

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

COUNTRY FIRST

Report Covering the Period: From: 04 / 01 / 2024 To: 04 / 30 / 2024

Table with 2 columns: COLUMN A This Period, COLUMN B Calendar Year-to-Date. Rows include: 6. (a) Cash on Hand January 1, 2024 (1715990.09); (b) Cash on Hand at Beginning of Reporting Period (1608732.43); (c) Total Receipts (from Line 19) (3312.07 / 13210.07); (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) (1612044.50 / 1729200.16); 7. Total Disbursements (from Line 31) (68270.91 / 185426.57); 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) (1543773.59 / 1543773.59); 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) (0.00); 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) (0.00).

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

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

DETAILED SUMMARY PAGE of Receipts

Write or Type Committee Name

COUNTRY FIRST

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2024 To: M M / D D / Y Y Y Y 04 / 30 / 2024

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	100.00	200.00
(ii) Unitemized	75.00	698.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	175.00	898.50
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	175.00	898.50
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	3137.07	12311.57
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)).....▶	3312.07	13210.07
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	3312.07	13210.07

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	18058.11	48713.77
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	18058.11	48713.77
22. Transfers to Affiliated/Other Party Committees.....	50000.00	125000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	212.80	6712.80
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	5000.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	68270.91	185426.57
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	68270.91	185426.57

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	175.00	898.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	175.00	898.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	18058.11	48713.77
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	18058.11	48713.77

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 14
<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)
COUNTRY FIRST

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

Mailing Address 1990 NEWELL ROAD

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		28		2024

Transaction ID : SA11A.118012

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 14
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
COUNTRY FIRST

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

Mailing Address 1212 LA SALLE STREET

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
12311.57

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		30		2024

Transaction ID : SA17.29969

Amount of Each Receipt this Period
3137.07

Memo Item
PAC BANK INTEREST

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	3137.07
TOTAL This Period (last page this line number only).....	3137.07

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
COUNTRY FIRST

Full Name (Last, First, Middle Initial) A. DOGGETT, PATRICK, , ,		Date of Disbursement MM / DD / YYYY 04 / 26 / 2024
Mailing Address 705 EAST MAIN STREET		FEC Identification Number C Transaction ID : SB21B.I29951 Amount of Each Disbursement this Period 3250.00
City CRESCENT CITY	State IL	
Zip Code 60928-8085	Purpose of Disbursement PAC STRATEGY CONSULTING	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. KINZINGER, ADAM, , ,		Date of Disbursement MM / DD / YYYY 04 / 24 / 2024
Mailing Address 25566 S KEATING BOULEVARD APARTMENT GB		FEC Identification Number C Transaction ID : SB21B.I29951 Amount of Each Disbursement this Period 6673.32
City CHANNAHON	State IL	
Zip Code 60410-5623	Purpose of Disbursement SEE MEMO	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. KINZINGER, ADAM, , ,		Date of Disbursement MM / DD / YYYY 04 / 24 / 2024
Mailing Address 25566 S KEATING BOULEVARD APARTMENT GB		FEC Identification Number C Transaction ID : SB21B.I29951 Amount of Each Disbursement this Period 105.00
City CHANNAHON	State IL	
Zip Code 60410-5623	Purpose of Disbursement PAC MILEAGE REIMBURSEMENT	Memo Item <input checked="" type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	9923.32
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
COUNTRY FIRST

Form A: KINZINGER, ADAM, , ,
Mailing Address: 25566 S KEATING BOULEVARD APARTMENT GB
City: CHANNAHON, State: IL, Zip Code: 60410-5623
Purpose of Disbursement: PAC AIRFARE MILEAGE REIMBURSEMENT
Candidate Name:
Office Sought: House, Senate, President
Disbursement For: Primary, General, Other (specify)
Date of Disbursement: 04 / 24 / 2024
FEC Identification Number: C
Transaction ID: SB21B.I2995
Amount of Each Disbursement this Period: 6568.32
Memo Item: [X]

Form B: RIDENOUR, GREG, , ,
Mailing Address: 1743 WATERS EDGE DR.
City: MINOOKA, State: IL, Zip Code: 60447
Purpose of Disbursement: PAC MILEAGE REIMBURSEMENT
Candidate Name:
Office Sought: House, Senate, President
Disbursement For: Primary, General, Other (specify)
Date of Disbursement: 04 / 30 / 2024
FEC Identification Number: C
Transaction ID: SB21B.I2996
Amount of Each Disbursement this Period: 273.36
Memo Item: []

Form C: CMDI
Mailing Address: 1593 SPRING HILL ROAD SUITE 400
City: VIENNA, State: VA, Zip Code: 22182
Purpose of Disbursement: PAC SOFTWARE
Candidate Name:
Office Sought: House, Senate, President
Disbursement For: Primary, General, Other (specify)
Date of Disbursement: 04 / 16 / 2024
FEC Identification Number: C
Transaction ID: SB21B.I2994
Amount of Each Disbursement this Period: 750.00
Memo Item: []

SUBTOTAL of Disbursements This Page (optional)..... 1023.36
TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
COUNTRY FIRST

Form A: INTERNAL REVENUE SERVICE. Includes fields for Mailing Address (10TH ST & PENNSYLVANIA AVE NW), City (WASHINGTON), State (DC), Zip Code (20004), Purpose of Disbursement (PAC TAXES), Candidate Name, Office Sought, Disbursement For, Date of Disbursement (04/04/2024), FEC Identification Number (C), Transaction ID (SB21B.I2990), Amount of Each Disbursement (3437.55).

Form B: PROFESSIONAL DATA SERVICES. Includes fields for Mailing Address (824 S MILLEDGE AVE SUITE 101), City (ATHENS), State (GA), Zip Code (30605-1332), Purpose of Disbursement (PAC COMPLIANCE SERVICES), Candidate Name, Office Sought, Disbursement For, Date of Disbursement (04/02/2024), FEC Identification Number (C), Transaction ID (SB21B.I2990), Amount of Each Disbursement (535.08).

Form C: PROFESSIONAL DATA SERVICES. Includes fields for Mailing Address (824 S MILLEDGE AVE SUITE 101), City (ATHENS), State (GA), Zip Code (30605-1332), Purpose of Disbursement (PAC COMPLIANCE SERVICES), Candidate Name, Office Sought, Disbursement For, Date of Disbursement (04/30/2024), FEC Identification Number (C), Transaction ID (SB21B.I2995), Amount of Each Disbursement (521.64).

SUBTOTAL of Disbursements This Page (optional) 4494.27
TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST

Full Name (Last, First, Middle Initial)

A. THE LAWRENCE GROUP

Mailing Address 617 MAPLEWOOD DR.

City
MINOOKA

State
IL

Zip Code
60447

Purpose of Disbursement
PAC STRATEGY CONSULTING

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	6			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB21B.I2995I

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. VISA

Mailing Address PO BOX 4513

City
CAROL STREAM

State
IL

Zip Code
60197-4513

Purpose of Disbursement
SEE MEMO ENTRIES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	5			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB21B.I2995I

Amount of Each Disbursement this Period

109.26

Memo Item

Full Name (Last, First, Middle Initial)

C. CIRCLE K

Mailing Address 1130 WEST WARNER RD, STE B

City
TEMPE

State
AZ

Zip Code
85284

Purpose of Disbursement
PAC TRAVEL EXPENSE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	5			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB21B.I2995I

Amount of Each Disbursement this Period

29.02

Memo Item

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

2609.26

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST

Full Name (Last, First, Middle Initial)

A. OTTAWA OFFICE SUPPLY

Mailing Address 209 W MAIN STREET

City
OTTAWA

State
IL

Zip Code
61350-2822

Purpose of Disbursement
PAC OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		25		2024

FEC Identification Number

C

Transaction ID : SB21B.I2995!

Amount of Each Disbursement this Period

80.24

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

0.00

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

18050.21

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

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NAME OF COMMITTEE (In Full)
COUNTRY FIRST

Full Name (Last, First, Middle Initial)

A. FUTURE FIRST LEADERSHIP PAC

Mailing Address P.O. BOX 2385

City
OTTAWA

State
IL

Zip Code
61350-6985

Purpose of Disbursement
TRANSFER TO AFFILIATED

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	19	/	2024

FEC Identification Number

C C00522425

Transaction ID : SB22.I29950

Amount of Each Disbursement this Period

50000.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

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

50000.00

50000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
COUNTRY FIRST

A. AMAZON

Full Name (Last, First, Middle Initial)

Mailing Address 1200 12TH AVENUE S
SUITE 1200

City SEATTLE State WA Zip Code 98144-2734

Purpose of Disbursement
PAC IN-KIND EXPENSE-EVENT SUPPLIES

Candidate Name

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

State: District:

Date of Disbursement: 04 / 25 / 2024

FEC Identification Number: C

Transaction ID : SB23.I29967

Amount of Each Disbursement this Period: 212.80

Memo Item

B. PHIL HEIMLICH FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address 5909 STEWART ROAD
SUITE 1

City CINCINNATI State OH Zip Code 45227

Purpose of Disbursement
IN-KIND CONTRIBUTION TO COMMITTEE-EVENT SUPPLIES

Candidate Name
HEIMLICH, PHIL, , ,

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

State: OH District: 08

Date of Disbursement: 03 / 10 / 2024

FEC Identification Number: C C00858811

Transaction ID : SB23.I29968

Amount of Each Disbursement this Period: 212.80

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

State: District:

Date of Disbursement: / /

FEC Identification Number: C

Amount of Each Disbursement this Period: 212.80

Memo Item

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

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

212.80
212.80