

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

USA First PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		201182.11
(b) Cash on Hand at Beginning of Reporting Period.....	105849.97	
(c) Total Receipts (from Line 19)	8033.06	68672.52
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	113883.03	269854.63
7. Total Disbursements (from Line 31).....	41019.09	196990.69
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	72863.94	72863.94
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

USA First PAC

Report Covering the Period: From: 07 / 01 / 2015 To: 12 / 31 / 2015

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).....	6405.00	37055.00
(ii) Unitemized	1628.06	31617.52
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	8033.06	68672.52
(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)	8033.06	68672.52
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	8033.06	68672.52
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	8033.06	68672.52

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	35819.09	182789.69
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	35819.09	182789.69
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	2500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	200.00	700.00
(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)).....	200.00	700.00
29. Other Disbursements	5000.00	11001.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	41019.09	196990.69
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	41019.09	196990.69

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	8033.06	68672.52
34. Total Contribution Refunds (from Line 28(d))	200.00	700.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7833.06	67972.52
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	35819.09	182789.69
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	35819.09	182789.69

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
USA First PAC

A. BEVERLY DOSSETT
Full Name (Last, First, Middle Initial)

Mailing Address 107 HILTON HEAD ISLAND DRIVE

City	State	Zip Code
MABANK	TX	75156-9325

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

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 16 / 2015

Transaction ID : SA11.1053958

Amount of Each Receipt this Period
25.00

CONTRIBUTION

B. BEVERLY DOSSETT
Full Name (Last, First, Middle Initial)

Mailing Address 107 HILTON HEAD ISLAND DRIVE

City	State	Zip Code
MABANK	TX	75156-9325

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

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 16 / 2015

Transaction ID : SA11.241373

Amount of Each Receipt this Period
25.00

CONTRIBUTION

C. BEVERLY DOSSETT
Full Name (Last, First, Middle Initial)

Mailing Address 107 HILTON HEAD ISLAND DRIVE

City	State	Zip Code
MABANK	TX	75156-9325

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

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 16 / 2015

Transaction ID : SA11.336257

Amount of Each Receipt this Period
25.00

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 7 OF 81
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USA First PAC

A. BEVERLY DOSSETT
Full Name (Last, First, Middle Initial)
Mailing Address 107 HILTON HEAD ISLAND DRIVE

City MABANK	State TX	Zip Code 75156-9325
----------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
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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
09	/	16	/	2015

Transaction ID : SA11.499575

Amount of Each Receipt this Period

25.00

CONTRIBUTION

B. BEVERLY DOSSETT
Full Name (Last, First, Middle Initial)
Mailing Address 107 HILTON HEAD ISLAND DRIVE

City MABANK	State TX	Zip Code 75156-9325
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FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11.689199

Amount of Each Receipt this Period

25.00

CONTRIBUTION

C. BEVERLY DOSSETT
Full Name (Last, First, Middle Initial)
Mailing Address 107 HILTON HEAD ISLAND DRIVE

City MABANK	State TX	Zip Code 75156-9325
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FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
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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
11	/	16	/	2015

Transaction ID : SA11.939417

Amount of Each Receipt this Period

25.00

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 8 OF 81
(check only one)

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

A. WARREN ELLIOTT
Full Name (Last, First, Middle Initial)
Mailing Address 245 SALEM RD
City POUND RIDGE State NY Zip Code 10576-1326
FEC ID number of contributing federal political committee. **C**
Name of Employer RETIRED Occupation RETIRED
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt 12 / 16 / 2015
Transaction ID : SA11.1053977
Amount of Each Receipt this Period 25.00
CONTRIBUTION

B. WARREN ELLIOTT
Full Name (Last, First, Middle Initial)
Mailing Address 245 SALEM RD
City POUND RIDGE State NY Zip Code 10576-1326
FEC ID number of contributing federal political committee. **C**
Name of Employer RETIRED Occupation RETIRED
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt 07 / 16 / 2015
Transaction ID : SA11.241404
Amount of Each Receipt this Period 25.00
CONTRIBUTION

C. WARREN ELLIOTT
Full Name (Last, First, Middle Initial)
Mailing Address 245 SALEM RD
City POUND RIDGE State NY Zip Code 10576-1326
FEC ID number of contributing federal political committee. **C**
Name of Employer RETIRED Occupation RETIRED
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt 08 / 16 / 2015
Transaction ID : SA11.336287
Amount of Each Receipt this Period 25.00
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 9 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USA First PAC

A. WARREN ELLIOTT
Full Name (Last, First, Middle Initial)
Mailing Address 245 SALEM RD

City POUND RIDGE	State NY	Zip Code 10576-1326
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2015

Transaction ID : SA11.499602

Amount of Each Receipt this Period

25.00

CONTRIBUTION

B. WARREN ELLIOTT
Full Name (Last, First, Middle Initial)
Mailing Address 245 SALEM RD

City POUND RIDGE	State NY	Zip Code 10576-1326
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11.689223

Amount of Each Receipt this Period

25.00

CONTRIBUTION

C. WARREN ELLIOTT
Full Name (Last, First, Middle Initial)
Mailing Address 245 SALEM RD

City POUND RIDGE	State NY	Zip Code 10576-1326
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FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
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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
11	/	16	/	2015

Transaction ID : SA11.939439

Amount of Each Receipt this Period

25.00

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 10 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USA First PAC

A. LYNNE GALE
Full Name (Last, First, Middle Initial)

Mailing Address 203 S 2ND ST

City LEWISBURG State PA Zip Code 17837-1905

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2015
Transaction ID : SA11.1053966

Amount of Each Receipt this Period
 30.00

CONTRIBUTION

B. LYNNE GALE
Full Name (Last, First, Middle Initial)

Mailing Address 203 S 2ND ST

City LEWISBURG State PA Zip Code 17837-1905

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 16 / 2015
Transaction ID : SA11.241389

Amount of Each Receipt this Period
 30.00

CONTRIBUTION

C. LYNNE GALE
Full Name (Last, First, Middle Initial)

Mailing Address 203 S 2ND ST

City LEWISBURG State PA Zip Code 17837-1905

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2015
Transaction ID : SA11.336272

Amount of Each Receipt this Period
 30.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 90.00

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 81
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USA First PAC

A. LYNNE GALE
Full Name (Last, First, Middle Initial)
Mailing Address 203 S 2ND ST

City LEWISBURG	State PA	Zip Code 17837-1905
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2015

Transaction ID : SA11.499588

Amount of Each Receipt this Period

30.00

CONTRIBUTION

B. LYNNE GALE
Full Name (Last, First, Middle Initial)
Mailing Address 203 S 2ND ST

City LEWISBURG	State PA	Zip Code 17837-1905
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11.689209

Amount of Each Receipt this Period

30.00

CONTRIBUTION

C. LYNNE GALE
Full Name (Last, First, Middle Initial)
Mailing Address 203 S 2ND ST

City LEWISBURG	State PA	Zip Code 17837-1905
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2015

Transaction ID : SA11.939426

Amount of Each Receipt this Period

30.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	90.00
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 12 OF 81
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	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USA First PAC

A. SUSAN HEINRICH
Full Name (Last, First, Middle Initial)

Mailing Address 14218 KIMBERLY CIR

City LAKE OSWEGO State OR Zip Code 97035-2360

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2015
Transaction ID : SA11.1053962

Amount of Each Receipt this Period
 25.00

CONTRIBUTION

B. SUSAN HEINRICH
Full Name (Last, First, Middle Initial)

Mailing Address 14218 KIMBERLY CIR

City LAKE OSWEGO State OR Zip Code 97035-2360

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 16 / 2015
Transaction ID : SA11.241380

Amount of Each Receipt this Period
 25.00

CONTRIBUTION

C. SUSAN HEINRICH
Full Name (Last, First, Middle Initial)

Mailing Address 14218 KIMBERLY CIR

City LAKE OSWEGO State OR Zip Code 97035-2360

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2015
Transaction ID : SA11.336264

Amount of Each Receipt this Period
 25.00

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 13 OF 81
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USA First PAC

A. SUSAN HEINRICH
Full Name (Last, First, Middle Initial)

Mailing Address 14218 KIMBERLY CIR

City LAKE OSWEGO State OR Zip Code 97035-2360

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 16 / 2015
Transaction ID : SA11.499581

Amount of Each Receipt this Period
 25.00

CONTRIBUTION

B. SUSAN HEINRICH
Full Name (Last, First, Middle Initial)

Mailing Address 14218 KIMBERLY CIR

City LAKE OSWEGO State OR Zip Code 97035-2360

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 16 / 2015
Transaction ID : SA11.689204

Amount of Each Receipt this Period
 25.00

CONTRIBUTION

C. SUSAN HEINRICH
Full Name (Last, First, Middle Initial)

Mailing Address 14218 KIMBERLY CIR

City LAKE OSWEGO State OR Zip Code 97035-2360

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 16 / 2015
Transaction ID : SA11.939421

Amount of Each Receipt this Period
 25.00

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 14 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USA First PAC

A. LINDA JACOBS
Full Name (Last, First, Middle Initial)
Mailing Address 3748 ERLY ROAD

City ELLIOTTSBURG	State PA	Zip Code 17024-9311
----------------------	-------------	------------------------

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

Name of Employer HOLY SPIRIT HOSPITAL	Occupation REGISTERED NURSE
--	--------------------------------

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
12	/	16	/	2015

Transaction ID : SA11.1053960

Amount of Each Receipt this Period

25.00

CONTRIBUTION

B. LINDA JACOBS
Full Name (Last, First, Middle Initial)
Mailing Address 3748 ERLY ROAD

City ELLIOTTSBURG	State PA	Zip Code 17024-9311
----------------------	-------------	------------------------

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

Name of Employer HOLY SPIRIT HOSPITAL	Occupation REGISTERED NURSE
--	--------------------------------

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
07	/	16	/	2015

Transaction ID : SA11.241378

Amount of Each Receipt this Period

25.00

CONTRIBUTION

C. LINDA JACOBS
Full Name (Last, First, Middle Initial)
Mailing Address 3748 ERLY ROAD

City ELLIOTTSBURG	State PA	Zip Code 17024-9311
----------------------	-------------	------------------------

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

Name of Employer HOLY SPIRIT HOSPITAL	Occupation REGISTERED NURSE
--	--------------------------------

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
08	/	16	/	2015

Transaction ID : SA11.336262

Amount of Each Receipt this Period

25.00

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 15 OF 81
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USA First PAC

A. LINDA JACOBS
Full Name (Last, First, Middle Initial)

Mailing Address 3748 ERLY ROAD

City ELLIOTTSBURG State PA Zip Code 17024-9311

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

Name of Employer HOLY SPIRIT HOSPITAL Occupation REGISTERED NURSE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 16 / 2015
Transaction ID : SA11.499579

Amount of Each Receipt this Period 25.00

CONTRIBUTION

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

Mailing Address 3748 ERLY ROAD

City ELLIOTTSBURG State PA Zip Code 17024-9311

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

Name of Employer HOLY SPIRIT HOSPITAL Occupation REGISTERED NURSE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 16 / 2015
Transaction ID : SA11.689202

Amount of Each Receipt this Period 25.00

CONTRIBUTION

C. LINDA JACOBS
Full Name (Last, First, Middle Initial)

Mailing Address 3748 ERLY ROAD

City ELLIOTTSBURG State PA Zip Code 17024-9311

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

Name of Employer HOLY SPIRIT HOSPITAL Occupation REGISTERED NURSE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 16 / 2015
Transaction ID : SA11.939419

Amount of Each Receipt this Period 25.00

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 16 OF 81
	<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)
USA First PAC

A. IRENE KISH
Full Name (Last, First, Middle Initial)

Mailing Address 2107 W. CHATEAU AVE.

City ANAHEIM	State CA	Zip Code 92804-4412
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2015
Transaction ID : SA11.1053965

Amount of Each Receipt this Period
25.00

CONTRIBUTION

B. IRENE KISH
Full Name (Last, First, Middle Initial)

Mailing Address 2107 W. CHATEAU AVE.

City ANAHEIM	State CA	Zip Code 92804-4412
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 16 / 2015
Transaction ID : SA11.241384

Amount of Each Receipt this Period
25.00

CONTRIBUTION

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

Mailing Address 2107 W. CHATEAU AVE.

City ANAHEIM	State CA	Zip Code 92804-4412
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2015
Transaction ID : SA11.336268

Amount of Each Receipt this Period
25.00

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 17 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USA First PAC

Full Name (Last, First, Middle Initial)
A. IRENE KISH

Mailing Address 2107 W. CHATEAU AVE.

City ANAHEIM State CA Zip Code 92804-4412

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 16 / 2015

Transaction ID : SA11.499585

Amount of Each Receipt this Period
25.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. IRENE KISH

Mailing Address 2107 W. CHATEAU AVE.

City ANAHEIM State CA Zip Code 92804-4412

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 16 / 2015

Transaction ID : SA11.689207

Amount of Each Receipt this Period
25.00

CONTRIBUTION

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

Mailing Address 2107 W. CHATEAU AVE.

City ANAHEIM State CA Zip Code 92804-4412

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 16 / 2015

Transaction ID : SA11.939424

Amount of Each Receipt this Period
25.00

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 18 OF 81
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USA First PAC

A. STEPHEN LAMBERT
Full Name (Last, First, Middle Initial)

Mailing Address 3138 SHAWNEE DR.

City SUGAR LAND	State TX	Zip Code 77479-1648
--------------------	-------------	------------------------

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

Name of Employer CHEVRON	Occupation GEOPHYSICIST
-----------------------------	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 16 / 2015
Transaction ID : SA11.241402

Amount of Each Receipt this Period
100.00

CONTRIBUTION

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

Mailing Address 3138 SHAWNEE DR.

City SUGAR LAND	State TX	Zip Code 77479-1648
--------------------	-------------	------------------------

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

Name of Employer CHEVRON	Occupation GEOPHYSICIST
-----------------------------	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2015
Transaction ID : SA11.336285

Amount of Each Receipt this Period
100.00

CONTRIBUTION

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

Mailing Address 3138 SHAWNEE DR.

City SUGAR LAND	State TX	Zip Code 77479-1648
--------------------	-------------	------------------------

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

Name of Employer CHEVRON	Occupation GEOPHYSICIST
-----------------------------	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 16 / 2015
Transaction ID : SA11.499600

Amount of Each Receipt this Period
100.00

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 19 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USA First PAC

A. STEPHEN LAMBERT
Full Name (Last, First, Middle Initial)

Mailing Address 3138 SHAWNEE DR.

City SUGAR LAND	State TX	Zip Code 77479-1648
--------------------	-------------	------------------------

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

Name of Employer CHEVRON	Occupation GEOPHYSICIST
-----------------------------	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2015

Transaction ID : SA11.689221

Amount of Each Receipt this Period
100.00

CONTRIBUTION

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

Mailing Address 3138 SHAWNEE DR.

City SUGAR LAND	State TX	Zip Code 77479-1648
--------------------	-------------	------------------------

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

Name of Employer CHEVRON	Occupation GEOPHYSICIST
-----------------------------	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		16		2015

Transaction ID : SA11.939437

Amount of Each Receipt this Period
100.00

CONTRIBUTION

C. GEORGE LANDSVERK
Full Name (Last, First, Middle Initial)

Mailing Address 2055 ADRIEL DRIVE

City FORT COLLINS	State CO	Zip Code 80524-5004
----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		16		2015

Transaction ID : SA11.241395

Amount of Each Receipt this Period
50.00

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 20 OF 81
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USA First PAC

A. GEORGE LANDSVERK
Full Name (Last, First, Middle Initial)
Mailing Address 2055 ADRIEL DRIVE

City FORT COLLINS	State CO	Zip Code 80524-5004
----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2015
Transaction ID : SA11.336278

Amount of Each Receipt this Period
 50.00

CONTRIBUTION

B. GEORGE LANDSVERK
Full Name (Last, First, Middle Initial)
Mailing Address 2055 ADRIEL DRIVE

City FORT COLLINS	State CO	Zip Code 80524-5004
----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 16 / 2015
Transaction ID : SA11.499593

Amount of Each Receipt this Period
 50.00

CONTRIBUTION

C. GEORGE LANDSVERK
Full Name (Last, First, Middle Initial)
Mailing Address 2055 ADRIEL DRIVE

City FORT COLLINS	State CO	Zip Code 80524-5004
----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 16 / 2015
Transaction ID : SA11.689214

Amount of Each Receipt this Period
 50.00

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 21 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USA First PAC

A. MRS. BETTY J. LINCOLN
Full Name (Last, First, Middle Initial)

Mailing Address 246 WHISTLETOWN RD

City EAST LYME State CT Zip Code 06333-1030

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 16 / 2015
Transaction ID : SA11.241368

Amount of Each Receipt this Period
 25.00

CONTRIBUTION

B. BARBARA MCGRAW
Full Name (Last, First, Middle Initial)

Mailing Address BOX 463

City MOUNT HERMON State CA Zip Code 95041-0463

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2015
Transaction ID : SA11.1053967

Amount of Each Receipt this Period
 25.00

CONTRIBUTION

C. BARBARA MCGRAW
Full Name (Last, First, Middle Initial)

Mailing Address BOX 463

City MOUNT HERMON State CA Zip Code 95041-0463

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 16 / 2015
Transaction ID : SA11.241390

Amount of Each Receipt this Period
 25.00

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 22 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USA First PAC

A. BARBARA MCGRAW
Full Name (Last, First, Middle Initial)
Mailing Address BOX 463

City MOUNT HERMON	State CA	Zip Code 95041-0463
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Date of Receipt
MM / DD / YYYY
08 / 16 / 2015
Transaction ID : SA11.336273

Amount of Each Receipt this Period
25.00

CONTRIBUTION

B. BARBARA MCGRAW
Full Name (Last, First, Middle Initial)
Mailing Address BOX 463

City MOUNT HERMON	State CA	Zip Code 95041-0463
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Date of Receipt
MM / DD / YYYY
09 / 16 / 2015
Transaction ID : SA11.499589

Amount of Each Receipt this Period
25.00

CONTRIBUTION

C. BARBARA MCGRAW
Full Name (Last, First, Middle Initial)
Mailing Address BOX 463

City MOUNT HERMON	State CA	Zip Code 95041-0463
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Date of Receipt
MM / DD / YYYY
10 / 16 / 2015
Transaction ID : SA11.689210

Amount of Each Receipt this Period
25.00

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 23 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USA First PAC

A. BARBARA MCGRAW
 Full Name (Last, First, Middle Initial)
 Mailing Address BOX 463
 City MOUNT HERMON State CA Zip Code 95041-0463
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 16 / 2015
Transaction ID : SA11.939427
 Amount of Each Receipt this Period 25.00
 CONTRIBUTION

B. MR. BENJAMIN MILLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 11315 E. WINCHCOMB DRIVE
 City SCOTTSDALE State AZ Zip Code 85255-1638
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NORTHWESTERN MUTUAL Occupation FINANCIAL SERVICE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 15 / 2015
Transaction ID : SA11.241364
 Amount of Each Receipt this Period 1000.00
 CONTRIBUTION

C. JEAN I. MOORE
 Full Name (Last, First, Middle Initial)
 Mailing Address 13131 SAEGER ROAD
 City GRAND BAY State AL Zip Code 36541-5523
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 07 / 16 / 2015
Transaction ID : SA11.241385
 Amount of Each Receipt this Period 25.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	1050.00
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 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USA First PAC

A. JEAN I. MOORE
Full Name (Last, First, Middle Initial)

Mailing Address 13131 SAEGER ROAD

City GRAND BAY	State AL	Zip Code 36541-5523
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	16	/	2015

Transaction ID : SA11.336269

Amount of Each Receipt this Period

25.00

CONTRIBUTION

B. JEAN I. MOORE
Full Name (Last, First, Middle Initial)

Mailing Address 13131 SAEGER ROAD

City GRAND BAY	State AL	Zip Code 36541-5523
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2015

Transaction ID : SA11.499586

Amount of Each Receipt this Period

25.00

CONTRIBUTION

C. JEAN I. MOORE
Full Name (Last, First, Middle Initial)

Mailing Address 13131 SAEGER ROAD

City GRAND BAY	State AL	Zip Code 36541-5523
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11.689208

Amount of Each Receipt this Period

25.00

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 25 OF 81
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USA First PAC

A. JEAN I. MOORE
 Full Name (Last, First, Middle Initial)
 Mailing Address 13131 SAEGER ROAD
 City GRAND BAY State AL Zip Code 36541-5523
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 16 / 2015
Transaction ID : SA11.939425
 Amount of Each Receipt this Period
 25.00
 CONTRIBUTION

B. KENT NETHERY
 Full Name (Last, First, Middle Initial)
 Mailing Address 23RANA
 City IRVINE State CA Zip Code 92612-4680
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2015
Transaction ID : SA11.1053969
 Amount of Each Receipt this Period
 25.00
 CONTRIBUTION

C. KENT NETHERY
 Full Name (Last, First, Middle Initial)
 Mailing Address 23RANA
 City IRVINE State CA Zip Code 92612-4680
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 16 / 2015
Transaction ID : SA11.241392
 Amount of Each Receipt this Period
 25.00
 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 26 OF 81
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USA First PAC

A. KENT NETHERY
Full Name (Last, First, Middle Initial)
Mailing Address 23RANA
City IRVINE State CA Zip Code 92612-4680
FEC ID number of contributing federal political committee. **C**
Name of Employer RETIRED Occupation RETIRED
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt
08 / 16 / 2015
Transaction ID : SA11.336275
Amount of Each Receipt this Period 25.00
CONTRIBUTION

B. KENT NETHERY
Full Name (Last, First, Middle Initial)
Mailing Address 23RANA
City IRVINE State CA Zip Code 92612-4680
FEC ID number of contributing federal political committee. **C**
Name of Employer RETIRED Occupation RETIRED
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt
09 / 16 / 2015
Transaction ID : SA11.499591
Amount of Each Receipt this Period 25.00
CONTRIBUTION

C. KENT NETHERY
Full Name (Last, First, Middle Initial)
Mailing Address 23RANA
City IRVINE State CA Zip Code 92612-4680
FEC ID number of contributing federal political committee. **C**
Name of Employer RETIRED Occupation RETIRED
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt
10 / 16 / 2015
Transaction ID : SA11.689212
Amount of Each Receipt this Period 25.00
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 27 OF 81
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USA First PAC

A. KENT NETHERY
Full Name (Last, First, Middle Initial)
Mailing Address 23RANA
City IRVINE State CA Zip Code 92612-4680
FEC ID number of contributing federal political committee. **C**
Name of Employer RETIRED Occupation RETIRED
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt 11 / 16 / 2015
Transaction ID : SA11.939429
Amount of Each Receipt this Period 250.00
CONTRIBUTION

B. IVAN ORTIZ
Full Name (Last, First, Middle Initial)
Mailing Address 721 WOODFIELD DR
City EL PASO State TX Zip Code 79932-3182
FEC ID number of contributing federal political committee. **C**
Name of Employer SELF EMPLOYED Occupation PHYSICIAN
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 725.00

Date of Receipt 09 / 15 / 2015
Transaction ID : SA11.499168
Amount of Each Receipt this Period 100.00
CONTRIBUTION

C. IVAN ORTIZ
Full Name (Last, First, Middle Initial)
Mailing Address 721 WOODFIELD DR
City EL PASO State TX Zip Code 79932-3182
FEC ID number of contributing federal political committee. **C**
Name of Employer SELF EMPLOYED Occupation PHYSICIAN
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 725.00

Date of Receipt 10 / 01 / 2015
Transaction ID : SA11.620053
Amount of Each Receipt this Period 100.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... 225.00
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 81
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USA First PAC

A. IVAN ORTIZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 721 WOODFIELD DR
 City EL PASO State TX Zip Code 79932-3182
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 725.00

Date of Receipt 11 / 04 / 2015
Transaction ID : SA11.830546
 Amount of Each Receipt this Period 100.00
 CONTRIBUTION

B. MRS. MELODEE S. PROBST
 Full Name (Last, First, Middle Initial)
 Mailing Address 216 E BIRCH ST
 City ELBURN State IL Zip Code 60119-8953
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 16 / 2015
Transaction ID : SA11.1053968
 Amount of Each Receipt this Period 25.00
 CONTRIBUTION

C. MRS. MELODEE S. PROBST
 Full Name (Last, First, Middle Initial)
 Mailing Address 216 E BIRCH ST
 City ELBURN State IL Zip Code 60119-8953
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 16 / 2015
Transaction ID : SA11.241391
 Amount of Each Receipt this Period 25.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 29 OF 81
(check only one)

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

A. MRS. MELODEE S. PROBST
Full Name (Last, First, Middle Initial)
Mailing Address 216 E BIRCH ST
City ELBURN State IL Zip Code 60119-8953
FEC ID number of contributing federal political committee. **C**
Name of Employer RETIRED Occupation RETIRED
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 16 / 2015
Transaction ID : SA11.336274
Amount of Each Receipt this Period 25.00
CONTRIBUTION

B. MRS. MELODEE S. PROBST
Full Name (Last, First, Middle Initial)
Mailing Address 216 E BIRCH ST
City ELBURN State IL Zip Code 60119-8953
FEC ID number of contributing federal political committee. **C**
Name of Employer RETIRED Occupation RETIRED
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 16 / 2015
Transaction ID : SA11.499590
Amount of Each Receipt this Period 25.00
CONTRIBUTION

C. MRS. MELODEE S. PROBST
Full Name (Last, First, Middle Initial)
Mailing Address 216 E BIRCH ST
City ELBURN State IL Zip Code 60119-8953
FEC ID number of contributing federal political committee. **C**
Name of Employer RETIRED Occupation RETIRED
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 16 / 2015
Transaction ID : SA11.689211
Amount of Each Receipt this Period 25.00
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 30 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USA First PAC

A. MRS. MELODEE S. PROBST
 Full Name (Last, First, Middle Initial)
 Mailing Address 216 E BIRCH ST
 City ELBURN State IL Zip Code 60119-8953
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 16 / 2015
Transaction ID : SA11.939428
 Amount of Each Receipt this Period 25.00
 CONTRIBUTION

B. BEVERLY RAYFIELD
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 5425
 City SARASOTA State FL Zip Code 34277-5425
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NEURO ASSISTED RECOVERY Occupation ADMIN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 12 / 16 / 2015
Transaction ID : SA11.1053980
 Amount of Each Receipt this Period 25.00
 CONTRIBUTION

C. BEVERLY RAYFIELD
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 5425
 City SARASOTA State FL Zip Code 34277-5425
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NEURO ASSISTED RECOVERY Occupation ADMIN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 07 / 16 / 2015
Transaction ID : SA11.241412
 Amount of Each Receipt this Period 25.00
 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 31 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USA First PAC

A. BEVERLY RAYFIELD
Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 5425

City SARASOTA	State FL	Zip Code 34277-5425
------------------	-------------	------------------------

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

Name of Employer NEURO ASSISTED RECOVERY	Occupation ADMIN
---	---------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	16	/	2015

Transaction ID : SA11.336292

Amount of Each Receipt this Period
25.00

CONTRIBUTION

B. BEVERLY RAYFIELD
Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 5425

City SARASOTA	State FL	Zip Code 34277-5425
------------------	-------------	------------------------

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

Name of Employer NEURO ASSISTED RECOVERY	Occupation ADMIN
---	---------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2015

Transaction ID : SA11.499606

Amount of Each Receipt this Period
25.00

CONTRIBUTION

C. BEVERLY RAYFIELD
Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 5425

City SARASOTA	State FL	Zip Code 34277-5425
------------------	-------------	------------------------

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

Name of Employer NEURO ASSISTED RECOVERY	Occupation ADMIN
---	---------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11.689226

Amount of Each Receipt this Period
25.00

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 32 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USA First PAC

A. BEVERLY RAYFIELD
Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 5425

City SARASOTA	State FL	Zip Code 34277-5425
FEC ID number of contributing federal political committee. C		
Name of Employer NEURO ASSISTED RECOVERY	Occupation ADMIN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Date of Receipt
11 / 16 / 2015
Transaction ID : SA11.939442

Amount of Each Receipt this Period
25.00

CONTRIBUTION

B. MRS. ANGELA SCHWALL
Full Name (Last, First, Middle Initial)
Mailing Address 3808 COTTAGE LANE

City EDMOND	State OK	Zip Code 73013-1698
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Date of Receipt
07 / 16 / 2015
Transaction ID : SA11.241405

Amount of Each Receipt this Period
50.00

CONTRIBUTION

C. MARY SCHWANER
Full Name (Last, First, Middle Initial)
Mailing Address 8710 REMI DRIVE

City LINCOLN	State NE	Zip Code 68526-1028
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Date of Receipt
12 / 16 / 2015
Transaction ID : SA11.1053956

Amount of Each Receipt this Period
25.00

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 33 OF 81
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USA First PAC

A. MARY SCHWANER
Full Name (Last, First, Middle Initial)

Mailing Address 8710 REMI DRIVE

City LINCORN State NE Zip Code 68526-1028

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 16 / 2015

Transaction ID : SA11.241370

Amount of Each Receipt this Period
 25.00

CONTRIBUTION

B. MARY SCHWANER
Full Name (Last, First, Middle Initial)

Mailing Address 8710 REMI DRIVE

City LINCORN State NE Zip Code 68526-1028

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 16 / 2015

Transaction ID : SA11.336254

Amount of Each Receipt this Period
 25.00

CONTRIBUTION

C. MARY SCHWANER
Full Name (Last, First, Middle Initial)

Mailing Address 8710 REMI DRIVE

City LINCORN State NE Zip Code 68526-1028

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 16 / 2015

Transaction ID : SA11.499572

Amount of Each Receipt this Period
 25.00

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 34 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USA First PAC

A. MARY SCHWANER
Full Name (Last, First, Middle Initial)

Mailing Address 8710 REMI DRIVE

City LINCOLN	State NE	Zip Code 68526-1028
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11.689196

Amount of Each Receipt this Period
25.00

CONTRIBUTION

B. MARY SCHWANER
Full Name (Last, First, Middle Initial)

Mailing Address 8710 REMI DRIVE

City LINCOLN	State NE	Zip Code 68526-1028
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2015

Transaction ID : SA11.939415

Amount of Each Receipt this Period
25.00

CONTRIBUTION

C. MR. JACK L. SHEPLER
Full Name (Last, First, Middle Initial)

Mailing Address 174 APPLIEDALE LANE

City INDIANA	State PA	Zip Code 15701-6357
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	16	/	2015

Transaction ID : SA11.1053974

Amount of Each Receipt this Period
25.00

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 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USA First PAC

A. MR. JACK L. SHEPLER
Full Name (Last, First, Middle Initial)

Mailing Address 174 APPLEDALE LANE

City	State	Zip Code
INDIANA	PA	15701-6357

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

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	16	/	2015

Transaction ID : SA11.241400

Amount of Each Receipt this Period

25.00

CONTRIBUTION

B. MR. JACK L. SHEPLER
Full Name (Last, First, Middle Initial)

Mailing Address 174 APPLEDALE LANE

City	State	Zip Code
INDIANA	PA	15701-6357

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

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	16	/	2015

Transaction ID : SA11.336283

Amount of Each Receipt this Period

25.00

CONTRIBUTION

C. MR. JACK L. SHEPLER
Full Name (Last, First, Middle Initial)

Mailing Address 174 APPLEDALE LANE

City	State	Zip Code
INDIANA	PA	15701-6357

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

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2015

Transaction ID : SA11.499598

Amount of Each Receipt this Period

25.00

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 81
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USA First PAC

A. MR. JACK L. SHEPLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 174 APPLEDALE LANE
 City INDIANA State PA Zip Code 15701-6357
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 16 / 2015
Transaction ID : SA11.689219
 Amount of Each Receipt this Period 25.00
 CONTRIBUTION

B. MR. JACK L. SHEPLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 174 APPLEDALE LANE
 City INDIANA State PA Zip Code 15701-6357
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 16 / 2015
Transaction ID : SA11.939435
 Amount of Each Receipt this Period 25.00
 CONTRIBUTION

C. THOMAS SIMMONS
 Full Name (Last, First, Middle Initial)
 Mailing Address 5635 195TH AVE E
 City BONNEY LAKE State WA Zip Code 98391-8836
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 16 / 2015
Transaction ID : SA11.1053975
 Amount of Each Receipt this Period 25.00
 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 37 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USA First PAC

A. THOMAS SIMMONS
Full Name (Last, First, Middle Initial)
Mailing Address 5635 195TH AVE E

City BONNEY LAKE	State WA	Zip Code 98391-8836
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		16		2015

Transaction ID : SA11.241401

Amount of Each Receipt this Period

25.00

CONTRIBUTION

B. THOMAS SIMMONS
Full Name (Last, First, Middle Initial)
Mailing Address 5635 195TH AVE E

City BONNEY LAKE	State WA	Zip Code 98391-8836
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		16		2015

Transaction ID : SA11.336284

Amount of Each Receipt this Period

25.00

CONTRIBUTION

C. THOMAS SIMMONS
Full Name (Last, First, Middle Initial)
Mailing Address 5635 195TH AVE E

City BONNEY LAKE	State WA	Zip Code 98391-8836
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2015

Transaction ID : SA11.499599

Amount of Each Receipt this Period

25.00

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 38 OF 81
	<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)
USA First PAC

A. THOMAS SIMMONS
 Full Name (Last, First, Middle Initial)
 Mailing Address 5635 195TH AVE E
 City BONNEY LAKE State WA Zip Code 98391-8836
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 16 / 2015
Transaction ID : SA11.689220
 Amount of Each Receipt this Period 25.00
 CONTRIBUTION

B. THOMAS SIMMONS
 Full Name (Last, First, Middle Initial)
 Mailing Address 5635 195TH AVE E
 City BONNEY LAKE State WA Zip Code 98391-8836
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 16 / 2015
Transaction ID : SA11.939436
 Amount of Each Receipt this Period 25.00
 CONTRIBUTION

C. ALLEN SIMON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1383 N CRISS ST
 City CHANDLER State AZ Zip Code 85226-1307
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 12 / 16 / 2015
Transaction ID : SA11.1053979
 Amount of Each Receipt this Period 100.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 39 OF 81
(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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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
USA First PAC

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

Mailing Address 1383 N CRISS ST

City CHANDLER	State AZ	Zip Code 85226-1307
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	16	/	2015

Transaction ID : SA11.241409

Amount of Each Receipt this Period
100.00

CONTRIBUTION

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

Mailing Address 1383 N CRISS ST

City CHANDLER	State AZ	Zip Code 85226-1307
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	16	/	2015

Transaction ID : SA11.336289

Amount of Each Receipt this Period
100.00

CONTRIBUTION

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

Mailing Address 1383 N CRISS ST

City CHANDLER	State AZ	Zip Code 85226-1307
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2015

Transaction ID : SA11.499604

Amount of Each Receipt this Period
100.00

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 40 OF 81
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USA First PAC

Full Name (Last, First, Middle Initial) A. ALLEN SIMON		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2015 Transaction ID : SA11.689225
Mailing Address 1383 N CRISS ST		Amount of Each Receipt this Period 100.00
City CHANDLER State AZ Zip Code 85226-1307	FEC ID number of contributing federal political committee. C	CONTRIBUTION
Name of Employer RETIRED Occupation RETIRED	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00

Full Name (Last, First, Middle Initial) B. ALLEN SIMON		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015 Transaction ID : SA11.939441
Mailing Address 1383 N CRISS ST		Amount of Each Receipt this Period 100.00
City CHANDLER State AZ Zip Code 85226-1307	FEC ID number of contributing federal political committee. C	CONTRIBUTION
Name of Employer RETIRED Occupation RETIRED	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00

Full Name (Last, First, Middle Initial) C. MRS. KATHRYN SMITH		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 16 / 2015 Transaction ID : SA11.1053970
Mailing Address 17393 STATE HWY 24		Amount of Each Receipt this Period 25.00
City PURCELL State OK Zip Code 73080-4605	FEC ID number of contributing federal political committee. C	CONTRIBUTION
Name of Employer RETIRED Occupation RETIRED	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00

SUBTOTAL of Receipts This Page (optional).....▶	225.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 81
	<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)
USA First PAC

A. MRS. KATHRYN SMITH
 Full Name (Last, First, Middle Initial)
 Mailing Address 17393 STATE HWY 24
 City PURCELL State OK Zip Code 73080-4605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 16 / 2015
Transaction ID : SA11.241393
 Amount of Each Receipt this Period
 25.00
 CONTRIBUTION

B. MRS. KATHRYN SMITH
 Full Name (Last, First, Middle Initial)
 Mailing Address 17393 STATE HWY 24
 City PURCELL State OK Zip Code 73080-4605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 16 / 2015
Transaction ID : SA11.336276
 Amount of Each Receipt this Period
 25.00
 CONTRIBUTION

C. MRS. KATHRYN SMITH
 Full Name (Last, First, Middle Initial)
 Mailing Address 17393 STATE HWY 24
 City PURCELL State OK Zip Code 73080-4605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 16 / 2015
Transaction ID : SA11.499592
 Amount of Each Receipt this Period
 25.00
 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 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
USA First PAC

A. MRS. KATHRYN SMITH
Full Name (Last, First, Middle Initial)

Mailing Address 17393 STATE HWY 24

City PURCELL State OK Zip Code 73080-4605

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 16 / 2015

Transaction ID : SA11.689213

Amount of Each Receipt this Period
 25.00

CONTRIBUTION

B. MRS. KATHRYN SMITH
Full Name (Last, First, Middle Initial)

Mailing Address 17393 STATE HWY 24

City PURCELL State OK Zip Code 73080-4605

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 16 / 2015

Transaction ID : SA11.939430

Amount of Each Receipt this Period
 25.00

CONTRIBUTION

C. JIM STIMACH
Full Name (Last, First, Middle Initial)

Mailing Address 12711 LAKE POINT PASS

City BELLEVILLE State MI Zip Code 48111-2295

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2015

Transaction ID : SA11.1053963

Amount of Each Receipt this Period
 25.00

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 43 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USA First PAC

A. JIM STIMACH
Full Name (Last, First, Middle Initial)

Mailing Address 12711 LAKE POINT PASS

City BELLEVILLE State MI Zip Code 48111-2295

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 16 / 2015

Transaction ID : SA11.241382

Amount of Each Receipt this Period
 25.00

CONTRIBUTION

B. JIM STIMACH
Full Name (Last, First, Middle Initial)

Mailing Address 12711 LAKE POINT PASS

City BELLEVILLE State MI Zip Code 48111-2295

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2015

Transaction ID : SA11.336266

Amount of Each Receipt this Period
 25.00

CONTRIBUTION

C. JIM STIMACH
Full Name (Last, First, Middle Initial)

Mailing Address 12711 LAKE POINT PASS

City BELLEVILLE State MI Zip Code 48111-2295

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 16 / 2015

Transaction ID : SA11.499583

Amount of Each Receipt this Period
 25.00

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 44 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USA First PAC

A. JIM STIMACH
Full Name (Last, First, Middle Initial)

Mailing Address 12711 LAKE POINT PASS

City BELLEVILLE	State MI	Zip Code 48111-2295
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11.689205

Amount of Each Receipt this Period

25.00

CONTRIBUTION

B. JIM STIMACH
Full Name (Last, First, Middle Initial)

Mailing Address 12711 LAKE POINT PASS

City BELLEVILLE	State MI	Zip Code 48111-2295
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2015

Transaction ID : SA11.939422

Amount of Each Receipt this Period

25.00

CONTRIBUTION

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

Mailing Address 5082 EPHESIANS LANE

City LANGLEY	State WA	Zip Code 98260-9547
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	16	/	2015

Transaction ID : SA11.1053973

Amount of Each Receipt this Period

25.00

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 45 OF 81
(check only one)

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

A. JANICE THOMPSEN
Full Name (Last, First, Middle Initial)
Mailing Address 5082 EPHESIANS LANE

City LANGLEY	State WA	Zip Code 98260-9547
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	16	/	2015

Transaction ID : SA11.241398

Amount of Each Receipt this Period

25.00

CONTRIBUTION

B. JANICE THOMPSEN
Full Name (Last, First, Middle Initial)
Mailing Address 5082 EPHESIANS LANE

City LANGLEY	State WA	Zip Code 98260-9547
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	16	/	2015

Transaction ID : SA11.336281

Amount of Each Receipt this Period

25.00

CONTRIBUTION

C. JANICE THOMPSEN
Full Name (Last, First, Middle Initial)
Mailing Address 5082 EPHESIANS LANE

City LANGLEY	State WA	Zip Code 98260-9547
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2015

Transaction ID : SA11.499596

Amount of Each Receipt this Period

25.00

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 46 OF 81
(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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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
USA First PAC

A. JANICE THOMPSEN
Full Name (Last, First, Middle Initial)
Mailing Address 5082 EPHESIANS LANE
City LANGLEY State WA Zip Code 98260-9547
FEC ID number of contributing federal political committee. **C**
Name of Employer RETIRED Occupation RETIRED
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 16 / 2015
Transaction ID : SA11.689217
Amount of Each Receipt this Period 25.00
CONTRIBUTION

B. JANICE THOMPSEN
Full Name (Last, First, Middle Initial)
Mailing Address 5082 EPHESIANS LANE
City LANGLEY State WA Zip Code 98260-9547
FEC ID number of contributing federal political committee. **C**
Name of Employer RETIRED Occupation RETIRED
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 16 / 2015
Transaction ID : SA11.939433
Amount of Each Receipt this Period 25.00
CONTRIBUTION

C. JOHN JENNIFER THURSTON
Full Name (Last, First, Middle Initial)
Mailing Address BOX 3355
City GRAND CANYON State AZ Zip Code 86023-3355
FEC ID number of contributing federal political committee. **C**
Name of Employer SELF-EMPLOYED Occupation HOTELIER
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 16 / 2015
Transaction ID : SA11.241406
Amount of Each Receipt this Period 100.00
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 47 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
USA First PAC

A. RAYMOND TIDMAN MD
Full Name (Last, First, Middle Initial)

Mailing Address 101 RIVERSTONE VISTA

City BLUE RIDGE	State GA	Zip Code 30513-6648
--------------------	-------------	------------------------

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

Name of Employer SELF	Occupation M.D.
--------------------------	--------------------

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
12	/	16	/	2015

Transaction ID : SA11.1053957

Amount of Each Receipt this Period
50.00

CONTRIBUTION

B. RAYMOND TIDMAN MD
Full Name (Last, First, Middle Initial)

Mailing Address 101 RIVERSTONE VISTA

City BLUE RIDGE	State GA	Zip Code 30513-6648
--------------------	-------------	------------------------

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

Name of Employer SELF	Occupation M.D.
--------------------------	--------------------

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
07	/	16	/	2015

Transaction ID : SA11.241372

Amount of Each Receipt this Period
50.00

CONTRIBUTION

C. RAYMOND TIDMAN MD
Full Name (Last, First, Middle Initial)

Mailing Address 101 RIVERSTONE VISTA

City BLUE RIDGE	State GA	Zip Code 30513-6648
--------------------	-------------	------------------------

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

Name of Employer SELF	Occupation M.D.
--------------------------	--------------------

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
08	/	16	/	2015

Transaction ID : SA11.336256

Amount of Each Receipt this Period
50.00

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 48 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USA First PAC

A. RAYMOND TIDMAN MD
Full Name (Last, First, Middle Initial)
Mailing Address 101 RIVERSTONE VISTA

City BLUE RIDGE	State GA	Zip Code 30513-6648
--------------------	-------------	------------------------

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

Name of Employer SELF	Occupation M.D.
--------------------------	--------------------

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
09	/	16	/	2015

Transaction ID : SA11.499574

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B. RAYMOND TIDMAN MD
Full Name (Last, First, Middle Initial)
Mailing Address 101 RIVERSTONE VISTA

City BLUE RIDGE	State GA	Zip Code 30513-6648
--------------------	-------------	------------------------

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

Name of Employer SELF	Occupation M.D.
--------------------------	--------------------

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
10	/	16	/	2015

Transaction ID : SA11.689198

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C. RAYMOND TIDMAN MD
Full Name (Last, First, Middle Initial)
Mailing Address 101 RIVERSTONE VISTA

City BLUE RIDGE	State GA	Zip Code 30513-6648
--------------------	-------------	------------------------

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

Name of Employer SELF	Occupation M.D.
--------------------------	--------------------

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
11	/	16	/	2015

Transaction ID : SA11.939416

Amount of Each Receipt this Period

50.00

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 49 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USA First PAC

A. RUSS VANDENTOORN
Full Name (Last, First, Middle Initial)
Mailing Address 1999 GRAND RIVER DRIVE NE

City ADA	State MI	Zip Code 49301-9509
-------------	-------------	------------------------

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

Name of Employer SELF EMPLOYEED	Occupation 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
07		16		2015

Transaction ID : SA11.241371

Amount of Each Receipt this Period

25.00

CONTRIBUTION

B. RUSS VANDENTOORN
Full Name (Last, First, Middle Initial)
Mailing Address 1999 GRAND RIVER DRIVE NE

City ADA	State MI	Zip Code 49301-9509
-------------	-------------	------------------------

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

Name of Employer SELF EMPLOYEED	Occupation 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
08		16		2015

Transaction ID : SA11.336255

Amount of Each Receipt this Period

25.00

CONTRIBUTION

C. RUSS VANDENTOORN
Full Name (Last, First, Middle Initial)
Mailing Address 1999 GRAND RIVER DRIVE NE

City ADA	State MI	Zip Code 49301-9509
-------------	-------------	------------------------

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

Name of Employer SELF EMPLOYEED	Occupation 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
09		16		2015

Transaction ID : SA11.499573

Amount of Each Receipt this Period

25.00

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 50 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USA First PAC

A. RUSS VANDENTOORN
Full Name (Last, First, Middle Initial)

Mailing Address 1999 GRAND RIVER DRIVE NE

City ADA	State MI	Zip Code 49301-9509
-------------	-------------	------------------------

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

Name of Employer SELF EMPLOYEED	Occupation 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
10	/	16	/	2015

Transaction ID : SA11.689197

Amount of Each Receipt this Period
25.00

CONTRIBUTION

B. MARGARET VONDER HOYA
Full Name (Last, First, Middle Initial)

Mailing Address 4401 BORDEAUX AVE

City DALLAS	State TX	Zip Code 75205-3620
----------------	-------------	------------------------

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

Name of Employer HRB INVESTMENTS	Occupation INVESTMENTS
-------------------------------------	---------------------------

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
12	/	16	/	2015

Transaction ID : SA11.1053978

Amount of Each Receipt this Period
25.00

CONTRIBUTION

C. MARGARET VONDER HOYA
Full Name (Last, First, Middle Initial)

Mailing Address 4401 BORDEAUX AVE

City DALLAS	State TX	Zip Code 75205-3620
----------------	-------------	------------------------

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

Name of Employer HRB INVESTMENTS	Occupation INVESTMENTS
-------------------------------------	---------------------------

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
07	/	16	/	2015

Transaction ID : SA11.241407

Amount of Each Receipt this Period
25.00

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 51 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USA First PAC

Full Name (Last, First, Middle Initial) A. MARGARET VONDER HOYA		Date of Receipt MM / DD / YYYY 08 / 16 / 2015 Transaction ID : SA11.336288
Mailing Address 4401 BORDEAUX AVE		Amount of Each Receipt this Period 25.00
City DALLAS	State TX	Zip Code 75205-3620
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer HRB INVESTMENTS	Occupation INVESTMENTS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. MARGARET VONDER HOYA		Date of Receipt MM / DD / YYYY 09 / 16 / 2015 Transaction ID : SA11.499603
Mailing Address 4401 BORDEAUX AVE		Amount of Each Receipt this Period 25.00
City DALLAS	State TX	Zip Code 75205-3620
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer HRB INVESTMENTS	Occupation INVESTMENTS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. MARGARET VONDER HOYA		Date of Receipt MM / DD / YYYY 10 / 16 / 2015 Transaction ID : SA11.689224
Mailing Address 4401 BORDEAUX AVE		Amount of Each Receipt this Period 25.00
City DALLAS	State TX	Zip Code 75205-3620
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer HRB INVESTMENTS	Occupation INVESTMENTS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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 52 OF 81
(check only one)

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

A. MARGARET VONDER HOYA
Full Name (Last, First, Middle Initial)
Mailing Address 4401 BORDEAUX AVE
City DALLAS State TX Zip Code 75205-3620
FEC ID number of contributing federal political committee. **C**
Name of Employer HRB INVESTMENTS Occupation INVESTMENTS
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 16 / 2015
Transaction ID : SA11.939440
Amount of Each Receipt this Period 25.00
CONTRIBUTION

B. MARY LOU WATERS
Full Name (Last, First, Middle Initial)
Mailing Address 13820 MANOR GLEN ROAD
City BALDWIN State MD Zip Code 21013-9713
FEC ID number of contributing federal political committee. **C**
Name of Employer RETIRED Occupation RETIRED
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 16 / 2015
Transaction ID : SA11.1053959
Amount of Each Receipt this Period 50.00
CONTRIBUTION

C. MARY LOU WATERS
Full Name (Last, First, Middle Initial)
Mailing Address 13820 MANOR GLEN ROAD
City BALDWIN State MD Zip Code 21013-9713
FEC ID number of contributing federal political committee. **C**
Name of Employer RETIRED Occupation RETIRED
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt 07 / 16 / 2015
Transaction ID : SA11.241374
Amount of Each Receipt this Period 50.00
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 53 OF 81
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USA First PAC

A. MARY LOU WATERS
Full Name (Last, First, Middle Initial)
Mailing Address 13820 MANOR GLEN ROAD

City BALDWIN	State MD	Zip Code 21013-9713
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2015
Transaction ID : SA11.336258

Amount of Each Receipt this Period
 50.00

CONTRIBUTION

B. MARY LOU WATERS
Full Name (Last, First, Middle Initial)
Mailing Address 13820 MANOR GLEN ROAD

City BALDWIN	State MD	Zip Code 21013-9713
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 16 / 2015
Transaction ID : SA11.499576

Amount of Each Receipt this Period
 50.00

CONTRIBUTION

C. MARY LOU WATERS
Full Name (Last, First, Middle Initial)
Mailing Address 13820 MANOR GLEN ROAD

City BALDWIN	State MD	Zip Code 21013-9713
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 16 / 2015
Transaction ID : SA11.689200

Amount of Each Receipt this Period
 50.00

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 54 OF 81
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
USA First PAC

A. MARY LOU WATERS
 Full Name (Last, First, Middle Initial)
 Mailing Address 13820 MANOR GLEN ROAD
 City BALDWIN State MD Zip Code 21013-9713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 16 / 2015
Transaction ID : SA11.939418
 Amount of Each Receipt this Period 50.00
 CONTRIBUTION

B. RICHARD D WEIMAR JR
 Full Name (Last, First, Middle Initial)
 Mailing Address 2035 HAMPTON TRAIL SE
 City CONYERS State GA Zip Code 30013-2347
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 07 / 16 / 2015
Transaction ID : SA11.241399
 Amount of Each Receipt this Period 25.00
 CONTRIBUTION

C. RICHARD D WEIMAR JR
 Full Name (Last, First, Middle Initial)
 Mailing Address 2035 HAMPTON TRAIL SE
 City CONYERS State GA Zip Code 30013-2347
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 08 / 16 / 2015
Transaction ID : SA11.336282
 Amount of Each Receipt this Period 25.00
 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: PAGE 55 OF 81
(check only one)

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

A. RICHARD D WEIMAR JR
Full Name (Last, First, Middle Initial)
Mailing Address 2035 HAMPTON TRAIL SE

City CONYERS	State GA	Zip Code 30013-2347
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2015

Transaction ID : SA11.499597

Amount of Each Receipt this Period

25.00

CONTRIBUTION

B. RICHARD D WEIMAR JR
Full Name (Last, First, Middle Initial)
Mailing Address 2035 HAMPTON TRAIL SE

City CONYERS	State GA	Zip Code 30013-2347
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11.689218

Amount of Each Receipt this Period

25.00

CONTRIBUTION

C. RICHARD D WEIMAR JR
Full Name (Last, First, Middle Initial)
Mailing Address 2035 HAMPTON TRAIL SE

City CONYERS	State GA	Zip Code 30013-2347
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2015

Transaction ID : SA11.939434

Amount of Each Receipt this Period

25.00

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 56 OF 81
(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)
USA First PAC

A. DR. KATHRYN WOOD ZENTHOEFER
Full Name (Last, First, Middle Initial)
Mailing Address 24 STONEBRIAR WAY
City FRISCO State TX Zip Code 75034-5941
FEC ID number of contributing federal political committee. **C**
Name of Employer SELF EMPLOYED Occupation PHYSICIAN
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 16 / 2015
Transaction ID : SA11.241408
Amount of Each Receipt this Period 100.00
CONTRIBUTION

B.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt
Amount of Each Receipt this Period

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt
Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	100.00
TOTAL This Period (last page this line number only).....▶	6405.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
USA First PAC

Full Name (Last, First, Middle Initial)

A. LAURA HOWARD

Mailing Address 1825 NEW HAMPSHIRE AVE NW #404

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement
CONTRACT LABOR- ADMINISTRATIVE SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 27 / 2015

Transaction ID : **SB21B8.916**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. LAURA HOWARD

Mailing Address 1825 NEW HAMPSHIRE AVE NW #404

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement
CONTRACT LABOR- ADMINISTRATIVE SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 27 / 2015

Transaction ID : **SB21B8.917**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. LAURA HOWARD

Mailing Address 1825 NEW HAMPSHIRE AVE NW #404

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement
CONTRACT LABOR- ADMINISTRATIVE SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 12 / 2015

Transaction ID : **SB21B8.918**

Amount of Each Disbursement this Period

2000.00

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

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

6000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
USA First PAC

Full Name (Last, First, Middle Initial)

A. ADRIAN GRAY CONSULTING LLC

Mailing Address 9 COLONIAL THOMAS LANE

City BEDFORD State NY Zip Code 10506

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 02 / 2015

Transaction ID : SB21B8.948

Amount of Each Disbursement this Period

7500.00

Full Name (Last, First, Middle Initial)

B. ADRIAN GRAY CONSULTING LLC

Mailing Address 9 COLONIAL THOMAS LANE

City BEDFORD State NY Zip Code 10506

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 02 / 2015

Transaction ID : SB21B8.949

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. AMERICAN EXPRESS

Mailing Address PO BOX 1270

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 06 / 2015

Transaction ID : SB21B8.921

Amount of Each Disbursement this Period

17.55

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

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

10017.55

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
USA First PAC

Full Name (Last, First, Middle Initial) A. AMERICAN EXPRESS		Date of Disbursement MM / DD / YYYY 08 / 05 / 2015
Mailing Address PO BOX 1270		Transaction ID : SB21B8.924
City NEWARK	State NJ	
Zip Code 07101	Purpose of Disbursement CREDIT CARD MERCHANT FEES	Amount of Each Disbursement this Period 16.68
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. AMERICAN EXPRESS		Date of Disbursement MM / DD / YYYY 09 / 08 / 2015
Mailing Address PO BOX 1270		Transaction ID : SB21B8.927
City NEWARK	State NJ	
Zip Code 07101	Purpose of Disbursement CREDIT CARD MERCHANT FEES	Amount of Each Disbursement this Period 16.68
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. AMERICAN EXPRESS		Date of Disbursement MM / DD / YYYY 10 / 05 / 2015
Mailing Address PO BOX 1270		Transaction ID : SB21B8.930
City NEWARK	State NJ	
Zip Code 07101	Purpose of Disbursement CREDIT CARD MERCHANT FEES	Amount of Each Disbursement this Period 16.68
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)..... ▶	50.04
TOTAL This Period (last page this line number only)..... ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
USA First PAC

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS

Mailing Address PO BOX 1270

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 05 / 2015

Transaction ID : SB21B8.934

Amount of Each Disbursement this Period

15.95

Full Name (Last, First, Middle Initial)

B. AMERICAN EXPRESS

Mailing Address PO BOX 1270

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 07 / 2015

Transaction ID : SB21B8.937

Amount of Each Disbursement this Period

13.64

Full Name (Last, First, Middle Initial)

C. BB&T

Mailing Address 2200 WILSON BLVD

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 01 / 2015

Transaction ID : SB21B8.909

Amount of Each Disbursement this Period

5.00

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

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

34.59

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
USA First PAC

Full Name (Last, First, Middle Initial)

A. BB&T

Mailing Address 2200 WILSON BLVD

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B8.910

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. BB&T

Mailing Address 2200 WILSON BLVD

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B8.911

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. BB&T

Mailing Address 2200 WILSON BLVD

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B8.912

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
USA First PAC

Full Name (Last, First, Middle Initial)

A. BB&T

Mailing Address 2200 WILSON BLVD

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 02 / 2015

Transaction ID : **SB21B8.913**

Amount of Each Disbursement this Period

5.00

Full Name (Last, First, Middle Initial)

B. BB&T

Mailing Address 2200 WILSON BLVD

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 01 / 2015

Transaction ID : **SB21B8.914**

Amount of Each Disbursement this Period

5.00

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 1593 SPRING HILL ROAD SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 07 / 2015

Transaction ID : **SB21B8.922**

Amount of Each Disbursement this Period

1.48

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

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

11.48

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
USA First PAC

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL ROAD SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 21 / 2015

Transaction ID : **SB21B8.923**

Amount of Each Disbursement this Period

64.04

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 1593 SPRING HILL ROAD SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 18 / 2015

Transaction ID : **SB21B8.925**

Amount of Each Disbursement this Period

3.73

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 1593 SPRING HILL ROAD SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 25 / 2015

Transaction ID : **SB21B8.926**

Amount of Each Disbursement this Period

53.44

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

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

121.21

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
USA First PAC

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL ROAD SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
09 / 22 / 2015

Transaction ID : **SB21B8.928**

Amount of Each Disbursement this Period: 51.02

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 1593 SPRING HILL ROAD SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
09 / 29 / 2015

Transaction ID : **SB21B8.929**

Amount of Each Disbursement this Period: 5.15

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 1593 SPRING HILL ROAD SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
10 / 06 / 2015

Transaction ID : **SB21B8.931**

Amount of Each Disbursement this Period: 2.25

SUBTOTAL of Disbursements This Page (optional)..... ▶ 58.42

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
USA First PAC

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL ROAD SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 20 / 2015

Transaction ID : SB21B8.932

Amount of Each Disbursement this Period

46.14

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 1593 SPRING HILL ROAD SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 03 / 2015

Transaction ID : SB21B8.933

Amount of Each Disbursement this Period

1.13

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 1593 SPRING HILL ROAD SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 10 / 2015

Transaction ID : SB21B8.935

Amount of Each Disbursement this Period

6.40

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

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

53.67

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
USA First PAC

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL ROAD SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 24 / 2015

Transaction ID : **SB21B8.936**

Amount of Each Disbursement this Period

39.74

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 1593 SPRING HILL ROAD SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 08 / 2015

Transaction ID : **SB21B8.938**

Amount of Each Disbursement this Period

1.48

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 1593 SPRING HILL ROAD SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 22 / 2015

Transaction ID : **SB21B8.939**

Amount of Each Disbursement this Period

34.55

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

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

75.77

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
USA First PAC

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL ROAD SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATABASE MANAGEMENT SERVICE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 10 / 2015

Transaction ID : SB21B8.940

Amount of Each Disbursement this Period

257.40

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 1593 SPRING HILL ROAD SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATABASE MANAGEMENT SERVICE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 07 / 2015

Transaction ID : SB21B8.941

Amount of Each Disbursement this Period

251.35

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 1593 SPRING HILL ROAD SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATABASE MANAGEMENT SERVICE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 04 / 2015

Transaction ID : SB21B8.942

Amount of Each Disbursement this Period

265.55

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

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

774.30

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
USA First PAC

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL ROAD SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement DATABASE MANAGEMENT SERVICE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
10 / 08 / 2015

Transaction ID : **SB21B8.943**

Amount of Each Disbursement this Period: 1072.45

Category/Type

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 1593 SPRING HILL ROAD SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement DATABASE MANAGEMENT SERVICE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
11 / 04 / 2015

Transaction ID : **SB21B8.944**

Amount of Each Disbursement this Period: 250.00

Category/Type

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 1593 SPRING HILL ROAD SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement DATABASE MANAGEMENT SERVICE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
12 / 08 / 2015

Transaction ID : **SB21B8.945**

Amount of Each Disbursement this Period: 250.00

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1572.45

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
USA First PAC

Full Name (Last, First, Middle Initial)

A. GOBER HILGERS PLLC

Mailing Address PO BOX 341016

City State Zip Code
AUSTIN TX 78734

Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 27 / 2015

Transaction ID : **SB21B8.946**

Amount of Each Disbursement this Period

127.50

Full Name (Last, First, Middle Initial)

B. GOOGLE

Mailing Address 1600 AMPHITHEATRE PARKWAY

City State Zip Code
MOUNTAIN VIEW CA 94043

Purpose of Disbursement
WEB SERVICE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 06 / 2015

Transaction ID : **SB21B8.966**

Amount of Each Disbursement this Period

40.00

Full Name (Last, First, Middle Initial)

C. GOOGLE

Mailing Address 1600 AMPHITHEATRE PARKWAY

City State Zip Code
MOUNTAIN VIEW CA 94043

Purpose of Disbursement
WEB SERVICE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 03 / 2015

Transaction ID : **SB21B8.968**

Amount of Each Disbursement this Period

40.00

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

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

207.50

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
USA First PAC

Full Name (Last, First, Middle Initial)

A. GOOGLE

Mailing Address 1600 AMPHITHEATRE PARKWAY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement
WEB SERVICE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B8.970

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. GOOGLE

Mailing Address 1600 AMPHITHEATRE PARKWAY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement
WEB SERVICE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B8.972

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. GOOGLE

Mailing Address 1600 AMPHITHEATRE PARKWAY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement
WEB SERVICE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B8.974

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
USA First PAC

Full Name (Last, First, Middle Initial)

A. GOOGLE

Mailing Address 1600 AMPHITHEATRE PARKWAY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement
WEB SERVICE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 03 / 2015

Transaction ID : SB21B8.976

Amount of Each Disbursement this Period

40.00

Full Name (Last, First, Middle Initial)

B. INTUIT

Mailing Address 2632 MARINES WAY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement
SUBSCRIPTIONS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 20 / 2015

Transaction ID : SB21B8.960

Amount of Each Disbursement this Period

18.86

Full Name (Last, First, Middle Initial)

C. INTUIT

Mailing Address 2632 MARINES WAY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement
SUBSCRIPTIONS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 19 / 2015

Transaction ID : SB21B8.961

Amount of Each Disbursement this Period

18.86

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

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

77.72

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
USA First PAC

Full Name (Last, First, Middle Initial)

A. INTUIT

Mailing Address 2632 MARINES WAY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement
SUBSCRIPTIONS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

Transaction ID : SB21B8.962

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. INTUIT

Mailing Address 2632 MARINES WAY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement
SUBSCRIPTIONS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

Transaction ID : SB21B8.963

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. INTUIT

Mailing Address 2632 MARINES WAY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement
SUBSCRIPTIONS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

Transaction ID : SB21B8.964

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
USA First PAC

Full Name (Last, First, Middle Initial)

A. INTUIT

Mailing Address 2632 MARINES WAY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement
SUBSCRIPTIONS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 16 / 2015

Transaction ID : SB21B8.965

Amount of Each Disbursement this Period

26.95

Full Name (Last, First, Middle Initial)

B. NATIONBUILDER

Mailing Address 520 S. GRAND AVE 2ND FLOOR

City LOS ANGELES State CA Zip Code 90071

Purpose of Disbursement
WEB SERVICE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 20 / 2015

Transaction ID : SB21B8.967

Amount of Each Disbursement this Period

176.00

Full Name (Last, First, Middle Initial)

C. NATIONBUILDER

Mailing Address 520 S. GRAND AVE 2ND FLOOR

City LOS ANGELES State CA Zip Code 90071

Purpose of Disbursement
WEB SERVICE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 19 / 2015

Transaction ID : SB21B8.969

Amount of Each Disbursement this Period

176.00

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

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

378.95

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
USA First PAC

Full Name (Last, First, Middle Initial)

A. NATIONBUILDER

Mailing Address 520 S. GRAND AVE 2ND FLOOR

City LOS ANGELES State CA Zip Code 90071

Purpose of Disbursement
WEB SERVICE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 21 / 2015

Transaction ID : SB21B8.971

Amount of Each Disbursement this Period

176.00

Full Name (Last, First, Middle Initial)

B. NATIONBUILDER

Mailing Address 520 S. GRAND AVE 2ND FLOOR

City LOS ANGELES State CA Zip Code 90071

Purpose of Disbursement
WEB SERVICE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 19 / 2015

Transaction ID : SB21B8.973

Amount of Each Disbursement this Period

176.00

Full Name (Last, First, Middle Initial)

C. NATIONBUILDER

Mailing Address 520 S. GRAND AVE 2ND FLOOR

City LOS ANGELES State CA Zip Code 90071

Purpose of Disbursement
WEB SERVICE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 18 / 2015

Transaction ID : SB21B8.975

Amount of Each Disbursement this Period

176.00

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

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

528.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
USA First PAC

Full Name (Last, First, Middle Initial)

A. NATIONBUILDER

Mailing Address 520 S. GRAND AVE 2ND FLOOR

City LOS ANGELES State CA Zip Code 90071

Purpose of Disbursement
WEB SERVICE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	21	/	2015

Transaction ID : **SB21B8.977**

Amount of Each Disbursement this Period

167.00

Full Name (Last, First, Middle Initial)

B. REPUBLICAN PARTY OF POLK COUNTY

Mailing Address 2175 NW 86TH STREET STE 1E

City CLIVE State IA Zip Code 50325

Purpose of Disbursement
REGISTRATION FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	09	/	2015

Transaction ID : **SB21B8.959**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. RIGHTSIDE COMPLIANCE LLC

Mailing Address PO BOX 341027

City AUSTIN State TX Zip Code 78734

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	27	/	2015

Transaction ID : **SB21B8.915**

Amount of Each Disbursement this Period

1000.00

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

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

3667.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
USA First PAC

Full Name (Last, First, Middle Initial)

A. THE UPS STORE

Mailing Address 8705B COLESVILLE RD SUITE B

City SILVER SPRING State MD Zip Code 20910

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 04 / 2015

Transaction ID : **SB21B8.950**

Amount of Each Disbursement this Period

64.21

Full Name (Last, First, Middle Initial)

B. THE UPS STORE

Mailing Address 8705B COLESVILLE RD SUITE B

City SILVER SPRING State MD Zip Code 20910

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 06 / 2015

Transaction ID : **SB21B8.951**

Amount of Each Disbursement this Period

240.00

Full Name (Last, First, Middle Initial)

C. THE UPS STORE

Mailing Address 8705B COLESVILLE RD SUITE B

City SILVER SPRING State MD Zip Code 20910

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 17 / 2015

Transaction ID : **SB21B8.952**

Amount of Each Disbursement this Period

23.05

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

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

327.26

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
USA First PAC

Full Name (Last, First, Middle Initial)

A. THE UPS STORE

Mailing Address 8705B COLESVILLE RD SUITE B

City SILVER SPRING State MD Zip Code 20910

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 26 / 2015

Transaction ID : **SB21B8.953**

Amount of Each Disbursement this Period

29.55

Full Name (Last, First, Middle Initial)

B. THE UPS STORE

Mailing Address 8705B COLESVILLE RD SUITE B

City SILVER SPRING State MD Zip Code 20910

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2015

Transaction ID : **SB21B8.954**

Amount of Each Disbursement this Period

11.80

Full Name (Last, First, Middle Initial)

C. THE UPS STORE

Mailing Address 8705B COLESVILLE RD SUITE B

City SILVER SPRING State MD Zip Code 20910

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2015

Transaction ID : **SB21B8.955**

Amount of Each Disbursement this Period

4.99

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

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

46.34

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
USA First PAC

Full Name (Last, First, Middle Initial)

A. THE UPS STORE

Mailing Address 8705B COLESVILLE RD SUITE B

City SILVER SPRING State MD Zip Code 20910

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 06 / 2015

Transaction ID : **SB21B8.956**

Amount of Each Disbursement this Period

20.73

Full Name (Last, First, Middle Initial)

B. THE UPS STORE

Mailing Address 8705B COLESVILLE RD SUITE B

City SILVER SPRING State MD Zip Code 20910

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 20 / 2015

Transaction ID : **SB21B8.957**

Amount of Each Disbursement this Period

43.11

Full Name (Last, First, Middle Initial)

C. THE UPS STORE

Mailing Address 8705B COLESVILLE RD SUITE B

City SILVER SPRING State MD Zip Code 20910

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 16 / 2015

Transaction ID : **SB21B8.958**

Amount of Each Disbursement this Period

37.15

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

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

100.99

35819.09

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
USA First PAC

Full Name (Last, First, Middle Initial)

A. JUDITH KESSLER

Mailing Address 1489 PIN OAK DRIVE

City State Zip Code
BELLVILLE TX 77418

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 23 / 2015

Transaction ID : SB28A.234

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

200.00

200.00

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
USA First PAC

Full Name (Last, First, Middle Initial)
A. ALL FOR HALL COMMITTEE

Mailing Address 530 LOVETT BLVD

City HOUSTON State TX Zip Code 77006

Purpose of Disbursement
CONTRIBUTION NON FEDERAL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
09 / 04 / 2015

Transaction ID : Sb29.1234

Amount of Each Disbursement this Period
5000.00

Category/Type

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY

Amount of Each Disbursement this Period

Category/Type

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY

Amount of Each Disbursement this Period

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... ▶ 5000.00

TOTAL This Period (last page this line number only)..... ▶ 5000.00