

Memo Item

Date of Disbursement

MM / DD / YYYY
06 / 09 / 2023

FEC Identification Number

C

Transaction ID : SB21B.I2838

Amount of Each Disbursement this Period

25.31

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

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
PAC PRINTING & SHIPPING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 09 / 2023

FEC Identification Number

C
Transaction ID : SB21B.I2838
Amount of Each Disbursement this Period
832.66

Memo Item

Full Name (Last, First, Middle Initial)

B. VISA

Mailing Address PO BOX 4513

City CAROL STREAM State IL Zip Code 60197-4513

Purpose of Disbursement
SEE MEMO ENTRIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 13 / 2023

FEC Identification Number

C
Transaction ID : SB21B.I2937
Amount of Each Disbursement this Period
1506.81

Memo Item

Full Name (Last, First, Middle Initial)

C. GSUITE

Mailing Address 1600 AMPHITHEATRE PKWY

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) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 13 / 2023

FEC Identification Number

C
Transaction ID : SB21B.I2937
Amount of Each Disbursement this Period
256.40

Memo Item

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

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

1506.81

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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. PRINTIFY.COM

Date of Disbursement
MM / DD / YYYY
06 / 13 / 2023

Mailing Address 108 W 13TH ST

City WILMINGTON State DE Zip Code 19801

Purpose of Disbursement
PAC PRINTING & SHIPPING

Candidate Name

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

State: District:

FEC Identification Number
C
Transaction ID : **SB21B.I2938I**
Amount of Each Disbursement this Period
51.85

Memo Item

Full Name (Last, First, Middle Initial)
B. PSM AVIATION

Date of Disbursement
MM / DD / YYYY
06 / 13 / 2023

Mailing Address 3900 LIVINGSTON RD.

City INDIAN HEAD State MD Zip Code 20640

Purpose of Disbursement
PAC AIRCRAFT HANGAR

Candidate Name

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

State: District:

FEC Identification Number
C
Transaction ID : **SB21B.I2937I**
Amount of Each Disbursement this Period
1169.56

Memo Item

Full Name (Last, First, Middle Initial)
C. WHEELERHOUSE LLC

Date of Disbursement
MM / DD / YYYY
01 / 06 / 2023

Mailing Address 1851 3RD ST NW

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
PAC FUNDRAISING CONSULTING

Candidate Name

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

State: District:

FEC Identification Number
C
Transaction ID : **SB21B.I270I**
Amount of Each Disbursement this Period
2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2500.00

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. WHEELERHOUSE LLC		Date of Disbursement MM / DD / YYYY 02 / 02 / 2023	
Mailing Address 1851 3RD ST NW		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I2718! Amount of Each Disbursement this Period 2500.00	
City WASHINGTON	State DC	Zip Code 20001	Category/ Type
Purpose of Disbursement PAC FUNDRAISING CONSULTING			
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. WHEELERHOUSE LLC		Date of Disbursement MM / DD / YYYY 03 / 06 / 2023	
Mailing Address 1851 3RD ST NW		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I2824C Amount of Each Disbursement this Period 2500.00	
City WASHINGTON	State DC	Zip Code 20001	Category/ Type
Purpose of Disbursement PAC FUNDRAISING CONSULTING			
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. WHEELERHOUSE LLC		Date of Disbursement MM / DD / YYYY 03 / 23 / 2023	
Mailing Address 1851 3RD ST NW		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I2831 Amount of Each Disbursement this Period 2000.00	
City WASHINGTON	State DC	Zip Code 20001	Category/ Type
Purpose of Disbursement PAC FUNDRAISING CONSULTING			
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).....▶	7000.00
TOTAL This Period (last page this line number only).....▶	567781.66

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

A. CHRIS CHRISTIE FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial)
CHRIS CHRISTIE FOR PRESIDENT, INC.

Date of Disbursement: MM / DD / YYYY
06 / 23 / 2023

Mailing Address: 613 WASHINGTON BLVD #1381

City: JERSEY CITY | State: NJ | Zip Code: 07310

Purpose of Disbursement: CONTRIBUTION

Candidate Name: CHRISTIE, CHRIS, , ,

Office Sought: House Senate President

Disbursement For: 2024
 Primary General
 Other (specify) PRIMARY

State: US | District:

FEC Identification Number: C00842237
Transaction ID : SB23.I29386
Amount of Each Disbursement this Period: 5000.00

Memo Item

B. CLINT SMITH FOR CONGRESS

Full Name (Last, First, Middle Initial)
CLINT SMITH FOR CONGRESS

Date of Disbursement: MM / DD / YYYY
06 / 16 / 2023

Mailing Address: 9221 E BASELINE ROAD #109 PMB 412

City: MESA | State: AZ | Zip Code: 85209

Purpose of Disbursement: CONTRIBUTION

Candidate Name: SMITH, CLINT, WILLIAM, ,

Office Sought: House Senate President

Disbursement For: 2024
 Primary General
 Other (specify) PRIMARY

State: AZ | District: 05

FEC Identification Number: C00800979
Transaction ID : SB23.I29381
Amount of Each Disbursement this Period: 2500.00

Memo Item

C.

Full Name (Last, First, Middle Initial)

Date of Disbursement: MM / DD / YYYY

Mailing Address

City | State | Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For:
 Primary General
 Other (specify)

State: | District:

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	7500.00
TOTAL This Period (last page this line number only).....▶	7500.00

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

A. FRIENDS OF JAMES K RILEY

Full Name (Last, First, Middle Initial)
Mailing Address 309 E WASHINGTON ST

City GARDNER State IL Zip Code 60424

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: 05 / 10 / 2023

FEC Identification Number: C
Transaction ID : SB29.I28372
Amount of Each Disbursement this Period: 500.00

Memo Item

B. FRIENDS OF SETH BLUESTEIN

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 25912

City PHILADELPHIA State PA Zip Code 19128

Purpose of Disbursement
CONTRIBUTION(STATE/LOCAL COMMITTEE)

Candidate Name

Office Sought: House Senate President
Disbursement For: 2024 Primary General Other (specify) PRIMARY

State: District:

Date of Disbursement: 06 / 16 / 2023

FEC Identification Number: C
Transaction ID : SB29.I29382
Amount of Each Disbursement this Period: 3000.00

Memo Item

C. COUNTRY FIRST FOUNDATION

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 2385

City OTTAWA State IL Zip Code 61350

Purpose of Disbursement
DONATION

Candidate Name

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

State: District:

Date of Disbursement: 03 / 15 / 2023

FEC Identification Number: C
Transaction ID : SB29.I28241
Amount of Each Disbursement this Period: 14500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 18000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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. COUNTRY FIRST ACTION

Mailing Address PO BOX 2385

City
OTTAWA

State
IL

Zip Code
61350

Purpose of Disbursement
DONATION

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB29.I28289
Amount of Each Disbursement this Period

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
DONATION

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB29.I28290
Amount of Each Disbursement this Period

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
DONATION

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB29.I29390
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 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. COUNTRY FIRST ACTION

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 2385

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2023

City
OTTAWA

State
IL

Zip Code
61350

FEC Identification Number

Purpose of Disbursement
DONATION

C

Candidate Name

Category/
Type

Transaction ID : SB29.I29391

Amount of Each Disbursement this Period

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

2000.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

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

City

State

Zip Code

FEC Identification Number

Purpose of Disbursement

C

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

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Memo Item

C.

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

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

City

State

Zip Code

FEC Identification Number

Purpose of Disbursement

C

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

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Memo Item

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

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

2000.00

90500.00
