

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

COUNTRY FIRST POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

228 S WASHINGTON STREET SUITE 115

☐Check if different  
than previously  
reported. (ACC)

ALEXANDRIA

VA

22314

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00457705

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☒January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

07

01

2009

through

12

31

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

KEITH DAVIS

Signature of Treasurer

Electronically Filed by KEITH DAVIS

Date

01

27

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 480

Write or Type Committee Name

COUNTRY FIRST POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	9

To:

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2009</span>		4592.87
(b) Cash on Hand at Beginning of Reporting Period .....	38730.62	
(c) Total Receipts (from Line 19) .....	1092184.74	1615668.11
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	1130915.36	1620260.98
7. Total Disbursements (from Line 31) .....	877432.90	1366778.52
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	253482.46	253482.46
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	80880.00	

☐ 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

FEC Form 3X (Rev. 06/2004)

3 / 480

Write or Type Committee Name

COUNTRY FIRST POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M M  
0 7D D  
0 1Y Y W Y  
2 0 0 9

To:

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

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	356405.00	540040.00
(i) Itemized (use Schedule A) .....	670242.58	942806.31
(ii) Unitemized .....	1026647.58	1482846.31
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	18000.00	30500.00
(c) Other Political Committees (such as PACs) .....	1044647.58	1513346.31
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....		
12. Transfers From Affiliated/Other Party Committees .....	19783.52	74274.66
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) .....	60.00	273.52
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	27693.64	27773.62
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 Transfer (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)) .....	1092184.74	1615668.11
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	1092184.74	1615668.11

## DETAILED SUMMARY PAGE

of Disbursements

4 / 480

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared 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.....	749861.90	1178983.02	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	749861.90	1178983.02	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	102200.00	136700.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (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 .....	10371.00	15795.50	
(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)) .....	10371.00	15795.50	
29. Other Disbursements.....	15000.00	35300.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared 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))..	877432.90	1366778.52	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	877432.90	1366778.52	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 480

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) .....	1044647.58	1513346.31
34. Total Contribution Refunds (from Line 28(d)) .....	10371.00	15795.50
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1034276.58	1497550.81
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	749861.90	1178983.02
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	60.00	273.52
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	749801.90	1178709.50

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 6 / 480

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
CAMPAIGN SOLUTIONSNature of Debt (Purpose):  
WEB SERVICE

Mailing Address 118 N ST ASAPH ST

City State ZIP Code  
ALEXANDRIA VA 22314

Outstanding Balance Beginning This Period

1350.00

Transaction ID: SD10-01

Amount Incurred This Period

22535.02

Payment This Period

23885.02

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
CAPLIN & DRYSDALENature of Debt (Purpose):  
LEGAL CONSULTING

Mailing Address ONE THOMAS CIR NW STE 1100

City State ZIP Code  
WASHINGTON DC 20005

Outstanding Balance Beginning This Period

6000.00

Transaction ID: SD10-02

Amount Incurred This Period

24000.00

Payment This Period

21000.00

Outstanding Balance at Close of This Period

9000.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
CD INCNature of Debt (Purpose):  
WEB SERVICE

Mailing Address PO BOX 1877

City State ZIP Code  
ALEXANDRIA VA 22313

Outstanding Balance Beginning This Period

1339.47

Transaction ID: SD10-03

Amount Incurred This Period

6325.39

Payment This Period

7664.86

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional).....

9000.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 7 / 480

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
ICS CORPORATIONNature of Debt (Purpose):  
POSTAGE/PRINTING

Mailing Address 2225 RICHMOND ST

City State ZIP Code  
PHILADELPHIA PA 19125

Outstanding Balance Beginning This Period

4594.08

Transaction ID: SD10-04

Amount Incurred This Period

21601.63

Payment This Period

26195.71

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
INTEGRAMNature of Debt (Purpose):  
POSTAGE/PRINTING

Mailing Address 8421 HILLTOP RD

City State ZIP Code  
FAIRFAX VA 22031

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10-07

Amount Incurred This Period

15777.74

Payment This Period

0.00

Outstanding Balance at Close of This Period

15777.74

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
SOUTHWEST PUBLISHINGNature of Debt (Purpose):  
POSTAGE/PRINTING

Mailing Address 2600 NW TOPEKA BLVD

City State ZIP Code  
TOPEKA KS 66617

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10-08

Amount Incurred This Period

13002.86

Payment This Period

0.00

Outstanding Balance at Close of This Period

13002.86

1) **SUBTOTALS** This Period This Page (optional).....

28780.60

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 8 / 480

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 STRATEGIC FUNDRAISING

 Nature of Debt (Purpose):  
 MESSAGE PHONE CALLS

Mailing Address 7591 9TH ST N

City	State	ZIP Code
ST. PAUL	MN	55128

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10-06

Amount Incurred This Period

43099.40

Payment This Period

0.00

Outstanding Balance at Close of This Period

43099.40

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 YUMA SOLUTIONS INC

 Nature of Debt (Purpose):  
 COMPUTER SUPPORT/EQUIPMENT

Mailing Address PO BOX 152075

City	State	ZIP Code
TAMPA	FL	33684

Outstanding Balance Beginning This Period

1752.00

Transaction ID: SD10-05

Amount Incurred This Period

6922.66

Payment This Period

8674.66

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional).....

43099.40

2) **TOTALS** This Period (last page this line number only).....

80880.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

80880.00



**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 9 / 480

FOR LINE NUMBER:  
(check only one)☒ 9  
☐ 10

NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
FRIENDS OF JOHN MCCAINNature of Debt (Purpose):  
LIST RENTAL

Mailing Address PO BOX 16664

City	State	ZIP Code
ARLINGTON	VA	22215

Outstanding Balance Beginning This Period

25990.27

Transaction ID: SD9-1

Amount Incurred This Period

0.00

Payment This Period

25990.27

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ▶

0.00

2) **TOTALS** This Period (last page this line number only)..... ▶

0.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶

0.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 480

(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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

HELMUT AHOLLINGER

Mailing Address 619 CANAL ST

City

SAN RAFAEL

State

CA

Zip Code

94901-4122

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HELMUT'S MARINE SERVICE

Occupation

PRESIDENT

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	7	/	2	0	0	9

Transaction ID: SA11.3003196

Amount of Each Receipt this Period

325.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. HOWARD ALBERT

Mailing Address 3938 GLENDENNING RD

City

DOWNERS GROVE

State

IL

Zip Code

60515-2229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HINSDALE ANESTHESIA ASSOC-  
IATES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	7	/	2	0	0	9

Transaction ID: SA11.2973037

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. BRUCE H. ALLEN

Mailing Address 2708 HARBORSIDE DRIVE

City

GRANBURY

State

TX

Zip Code

76048-2694

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	/	D	D	/	Y	Y	Y	Y
0	8	/	1	9	/	2	0	0	9

Transaction ID: SA11.2976510

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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

1825.00

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 11 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. TRAVIS A. ALLISON

Mailing Address 17280 COUNTY ROAD 136

City

TYLER

State

TX

Zip Code

75703-7712

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GOAR, ALLISON & ASSOCIATES

Occupation

CHEMICAL ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 8 / 2 0 0 9

Transaction ID: SA11.2976230

Amount of Each Receipt this Period

600.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

FAITH ALVERSON

Mailing Address 9332 SUN ROSE AVE

City

LAS VEGAS

State

NV

Zip Code

89134-6022

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ED CARE MANAGEMENT

Occupation

PHYSICIAN ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 1 / 2 0 0 9

Transaction ID: SA11.2967377

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

FAITH ALVERSON

Mailing Address 9332 SUN ROSE AVE

City

LAS VEGAS

State

NV

Zip Code

89134-6022

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ED CARE MANAGEMENT

Occupation

PHYSICIAN ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11.2990270

Amount of Each Receipt this Period

25.00

CONTRIBUTION

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

650.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

FAITH ALVERSON

Mailing Address 9332 SUN ROSE AVE

City

LAS VEGAS

State

NV

Zip Code

89134-6022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ED CARE MANAGEMENT

Occupation

PHYSICIAN ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11.2994970

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

FAITH ALVERSON

Mailing Address 9332 SUN ROSE AVE

City

LAS VEGAS

State

NV

Zip Code

89134-6022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ED CARE MANAGEMENT

Occupation

PHYSICIAN ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11.3015964

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. DALE M. ANDERSON

Mailing Address 3405 GREEN ROAD

City

MIDLAND

State

MI

Zip Code

48642-7329

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DR. BART THOMPSON

Occupation

DENTAL HYGIENIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 9

Transaction ID: SA11.2997546

Amount of Each Receipt this Period

4800.00

CONTRIBUTION

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

4850.00

**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 13 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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 POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DANA K. ANDERSON, SR.

Mailing Address 10509 VESTONE WAY

City

LOS ANGELES

State

CA

Zip Code

90077-1922

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MACERICH

Occupation

VICE CHAIRMAN OF THE BOARD

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 0 9

Transaction ID: SA11.2969658

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. JAMES M. ANDERSON

Mailing Address 24149 CEDAR ROAD

City

BEACHWOOD

State

OH

Zip Code

44122-1078

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CASE WESTERN RESERVE UNIV-  
ERSITY

Occupation

TEACHER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 3 / 2 0 0 9

Transaction ID: SA11.2974867

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

SHARON ANDERSON

Mailing Address 19170 FISH HATCHERY ROAD

City

EAGLE RIVER

State

AK

Zip Code

99577-9282

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANDERSON & LOHR HEALTHCARE  
CONSULTING

Occupation

SMALL BUSINESS OWNER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11.3011156

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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

1000.00

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

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

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

FOR LINE NUMBER: PAGE 14 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. BENJAMIN M. ANIXTER

Mailing Address 145 STONEPINE ROAD

City

HILLSBOROUGH

State

CA

Zip Code

94010-6573

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 / D D / Y Y Y Y Y  
0 8 / 2 4 / 2 0 0 9

Transaction ID: SA11.2978500

Amount of Each Receipt this Period

275.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. NANCY APPELBLOM

Mailing Address 19 VALLEY RD

City

ATHERTON

State

CA

Zip Code

94027-6434

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 1 / 2 0 0 9

Transaction ID: SA11.2978313

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. NANCY APPELBLOM

Mailing Address 19 VALLEY RD

City

ATHERTON

State

CA

Zip Code

94027-6434

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11.2990134

Amount of Each Receipt this Period

100.00

CONTRIBUTION

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

525.00

**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 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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 POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. STEPHEN V. ARBOGAST

Mailing Address 210 BRIAR OAKS COVE

City

HOUSTON

State

TX

Zip Code

77056-1109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIVERSITY OF HOUSTON

Occupation  
PROFESSOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 2 / 2 0 0 9

Transaction ID: SA11.2968485

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JACK M. AREA, III

Mailing Address 3011 ROSEMARY PARK LANE

City

HOUSTON

State

TX

Zip Code

77082-6828

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
REAL ESTATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 4 / 2 0 0 9

Transaction ID: SA11.2978493

Amount of Each Receipt this Period

375.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. JAMES ARTHUR

Mailing Address 412 LONG ISLAND DR

City

HOT SPRINGS

State

AR

Zip Code

71913-9637

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOT SPRINGS NEUROSURGERY  
CLINIC

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 0 / 2 0 0 9

Transaction ID: SA11.2973422

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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

1375.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 480

(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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. MYRA J. ASPLUNDH

Mailing Address P.O. BOX 11

City

BRYN ATHYN

State

PA

Zip Code

19009-0011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	2	/	2	0	0	9

Transaction ID: SA11.2974529

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. MARK H. BAILEY

Mailing Address 2930 HAYWARD DRIVE

City

BELLINGHAM

State

WA

Zip Code

98226-9461

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MINEFINDERS CORPORATION  
LTDOccupation  
GEOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	9	/	2	0	0	9

Transaction ID: SA11.2970489

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. PHYLLIS ANN BAILEY

Mailing Address 55 E. SIERRA MADRE BLVD.

City

SIERRA MADRE

State

CA

Zip Code

91024-2546

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	9	/	2	0	0	9

Transaction ID: SA11.2977362

Amount of Each Receipt this Period

300.00

CONTRIBUTION

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

1600.00

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



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

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

FOR LINE NUMBER: PAGE 17 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. FREDDIE D. BAKER

Mailing Address 120 LAKE ALUMA DRIVE

City

OKLAHOMA CITY

State

OK

Zip Code

73121-3402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PLY WOOD INC.

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11.2995944

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. JANNIS BALDWIN

Mailing Address 4500 CHRISTOPHER DRIVE

City

AUSTIN

State

TX

Zip Code

78746-2448

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11.2998383

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. MARGARET L. BALDWIN

Mailing Address 405 HAWTHORNE DRIVE

City

LAGUNA BEACH

State

CA

Zip Code

92651-1522

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MERRILL LYNCH/BANC OF AME-  
RICA SECURITI

Occupation

WEALTH MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 1 / 2 0 0 9

Transaction ID: SA11.2966853

Amount of Each Receipt this Period

25.00

CONTRIBUTION

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

1525.00

**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 18 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. MARGARET L. BALDWIN

Mailing Address 405 HAWTHORNE DRIVE

City

LAGUNA BEACH

State

CA

Zip Code

92651-1522

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MERRILL LYNCH/BANC OF AME-  
RICA SECURITI

Occupation

WEALTH MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 1 / 2 0 0 9

Transaction ID: SA11.2966854

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. MARGARET L. BALDWIN

Mailing Address 405 HAWTHORNE DRIVE

City

LAGUNA BEACH

State

CA

Zip Code

92651-1522

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MERRILL LYNCH/BANC OF AME-  
RICA SECURITI

Occupation

WEALTH MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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

Transaction ID: SA11.2990152

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. MARGARET L. BALDWIN

Mailing Address 405 HAWTHORNE DRIVE

City

LAGUNA BEACH

State

CA

Zip Code

92651-1522

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MERRILL LYNCH/BANC OF AME-  
RICA SECURITI

Occupation

WEALTH MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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

Transaction ID: SA11.2990153

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 19 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. MARGARET L. BALDWIN

Mailing Address 405 HAWTHORNE DRIVE

City

LAGUNA BEACH

State

CA

Zip Code

92651-1522

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MERRILL LYNCH/BANC OF AME-  
RICA SECURITI

Occupation

WEALTH MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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

Transaction ID: SA11.2994803

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. MARGARET L. BALDWIN

Mailing Address 405 HAWTHORNE DRIVE

City

LAGUNA BEACH

State

CA

Zip Code

92651-1522

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MERRILL LYNCH/BANC OF AME-  
RICA SECURITI

Occupation

WEALTH MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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

Transaction ID: SA11.2994804

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. MARGARET L. BALDWIN

Mailing Address 405 HAWTHORNE DRIVE

City

LAGUNA BEACH

State

CA

Zip Code

92651-1522

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MERRILL LYNCH/BANC OF AME-  
RICA SECURITI

Occupation

WEALTH MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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

Transaction ID: SA11.3015901

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 20 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. MARGARET L. BALDWIN

Mailing Address 405 HAWTHORNE DRIVE

City

LAGUNA BEACH

State

CA

Zip Code

92651-1522

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MERRILL LYNCH/BANC OF AME-  
RICA SECURITI

Occupation

WEALTH MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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

Transaction ID: SA11.3015902

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

JEFFREY BALE

Mailing Address 1600 HIGHWAY 6 SOUTH, SUITE 200

City

SUGAR LAND

State

TX

Zip Code

77478-4956

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THE BALE LAW FIRM, PLLC

Occupation

LAWYER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11.3011665

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM L. BALL, III

Mailing Address 604 JANNEYS LANE

City

ALEXANDRIA

State

VA

Zip Code

22302-4006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THE LOEFFLER GROUP

Occupation

DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.3006891

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

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

1525.00

**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 21 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. ALLAN H. BARKER

Mailing Address 2690 ROXBURY CIRCLE

City

SALT LAKE CITY

State

UT

Zip Code

84108-2841

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  
0 7 / 1 7 / 2 0 0 9

Transaction ID: SA11.2966377

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. ALLAN H. BARKER

Mailing Address 2690 ROXBURY CIRCLE

City

SALT LAKE CITY

State

UT

Zip Code

84108-2841

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  
1 0 / 2 0 / 2 0 0 9

Transaction ID: SA11.2995711

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. EDWIN BARKER

Mailing Address 15375 SE 30TH PLACE  
SUITE 380

City

BELLEVUE

State

WA

Zip Code

98007-6500

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
C.B.S.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 2 / 2 0 0 9

Transaction ID: SA11.2968429

Amount of Each Receipt this Period

300.00

CONTRIBUTION

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

600.00

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

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

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

FOR LINE NUMBER: PAGE 22 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. HELEN R. BARKER

Mailing Address 1700 ANTIGUA WAY

City

NEWPORT BEACH

State

CA

Zip Code

92660-4346

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

EXECUTIVE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 9

Transaction ID: SA11.2996539

Amount of Each Receipt this Period

1200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROBERT J. BARKER, SR.

Mailing Address 401 N. WOODROW STREET

City

FUQUAY VARINA

State

NC

Zip Code

27526-2050

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BOB BARKER COMPANY

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11.3011443

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. PAUL BARNABEE

Mailing Address 1400 18TH AVENUE SOUTH

City

NASHVILLE

State

TN

Zip Code

37212-2809

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SONY MUSIC ENTERTAINMENT

Occupation

SVP FINANCE/ SALES/ OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 5 / 2 0 0 9

Transaction ID: SA11.2986002

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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

1700.00

**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 23 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN BARRANCO

Mailing Address 2527 SAN JOAQUIN COURT

City

SAN DEIGO

State

CA

Zip Code

92109-2316

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
U.S. MARINE CORPS

Occupation

NAVAL AVIATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11.2983495

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOE NEFF BASORE, JR.

Mailing Address 10 NOTTINGHAM CIRCLE

City

BELLA VISTA

State

AR

Zip Code

72715-8475

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COOPER COMMUNITIES, INC.

Occupation

DIRECTOR & SENIOR VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 1 / 2 0 0 9

Transaction ID: SA11.2967819

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JAMES BASS

Mailing Address 3907 LASALLE CT

City

FLOYDS KNOBS

State

IN

Zip Code

47119-9775

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BASS LIQUID LLC

Occupation

NGL BROKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: SA11.3005023

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

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

2000.00

**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 24 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DAVID C. BAUER

Mailing Address 3003 CARDINAL DRIVE #D

City

VERO BEACH

State

FL

Zip Code

32963-1980

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WESTMARK ENTERPRISES, INC

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 0 / 2 0 0 9

Transaction ID: SA11.2971976

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DAVID C. BAUER

Mailing Address 3003 CARDINAL DRIVE #D

City

VERO BEACH

State

FL

Zip Code

32963-1980

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WESTMARK ENTERPRISES, INC

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11.3011314

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. BRUCE A. BAUMAN

Mailing Address 25 CHESTNUT STREET

City

DEDHAM

State

MA

Zip Code

02026-4105

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 / D D / Y Y Y Y Y  
0 9 / 1 5 / 2 0 0 9

Transaction ID: SA11.2985964

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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

600.00

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



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

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

FOR LINE NUMBER: PAGE 25 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. GLORIA JEAN BAUN

Mailing Address 163 BOSA DR

City

SAINT ROBERT

State

MO

Zip Code

65584-4643

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 6 / 2 0 0 9

Transaction ID: SA11.2972988

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. GLORIA JEAN BAUN

Mailing Address 163 BOSA DR

City

SAINT ROBERT

State

MO

Zip Code

65584-4643

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

Transaction ID: SA11.3003367

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. JIMMIE L. BEASLEY

Mailing Address P.O. BOX 911

City

COVINGTON

State

TN

Zip Code

38019-0911

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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 9 / 2 0 0 9

Transaction ID: SA11.2970499

Amount of Each Receipt this Period

300.00

CONTRIBUTION

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

650.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 480

(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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. JIMMIE L. BEASLEY

Mailing Address P.O. BOX 911

City

COVINGTON

State

TN

Zip Code

38019-0911

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 ▼

600.00

Date of Receipt

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

Transaction ID: SA11.3009707

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. HAROLD E. BELDT

Mailing Address 2672 LILY AVENUE

City

SHELDON

State

IA

Zip Code

51201-7004

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	/	D	D	/	Y	Y	Y	Y
1	0	/	1	9	/	2	0	0	9

Transaction ID: SA11.2995292

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. HAROLD E. BELDT

Mailing Address 2672 LILY AVENUE

City

SHELDON

State

IA

Zip Code

51201-7004

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

Transaction ID: SA11.2998274

Amount of Each Receipt this Period

300.00

CONTRIBUTION

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

800.00

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

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

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

FOR LINE NUMBER: PAGE 27 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. NEIL BELGIANO

Mailing Address 2525 MEADOWOOD LN

City

MILFORD

State

MI

Zip Code

48380-3555

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PERSONAL HEALTH CARE P.C.

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11.3003138

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. PARKER J. BENA

Mailing Address 5108 TANNER BRIDGE RD

City

JEFFERSON CITY

State

MO

Zip Code

65101-8271

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

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

Transaction ID: SA11.3001896

Amount of Each Receipt this Period

230.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. PATRICIA A. BENACQUISTA

Mailing Address 1107 ESTATES DRIVE

City

FAIRFIELD

State

CA

Zip Code

94533-9713

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 2 / 2 0 0 9

Transaction ID: SA11.2968567

Amount of Each Receipt this Period

100.00

CONTRIBUTION

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

630.00

**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 28 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. PATRICIA A. BENACQUISTA

Mailing Address 1107 ESTATES DRIVE

City

FAIRFIELD

State

CA

Zip Code

94533-9713

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 ▼

400.00

Date of Receipt

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

Transaction ID: SA11.2995707

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. PATRICIA A. BENACQUISTA

Mailing Address 1107 ESTATES DRIVE

City

FAIRFIELD

State

CA

Zip Code

94533-9713

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11.3000092

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. PATRICIA A. BENACQUISTA

Mailing Address 1107 ESTATES DRIVE

City

FAIRFIELD

State

CA

Zip Code

94533-9713

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.3005374

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: PAGE 29 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ARTURO TOMAS BENAVIDES

Mailing Address 1202 EAST DEL MAR BLVD.  
SUITE 3B

City State Zip Code  
LAREDO TX 78041-2400

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 4 / 2 0 0 9

Transaction ID: SA11.2979725

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROBERT J. BENNETT

Mailing Address 5339 RIM VIEW WAY

City State Zip Code  
SAN DIEGO CA 92124-1820

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RETIRED

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

Transaction ID: SA11.2996090

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROGER M. BERENT

Mailing Address 7 UPPER CONWAY LANE

City State Zip Code  
CHESTERFIELD MO 63017-2065

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
SALES

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 4 / 2 0 0 9

Transaction ID: SA11.2979857

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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

850.00

**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 30 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. RALPH G. BERKELEY

Mailing Address 8 PINEHILL LANE

City

HOUSTON

State

TX

Zip Code

77019-1112

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 ▼

1000.00

Date of Receipt

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

Transaction ID: SA11.2983628

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. RALPH G. BERKELEY

Mailing Address 8 PINEHILL LANE

City

HOUSTON

State

TX

Zip Code

77019-1112

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 6 / 2 0 0 9

Transaction ID: SA11.2986066

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. PAUL BERNBAUM

Mailing Address 24943 BLAKELY DRIVE

City

PLAINFIELD

State

IL

Zip Code

60585-7724

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COMPETITIVE PIPING

Occupation

SPRINKLERFITTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 6 / 2 0 0 9

Transaction ID: SA11.2999628

Amount of Each Receipt this Period

50.00

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: PAGE 31 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. EARL W. BERRY

Mailing Address 627 12TH AVENUE S.

City

NAPLES

State

FL

Zip Code

34102-8002

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 ▼

400.00

Date of Receipt

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

Transaction ID: SA11.2999293

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROBERT J. BERRY, JR.

Mailing Address 1550 KAMM AVE  
APT 141

City

KINGSBURG

State

CA

Zip Code

93631-1149

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RJB BERRY JR INC.

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 9 / 2 0 0 9

Transaction ID: SA11.2976437

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. JULIANA E. BILLINGSLEY

Mailing Address P.O. BOX 88919

City

STEILACOOM

State

WA

Zip Code

98388-0510

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MADIGAN ARMY MEDICAL CENT-  
ER

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 7 / 2 0 0 9

Transaction ID: SA11.2975070

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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

1700.00

**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 32 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. R. CARY BLAIR

Mailing Address 3382 HARDWOOD HOLLOW ROAD

City

MEDINA

State

OH

Zip Code

44256-9693

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 / D D / Y Y Y Y  
0 8 / 1 3 / 2 0 0 9

Transaction ID: SA11.2974950

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. IRVIN BLAKELY

Mailing Address P.O. BOX 879

City

DAVENPORT

State

OK

Zip Code

74026-0879

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
HOMEBUILDER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 3 / 2 0 0 9

Transaction ID: SA11.2964754

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. IRVIN BLAKELY

Mailing Address P.O. BOX 879

City

DAVENPORT

State

OK

Zip Code

74026-0879

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
HOMEBUILDER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11.3006909

Amount of Each Receipt this Period

100.00

CONTRIBUTION

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

600.00

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



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

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

FOR LINE NUMBER: PAGE 33 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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 POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. EDWARD C. BLANCHARD

Mailing Address 6412 HARPER COURT N.E.

City

ALBUQUERQUE

State

NM

Zip Code

87109-3601

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  
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11.2989561

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. EDWARD C. BLANCHARD

Mailing Address 6412 HARPER COURT N.E.

City

ALBUQUERQUE

State

NM

Zip Code

87109-3601

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  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.3007269

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ROGER BLANC

Mailing Address 340 ARMONK ROAD

City

MOUNT KISCO

State

NY

Zip Code

10549-4615

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WILLKIE FARR & GALLAGHER  
LLP

Occupation  
LAWYER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 3 / 2 0 0 9

Transaction ID: SA11.2968879

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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

800.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 480

(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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. PHYLLIS BOUWMAN

Mailing Address 5959 141ST AVENUE

City

HOLLAND

State

MI

Zip Code

49423-9375

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
STU'S WELDING & FAB., INC.

Occupation

SELF EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	0	9

Transaction ID: SA11.2966894

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL ROSS BOYCE

Mailing Address 831 SPINNAKERS REACH

City

PONTE VEDRA BEACH

State

FL

Zip Code

32082-3407

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PQ CORPORATION

Occupation

C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	0	9

Transaction ID: SA11.2994726

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT BOYDSTON

Mailing Address 1356 W COWLES ST

City

LONG BEACH

State

CA

Zip Code

90813-2735

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SCALE PLACE INC

Occupation

SCALE TECHNICIAN/MGR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11.3010876

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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

1000.00

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

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

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

FOR LINE NUMBER: PAGE 35 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. MARIGRACE BOYER

Mailing Address P.O. BOX 7318

City

RANCHO SANTA FE

State

CA

Zip Code

92067-7318

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  
0 8 / 0 5 / 2 0 0 9

Transaction ID: SA11.2972313

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. MARIGRACE BOYER

Mailing Address P.O. BOX 7318

City

RANCHO SANTA FE

State

CA

Zip Code

92067-7318

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  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11.3003227

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DAVID T. BOYLE

Mailing Address 16841 RANSOM RIDGE ROAD

City

ANCHORAGE

State

AK

Zip Code

99516-5337

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 / D D / Y Y Y Y Y  
0 8 / 0 4 / 2 0 0 9

Transaction ID: SA11.2972156

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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

550.00

**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 36 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. JUANITA L. BRADLEY

Mailing Address 4712 NW 30TH STREET

City

OKLAHOMA CITY

State

OK

Zip Code

73122-1314

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  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.3007320

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. ALLISON M. BRANDT

Mailing Address 302 TIMBERWIDE LANE

City

HOUSTON

State

TX

Zip Code

77024-6926

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 / D D / Y Y Y Y  
0 8 / 2 4 / 2 0 0 9

Transaction ID: SA11.2979064

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. DAVID RAY BRANDAU

Mailing Address 1700 DOWNING STREET SW

City

EAST SPARTA

State

OH

Zip Code

44626-9735

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ATRIUM OB/GYN, INC.

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 3 / 2 0 0 9

Transaction ID: SA11.2974866

Amount of Each Receipt this Period

500.00

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: PAGE 37 / 480

(check only one)

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

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. LINWOOD L. BRANNON

Mailing Address P.O. BOX 2872

City

WINDERMERE

State

FL

Zip Code

34786-2872

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LAKE ENVIRONMENTAL RESOUR-  
CES

Occupation

OWNER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	7	/	2	0	0	9

Transaction ID: SA11.2966478

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

RONALD BRASWELL

Mailing Address 903 RANCHOAK CT

City

YUKON

State

OK

Zip Code

73099-4935

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ARTIC SLOPE REGIONAL CORP

Occupation

PROGRAMMER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	1	/	2	0	0	9

Transaction ID: SA11.2973686

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. FRANK BRETTSCHEIDER

Mailing Address 8454 LAKESHORE RD

City

BURTCHVILLE

State

MI

Zip Code

48059-1329

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PORT HURON EAR NOSE AND  
THROAT

Occupation

OSTEOPATHIC PHYSICIAN (ENT)

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	0	/	2	0	0	9

Transaction ID: SA11.2973429

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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

1000.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 480

(check only one)

<input checked="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 POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. MARIA BRIGER

Mailing Address 25 FIELD POINT CIRCLE

City

GREENWICH

State

CT

Zip Code

06830-7072

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: SA11.3003159

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. TOMAS BRIGHTBILL

Mailing Address 407 SCENIC AVE

City

PIEDMONT

State

CA

Zip Code

94611-3420

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
MANAGEMENT CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 5 / 2 0 0 9

Transaction ID: SA11.2980344

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ZACH K. BRINKERHOFF, JR.

Mailing Address 1600 BROADWAY  
SUITE 1430

City

DENVER

State

CO

Zip Code

80202-4908

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THE BRINKERHOFF COMPANYOccupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11.2984052

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

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

3000.00

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 / 480

(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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WALLACE W. BRISTOW

Mailing Address 6801 W. 70TH STREET  
LOT 91City State Zip Code  
SHREVEPORT LA 71129-2337FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 0 9

Transaction ID: SA11.2977154

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WALLACE W. BRISTOW

Mailing Address 6801 W. 70TH STREET  
LOT 91City State Zip Code  
SHREVEPORT LA 71129-2337FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11.2995314

Amount of Each Receipt this Period

125.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. YVONNE M. BRIZZOLARA

Mailing Address 2323 N. 77TH AVENUE

City State Zip Code  
ELMWOOD PARK IL 60707-3042FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKEROccupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11.2999958

Amount of Each Receipt this Period

100.00

CONTRIBUTION

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

325.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 480

(check only one)

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

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. MARY KAY BROOKS

Mailing Address P.O. BOX 9

City

SUN PRAIRIE

State

WI

Zip Code

53590-0009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

ATTORNEY/BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11.2988342

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

JOHN BROWELL

Mailing Address 700 S DRAKE AVE

City

MARSHFIELD

State

WI

Zip Code

54449-3547

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 ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	0	9

Transaction ID: SA11.2972134

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RONALD DALE BROWN

Mailing Address 2150 STONE OAK

City

FREDERICKSBURG

State

TX

Zip Code

78624-2956

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 ▼

1000.00

Date of Receipt

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

Transaction ID: SA11.3007068

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

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

2500.00

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



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

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

FOR LINE NUMBER: PAGE 41 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROGER G. BRUCE

Mailing Address 5225 S. PRINCE STREET  
APARTMENT 715

City State Zip Code  
LITTLETON CO 80123-7776

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 / D D / Y Y Y Y  
0 8 / 2 4 / 2 0 0 9

Transaction ID: SA11.2979806

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. MARSHALL N. BRUNDEN

Mailing Address 126 FAIRWOOD BLVD.

City State Zip Code  
FAIRHOPE AL 36532-2706

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 ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

Transaction ID: SA11.3003346

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. STEPHEN A. BRYANT

Mailing Address 1901 WEST 32ND STREET

City State Zip Code  
FREMONT MI 49412-9716

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 6 / 2 0 0 9

Transaction ID: SA11.2972965

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

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

3000.00

**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 42 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. ROBERT D. BUCHANAN

Mailing Address 4751 EAGLERIDGE CIRCLE  
APARTMENT 108

City State Zip Code  
PUEBLO CO 81008-2123

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 ▼

400.00

Date of Receipt

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

Transaction ID: SA11.2985690

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. ROBERT D. BUCHANAN

Mailing Address 4751 EAGLERIDGE CIRCLE  
APARTMENT 108

City State Zip Code  
PUEBLO CO 81008-2123

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

Transaction ID: SA11.2996058

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ALEXANDER K. BUCK

Mailing Address 44 NASSAU STREET  
SUITE 300

City State Zip Code  
PRINCETON NJ 08542-4511

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
VENTURE CAPITAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 4 / 2 0 0 9

Transaction ID: SA11.2979256

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

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

1400.00

**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 43 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. HOWARD P. BUEHLER

Mailing Address 4254 FABER PLACE DRIVE  
APARTMENT 204

City State Zip Code  
NORTH CHARLESTON SC 29405-8527

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 ▼

1500.00

Date of Receipt

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

Transaction ID: SA11.2995281

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JEFF BURGER

Mailing Address 166 COBBLESTONE DRIVE

City State Zip Code  
SAN RAFAEL CA 94903-1510

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SEARS

Occupation  
TRUCK DRIVER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

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

Transaction ID: SA11.2995922

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JEFF BURGER

Mailing Address 166 COBBLESTONE DRIVE

City State Zip Code  
SAN RAFAEL CA 94903-1510

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SEARS

Occupation  
TRUCK DRIVER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

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

Transaction ID: SA11.2999164

Amount of Each Receipt this Period

15.00

CONTRIBUTION

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

1615.00

**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 44 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. PHILIP BURGESS

Mailing Address 11711 S. PORTLAND AVENUE

City

OKLAHOMA CITY

State

OK

Zip Code

73170-9750

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

CONTRACTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 6 / 2 0 0 9

Transaction ID: SA11.2972954

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. PAUL W. BURKETT

Mailing Address 18124 WEDGE PARKWAY  
SUITE 509

City

RENO

State

NV

Zip Code

89511-8134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SNOASPEN INSURANCE GROUP,  
INC.

Occupation

CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

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

Transaction ID: SA11.2990160

Amount of Each Receipt this Period

15.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. PAUL W. BURKETT

Mailing Address 18124 WEDGE PARKWAY  
SUITE 509

City

RENO

State

NV

Zip Code

89511-8134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SNOASPEN INSURANCE GROUP,  
INC.

Occupation

CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

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

Transaction ID: SA11.2994812

Amount of Each Receipt this Period

15.00

CONTRIBUTION

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

530.00

**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 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. PAUL W. BURKETT

Mailing Address 18124 WEDGE PARKWAY  
SUITE 509

City State Zip Code  
RENO NV 89511-8134

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SNOASPEN INSURANCE GROUP,  
INC.

Occupation  
CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

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

Transaction ID: SA11.3010939

Amount of Each Receipt this Period

15.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. PAUL W. BURKETT

Mailing Address 18124 WEDGE PARKWAY  
SUITE 509

City State Zip Code  
RENO NV 89511-8134

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SNOASPEN INSURANCE GROUP,  
INC.

Occupation  
CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

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

Transaction ID: SA11.3015922

Amount of Each Receipt this Period

15.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. BETSEY BUSH

Mailing Address 4084 KINGSTON PIKE

City State Zip Code  
KNOXVILLE TN 37919-5245

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 4 / 2 0 0 9

Transaction ID: SA11.2979892

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

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

1030.00

**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 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. GEORGE BUTLER

Mailing Address 15941 SW 252ND STREET

City

HOMESTEAD

State

FL

Zip Code

33031-2015

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 / D D / Y Y Y Y Y  
0 8 / 1 9 / 2 0 0 9

Transaction ID: SA11.2976893

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RICHARD BYRD

Mailing Address 1450 SEABOARD AVENUE

City

BATON ROUGE

State

LA

Zip Code

70810-6261

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ODOM HYDROGRAPHIC SYSTEMS,  
INC

Occupation  
MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

Transaction ID: SA11.3003348

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JOHN CAFFEY

Mailing Address 1616 GLENDORA CT

City

DENTON

State

TX

Zip Code

76210-3446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
POTTER CONCRETE, LTD

Occupation  
CONTROLLER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 1 / 2 0 0 9

Transaction ID: SA11.2967471

Amount of Each Receipt this Period

25.00

CONTRIBUTION

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

525.00

**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 47 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JOHN CAFFEY

Mailing Address 1616 GLENDORA CT

City

DENTON

State

TX

Zip Code

76210-3446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
POTTER CONCRETE, LTD

Occupation

CONTROLLER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11.2990296

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

JOHN CAFFEY

Mailing Address 1616 GLENDORA CT

City

DENTON

State

TX

Zip Code

76210-3446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
POTTER CONCRETE, LTD

Occupation

CONTROLLER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11.2995006

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JOHN CAFFEY

Mailing Address 1616 GLENDORA CT

City

DENTON

State

TX

Zip Code

76210-3446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
POTTER CONCRETE, LTD

Occupation

CONTROLLER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11.3015919

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 48 / 480

(check only one)

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

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. THOMAS K. CAMPBELL

Mailing Address 509 WAYNE DRIVE

City

NEWARK

State

OH

Zip Code

43055-1503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

ATTORNEY

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11.2988205

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. THOMAS K. CAMPBELL

Mailing Address 509 WAYNE DRIVE

City

NEWARK

State

OH

Zip Code

43055-1503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

ATTORNEY

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	6		2	0	0	9

Transaction ID: SA11.2999611

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. THOMAS K. CAMPBELL

Mailing Address 509 WAYNE DRIVE

City

NEWARK

State

OH

Zip Code

43055-1503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

ATTORNEY

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11.3007164

Amount of Each Receipt this Period

100.00

CONTRIBUTION

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

400.00

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 49 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

SUSAN CANNON-CARLSON

Mailing Address 6 SHADY TERRACE

City

WAYNE

State

NJ

Zip Code

07470-4320

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MERCK

Occupation  
SCIENTIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11.3011527

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. SALVATORE J. CANTARELLA

Mailing Address 103 E. ORCHID ROAD

City

WILDWOOD CREST

State

NJ

Zip Code

08260-3855

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ALLIED WORLD ASSURANCE CO-  
MPANY

Occupation  
INSURANCE UNDERWRITER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11.3005027

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

BARBARA CARDIN

Mailing Address 815 JANTAIL COURT

City

REDDING

State

CA

Zip Code

96003-4577

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 / D D / Y Y Y Y Y  
0 7 / 0 1 / 2 0 0 9

Transaction ID: SA11.2967447

Amount of Each Receipt this Period

25.00

CONTRIBUTION

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

525.00

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

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

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

FOR LINE NUMBER: PAGE 50 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

BARBARA CARDIN

Mailing Address 815 JANTAIL COURT

City

REDDING

State

CA

Zip Code

96003-4577

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 / D D / Y Y Y Y Y  
0 7 / 2 3 / 2 0 0 9

Transaction ID: SA11.2969457

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

BARBARA CARDIN

Mailing Address 815 JANTAIL COURT

City

REDDING

State

CA

Zip Code

96003-4577

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 / D D / Y Y Y Y Y  
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11.2990286

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

BARBARA CARDIN

Mailing Address 815 JANTAIL COURT

City

REDDING

State

CA

Zip Code

96003-4577

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

Transaction ID: SA11.2994995

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 51 / 480

(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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

BARBARA CARDIN

Mailing Address 815 JANTAIL COURT

City

REDDING

State

CA

Zip Code

96003-4577

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID: SA11.3011260

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

BARBARA CARDIN

Mailing Address 815 JANTAIL COURT

City

REDDING

State

CA

Zip Code

96003-4577

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID: SA11.3015884

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL J. CARDILLO

Mailing Address 1706 BAY ISLE DRIVE

City

POINT PLEASANT BCH

State

NJ

Zip Code

08742-5210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HEALTH ADVOCATEOccupation  
HEALTHCARE PROFESSIONAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	9	/	2	0	0	9

Transaction ID: SA11.2976436

Amount of Each Receipt this Period

250.00

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: PAGE 52 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. MARINA G. CARNEY

Mailing Address 162 W. WESTMINSTER ROAD

City

LAKE FOREST

State

IL

Zip Code

60045-2125

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 0 9

Transaction ID: SA11.2977358

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DOUGLAS R. CARPENTER

Mailing Address 26 N. WASHINGTON STREET

City

TARRYTOWN

State

NY

Zip Code

10591-3618

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
C-SQUARED CONTRACTING INC.

Occupation

OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 4 / 2 0 0 9

Transaction ID: SA11.2972118

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. FRANK CASANO

Mailing Address 15363 ROCKAWAY BOULEVARD

City

JAMAICA

State

NY

Zip Code

11434-3644

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AIR CITY INC

Occupation

FREIGHT FORWARDER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11.3010932

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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

1500.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 480

(check only one)

<input checked="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 POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. EMMA CASEY

Mailing Address 723 E. BROW RD.

City

LOOKOUT MTN

State

TN

Zip Code

37350-1007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 9 / 2 0 0 9

Transaction ID: SA11.2983934

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. CAROLINA CASPERSON

Mailing Address 522 NORTH STATE RD, SUITE 102

City

BRIARCLIFF MANOR

State

NY

Zip Code

10510-1536

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

SONGWRITER SINGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 1 / 2 0 0 9

Transaction ID: SA11.2967308

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. CAROLINA CASPERSON

Mailing Address 522 NORTH STATE RD, SUITE 102

City

BRIARCLIFF MANOR

State

NY

Zip Code

10510-1536

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

SONGWRITER SINGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

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

Transaction ID: SA11.2994931

Amount of Each Receipt this Period

50.00

CONTRIBUTION

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

350.00

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

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

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

FOR LINE NUMBER: PAGE 54 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. CAROLINA CASPERSON

Mailing Address 522 NORTH STATE RD, SUITE 102

City

BRIARCLIFF MANOR

State

NY

Zip Code

10510-1536

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

SONGWRITER SINGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

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

Transaction ID: SA11.2994932

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RONALD CASS

Mailing Address 7104 EAGLE TER

City

WEST PALM BCH

State

FL

Zip Code

33412-3101

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 / D D / Y Y Y Y Y  
0 8 / 1 8 / 2 0 0 9

Transaction ID: SA11.2976229

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

REBECA CASTELLON

Mailing Address 11320 SW 107TH AVE

City

MIAMI

State

FL

Zip Code

33176-4023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
APPLICA

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 2 / 2 0 0 9

Transaction ID: SA11.2974508

Amount of Each Receipt this Period

300.00

CONTRIBUTION

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

600.00

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

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

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

FOR LINE NUMBER: PAGE 55 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. RICHARD CASTIELLO

Mailing Address 9109 POTOMAC STATION LN

City

POTOMAC

State

MD

Zip Code

20854-3906

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 0 / 2 0 0 9

Transaction ID: SA11.2973425

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL CHALOS

Mailing Address 102 CENTRE ISLAND RD.

City

OYSTER BAY

State

NY

Zip Code

11771-4905

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CHALOS, O'CONNOR & DUFFY

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11.3011483

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ART A. CHANDLER

Mailing Address 410 S. SAINT JOHN AVENUE

City

LYONS

State

KS

Zip Code

67554-2615

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 / D D / Y Y Y Y Y  
0 7 / 2 3 / 2 0 0 9

Transaction ID: SA11.2968984

Amount of Each Receipt this Period

50.00

CONTRIBUTION

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

800.00

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

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

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

FOR LINE NUMBER: PAGE 56 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. HENRY T. CHANDLER

Mailing Address 890 N. GREEN BAY ROAD

City

LAKE FOREST

State

IL

Zip Code

60045-1707

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 / D D / Y Y Y Y  
07 / 17 / 2009

Transaction ID: SA11.2966265

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. JANIS CHESTER

Mailing Address 49 HAZEL ROAD

City

DOVER

State

DE

Zip Code

19901-3813

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 17 / 2009

Transaction ID: SA11.2966558

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. FLOYD E. CHRISTENSON

Mailing Address 442 ILIKAHI STREET

City

LAHAINA

State

HI

Zip Code

96761-1149

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FEARLESS, INC.

Occupation  
RESTAURANT OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 07 / 2009

Transaction ID: SA11.2973033

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

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

1750.00

**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 57 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. DANA CIOFFI

Mailing Address 1447 EL VAGO STREET

City

LA CANADA

State

CA

Zip Code

91011-1750

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

DAY TRADER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 0 9

Transaction ID: SA11.2969071

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. DANA CIOFFI

Mailing Address 1447 EL VAGO STREET

City

LA CANADA

State

CA

Zip Code

91011-1750

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

DAY TRADER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11.2988040

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

RALPH CIOFFI

Mailing Address 200 OXFORD DR.

City

TENAFLY

State

NJ

Zip Code

07670-3118

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PRIVATE INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11.3011352

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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

500.00

**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 58 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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 POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

LYNNE CLARE

Mailing Address 657 HILLSIDE AVE

City

MOUNTAINSIDE

State

NJ

Zip Code

07092-2529

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  
0 8 / 0 6 / 2 0 0 9

Transaction ID: SA11.2972968

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DAVID CLAYTON

Mailing Address 1009 LOUISIANA ST.

City

SOUTH HOUSTON

State

TX

Zip Code

77587-3126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
P/PM SERVICES INC

Occupation  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

Transaction ID: SA11.3003334

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. BILL CLODFELTER

Mailing Address 1644 ARTHUR COURT

City

FAYETTEVILLE

State

AR

Zip Code

72701-2781

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11.2985686

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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

800.00

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

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

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

FOR LINE NUMBER: PAGE 59 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. STEPHEN CLOUGH

Mailing Address 5972 OJIBWA RD

City

BRAINERD

State

MN

Zip Code

56401-7216

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MINI KIX INC

Occupation

BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 4 / 2 0 0 9

Transaction ID: SA11.2972215

Amount of Each Receipt this Period

750.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. STEPHEN CLOUGH

Mailing Address 5972 OJIBWA RD

City

BRAINERD

State

MN

Zip Code

56401-7216

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MINI KIX INC

Occupation

BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11.3003409

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. CAROLINE CLOUSER

Mailing Address 25 RUNNING CEDAR RD

City

PRINCETON

State

NJ

Zip Code

08540-7561

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACE LIMITED

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 4 / 2 0 0 9

Transaction ID: SA11.2978477

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

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

2000.00

**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 60 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. MURRAY J. COHEN

Mailing Address 88 W. MERMAID LANE

City

PHILADELPHIA

State

PA

Zip Code

19118-4024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THOMAS JEFFERSON UNIVERSI-  
TY

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 7 / 2 0 0 9

Transaction ID: SA11.2992797

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. MURRAY J. COHEN

Mailing Address 88 W. MERMAID LANE

City

PHILADELPHIA

State

PA

Zip Code

19118-4024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THOMAS JEFFERSON UNIVERSI-  
TY

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11.3003501

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ARTHUR JESSE COLLINS

Mailing Address 700 MONTEREY PLACE

City

HUTCHINSON

State

KS

Zip Code

67502-2266

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 / D D / Y Y Y Y Y  
0 7 / 1 3 / 2 0 0 9

Transaction ID: SA11.2965334

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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

850.00

**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 61 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DERRYL COLLINS

Mailing Address 6310 A PICKENS ST.

City

HOUSTON

State

TX

Zip Code

77007-2172

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 / D D / Y Y Y Y  
0 8 / 0 4 / 2 0 0 9

Transaction ID: SA11.2972133

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. PATRICK COLLISON

Mailing Address 12605 REGWOOD ROAD

City

HYDES

State

MD

Zip Code

21082-9519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OLYMPIC FENCE & GUARDRAIL

Occupation  
CONSTRUCTION COMPANY OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 5 / 2 0 0 9

Transaction ID: SA11.2986000

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DAVID COLVIN

Mailing Address 2549 SUN REEF RD

City

LAS VEGAS

State

NV

Zip Code

89128-6880

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 / D D / Y Y Y Y  
0 8 / 1 2 / 2 0 0 9

Transaction ID: SA11.2974449

Amount of Each Receipt this Period

500.00

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: PAGE 62 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. FREDERICK CONARD

Mailing Address 22 SUNSET FARM ROAD

City

WEST HARTFORD

State

CT

Zip Code

06107-1314

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JEFFERSON RADIOLOGY, PC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 1 / 2 0 0 9

Transaction ID: SA11.2967470

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. FREDERICK CONARD

Mailing Address 22 SUNSET FARM ROAD

City

WEST HARTFORD

State

CT

Zip Code

06107-1314

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JEFFERSON RADIOLOGY, PC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11.2990295

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. FREDERICK CONARD

Mailing Address 22 SUNSET FARM ROAD

City

WEST HARTFORD

State

CT

Zip Code

06107-1314

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JEFFERSON RADIOLOGY, PC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11.2995005

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 63 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. FREDERICK CONARD

Mailing Address 22 SUNSET FARM ROAD

City

WEST HARTFORD

State

CT

Zip Code

06107-1314

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JEFFERSON RADIOLOGY, PC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11.3011277

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. FREDERICK CONARD

Mailing Address 22 SUNSET FARM ROAD

City

WEST HARTFORD

State

CT

Zip Code

06107-1314

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JEFFERSON RADIOLOGY, PC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11.3015948

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN R. CONLEY

Mailing Address 443 DUNKIN AVE.

City

BRIDGEPORT

State

WV

Zip Code

26330-1405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MAR DON, INC.

Occupation

CONTRACTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11.3011197

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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

550.00

**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 64 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. JANE COPSEY

Mailing Address P.O. BOX 185

City

MAITLAND

State

MO

Zip Code

64466-0185

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11.2995556

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. JANE COPSEY

Mailing Address P.O. BOX 185

City

MAITLAND

State

MO

Zip Code

64466-0185

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11.2998276

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. CORNELIA G. CORBETT

Mailing Address 1043 GUI SANDO DE AVILA

City

TAMPA

State

FL

Zip Code

33613-1058

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 / D D / Y Y Y Y  
0 8 / 0 4 / 2 0 0 9

Transaction ID: SA11.2972128

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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

700.00

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



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 480

(check only one)

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

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. HENRY G. COREY

Mailing Address 80 HEREFORD ROAD

City

BRONXVILLE

State

NY

Zip Code

10708-5417

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	3	/	2	0	0	9

Transaction ID: SA11.2965150

Amount of Each Receipt this Period

105.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. HENRY G. COREY

Mailing Address 80 HEREFORD ROAD

City

BRONXVILLE

State

NY

Zip Code

10708-5417

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

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

Transaction ID: SA11.2995266

Amount of Each Receipt this Period

105.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. HENRY G. COREY

Mailing Address 80 HEREFORD ROAD

City

BRONXVILLE

State

NY

Zip Code

10708-5417

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

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

Transaction ID: SA11.3007333

Amount of Each Receipt this Period

105.00

CONTRIBUTION

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

315.00

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

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

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

FOR LINE NUMBER: PAGE 66 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

SARAH CORUM

Mailing Address 1123 N COMSTOCK ST

City

VISALIA

State

CA

Zip Code

93292-4403

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 / D D / Y Y Y Y Y  
0 8 / 0 6 / 2 0 0 9

Transaction ID: SA11.2972969

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. ERIC RICHARD COSMAN

Mailing Address 872 CONCORD AVENUE

City

BELMONT

State

MA

Zip Code

02478-1604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COSMAN MEDICAL, INC

Occupation  
DOCTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11.3011207

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. ERIC RICHARD COSMAN

Mailing Address 872 CONCORD AVENUE

City

BELMONT

State

MA

Zip Code

02478-1604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COSMAN MEDICAL, INC

Occupation  
DOCTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11.3011208

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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

750.00

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

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

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

FOR LINE NUMBER: PAGE 67 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. SUSAN E. COTTRELL

Mailing Address 1333 LEWIS LANE

City

TULARE

State

CA

Zip Code

93274-1602

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
L AND S PAVING CO

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11.3003229

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

GARDNER COURSON

Mailing Address P.O. BOX 2766

City

ACWORTH

State

GA

Zip Code

30102-0014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11.3003195

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. FRANK COWELL

Mailing Address 1848 BARNSTABLE RD.

City

LEWISVILLE

State

NC

Zip Code

27023-7760

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TRIAD NEUROLOGICAL ASSOCI-  
ATES

Occupation

OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 0 / 2 0 0 9

Transaction ID: SA11.2973421

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

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

1500.00

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

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

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

FOR LINE NUMBER: PAGE 68 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DAVID T. COWLES, JR.

Mailing Address 18 PINE ST

City

NEEDHAM

State

MA

Zip Code

02492-1019

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 1 / 2 0 0 9

Transaction ID: SA11.2967835

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHNNY CRANE

Mailing Address P.O. BOX 428

City

FULTON

State

MS

Zip Code

38843-0428

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
F.L. CRANE & SONS

Occupation  
CONTRACTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 8 / 2 0 0 9

Transaction ID: SA11.2976261

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN CRAWFORD

Mailing Address 20128 CHATEAU DRIVE

City

SARATOGA

State

CA

Zip Code

95070-4310

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INTEL CORP.

Occupation  
COMPUTER ARCHITECT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 4 / 2 0 0 9

Transaction ID: SA11.2972205

Amount of Each Receipt this Period

600.00

CONTRIBUTION

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

2100.00

**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 69 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT A. CRAWFORD

Mailing Address 18911 SHROPSHIRE CT

City

LEESBURG

State

VA

Zip Code

20176-8495

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DELOITTE & TOUCHE LLP

Occupation

CERTIFIED PUBLIC ACCOUNTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 0 / 2 0 0 9

Transaction ID: SA11.2973493

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JAMES N. CREAMY

Mailing Address 2449 N. BEACHWOOD DRIVE  
APARTMENT 9

City

LOS ANGELES

State

CA

Zip Code

90068-3052

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

APARTMENT BUILDING OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 6 / 2 0 0 9

Transaction ID: SA11.2992604

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ANDRE A. CRISPIN

Mailing Address 1 CRESTWOOD DRIVE

City

HOUSTON

State

TX

Zip Code

77007-7006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11.3001183

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

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

1750.00

**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 70 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JANET CRONK

Mailing Address THE TRAYNOR GROUP  
P.O. BOX 6188

City State Zip Code  
ALBANY CA 94706-0188

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11.3011394

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. MARY S. CRONSON

Mailing Address 50 E. 77TH STREET

City State Zip Code  
NEW YORK NY 10075-1842

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 / D D / Y Y Y Y  
0 8 / 2 8 / 2 0 0 9

Transaction ID: SA11.2982285

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. ALLISON CUBA

Mailing Address 8 MISTY RIDGE MANOR NW

City State Zip Code  
ATLANTA GA 30327-4978

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CAMPBELL-STONE NORTH APARTMENT

Occupation  
COUNSELOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 4 / 2 0 0 9

Transaction ID: SA11.2974987

Amount of Each Receipt this Period

200.00

CONTRIBUTION

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

1700.00

**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 71 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. ALLISON CUBA

Mailing Address 8 MISTY RIDGE MANOR NW

City

ATLANTA

State

GA

Zip Code

30327-4978

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CAMPBELL-STONE NORTH APAR-  
TMENT

Occupation

COUNSELOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11.2998425

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. ALLISON CUBA

Mailing Address 8 MISTY RIDGE MANOR NW

City

ATLANTA

State

GA

Zip Code

30327-4978

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CAMPBELL-STONE NORTH APAR-  
TMENT

Occupation

COUNSELOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11.3011003

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DANIEL H. CUDDY

Mailing Address 1539 W. 9TH AVENUE

City

ANCHORAGE

State

AK

Zip Code

99501-3221

FEC ID number of contributing  
federal political committee.

C

Name of Employer

1ST NATIONAL BANK OF ALAS-  
KA

Occupation

C.E.O./BANKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 2 / 2 0 0 9

Transaction ID: SA11.2968493

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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

450.00

**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 72 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MIKE DAIGLE

Mailing Address 5 WINDING BROOK DRIVE

City

STRATHAM

State

NH

Zip Code

03885-2330

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DATARISK LLC

Occupation

PRESIDENT AND CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11.3011646

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

BRUCE DALLAS

Mailing Address 26530 WESTON DRIVE

City

LOS ALTOS HILLS

State

CA

Zip Code

94022-1984

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DAVIS POLK & WARDWELL LLP

Occupation

LAWYER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 0 9

Transaction ID: SA11.2969366

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

BRUCE DALLAS

Mailing Address 26530 WESTON DRIVE

City

LOS ALTOS HILLS

State

CA

Zip Code

94022-1984

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DAVIS POLK & WARDWELL LLP

Occupation

LAWYER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11.2994959

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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

1000.00

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



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

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

FOR LINE NUMBER: PAGE 73 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JOSEPH DAMICO

Mailing Address 9807 MEMORIAL DRIVE

City

HOUSTON

State

TX

Zip Code

77024-3407

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 3 / 2 0 0 9

Transaction ID: SA11.2969831

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CLARKE DANIEL

Mailing Address 4533 32ND ROAD N.

City

ARLINGTON

State

VA

Zip Code

22207-4466

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 / D D / Y Y Y Y Y  
1 0 / 2 0 / 2 0 0 9

Transaction ID: SA11.2995593

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. JULIE J. DANIELS

Mailing Address 2191 KYLE ROAD

City

BARTLESVILLE

State

OK

Zip Code

74006-6336

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 7 / 2 0 0 9

Transaction ID: SA11.2975087

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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

750.00

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

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

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

FOR LINE NUMBER: PAGE 74 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. PAUL H. DARR

Mailing Address 1600 CLOISTER WAY

City

PLANO

State

TX

Zip Code

75075-6604

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 ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 8 / 2 0 0 9

Transaction ID: SA11.2970454

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. PAUL H. DARR

Mailing Address 1600 CLOISTER WAY

City

PLANO

State

TX

Zip Code

75075-6604

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 ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 6 / 2 0 0 9

Transaction ID: SA11.2992607

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. JESSICA DAVIDSON

Mailing Address 1751 HAVENHURST DR.

City

LOS ALTOS

State

CA

Zip Code

94024-5822

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PALO ALTO FOUNDATION MEDI-  
CAL GROUP

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11.3011181

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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

1000.00

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

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

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

FOR LINE NUMBER: PAGE 75 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. CARLA B. DAVIS

Mailing Address 1537 HAGLEY DRIVE

City

PAWLEYS ISLAND

State

SC

Zip Code

29585-6973

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
DENTIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 2 / 2 0 0 9

Transaction ID: SA11.2974488

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN DAVIS

Mailing Address 10945 SW 63 AVE.

City

MIAMI

State

FL

Zip Code

33156-4030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WESTERN DIGITECH, INC.

Occupation  
COMPUTER PROGRAMMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 0 9

Transaction ID: SA11.2997582

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DEBRA DAY

Mailing Address 2342 NE 29TH STREET

City

LIGHTHOUSE POINT

State

FL

Zip Code

33064-8131

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 1 / 2 0 0 9

Transaction ID: SA11.2967495

Amount of Each Receipt this Period

50.00

CONTRIBUTION

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

1550.00

**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 76 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DEBRA DAY

Mailing Address 2342 NE 29TH STREET

City

LIGHTHOUSE POINT

State

FL

Zip Code

33064-8131

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11.2990259

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DEBRA DAY

Mailing Address 2342 NE 29TH STREET

City

LIGHTHOUSE POINT

State

FL

Zip Code

33064-8131

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11.2994950

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DEBRA DAY

Mailing Address 2342 NE 29TH STREET

City

LIGHTHOUSE POINT

State

FL

Zip Code

33064-8131

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11.3011199

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: PAGE 77 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DEBRA DAY

Mailing Address 2342 NE 29TH STREET

City

LIGHTHOUSE POINT

State

FL

Zip Code

33064-8131

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11.3015881

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

FRANK DEANGELO

Mailing Address 2001 HAMILTON STREET  
UNIT 1008

City

PHILADELPHIA

State

PA

Zip Code

19130-4204

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COOPER

Occupation

HEALTHCARE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11.2983241

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DOUGLAS A. DECAMP

Mailing Address 3485 WEST M-179 HIGHWAY

City

HASTINGS

State

MI

Zip Code

49058-7646

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
F.H.I.

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11.2995653

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

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

1300.00

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

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

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

FOR LINE NUMBER: PAGE 78 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. ROBERT DEFALCO

Mailing Address 84 PHIL HARDIN RD

City

FREDON

State

NJ

Zip Code

07860-5222

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NORTH JERSEY SPORTS MEDIC-  
INE

Occupation

ORTHOPEDIC SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 4 / 2 0 0 9

Transaction ID: SA11.2972210

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CHARLES DEGAN AHL

Mailing Address 1973 304TH TRAIL

City

LAKESIDE

State

NE

Zip Code

69351-5110

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 ▼

1000.00

Date of Receipt

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

Transaction ID: SA11.2978300

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. HENRY DELFINER

Mailing Address 8 BROWN ROAD

City

LEXINGTON

State

MA

Zip Code

02420-1949

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 ▼

750.00

Date of Receipt

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

Transaction ID: SA11.2998275

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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

1500.00

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

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

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

FOR LINE NUMBER: PAGE 79 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. NANCY JEAN DEMARCH

Mailing Address 15646 MESSINA

City

DELRAY BEACH

State

FL

Zip Code

33446

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 ▼

500.00

Date of Receipt

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

Transaction ID: SA11.3003502

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. SUSANNE DEMILT

Mailing Address 62 WOODMERE ROAD

City

STAMFORD

State

CT

Zip Code

06905-4835

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FERGUSON LIBRARY

Occupation

ASST LIBRARIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 5 / 2 0 0 9

Transaction ID: SA11.2985997

Amount of Each Receipt this Period

325.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. JACQUELINE DEMKO

Mailing Address 671 STONEBROOK CT

City

CHESTERFIELD

State

MO

Zip Code

63005-4847

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

ORTHODONTIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 0 9

Transaction ID: SA11.2969409

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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

1325.00

**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 80 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RICHARD M. DERSHAM

Mailing Address 1420 CHEYENNE DRIVE

City

RICHARDSON

State

TX

Zip Code

75080-3921

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 / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 0 9

Transaction ID: SA11.2969494

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RICHARD M. DERSHAM

Mailing Address 1420 CHEYENNE DRIVE

City

RICHARDSON

State

TX

Zip Code

75080-3921

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

Transaction ID: SA11.2994864

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. BRUCE B. DICE

Mailing Address 9505 NORTHPOINTE BLVD. #9303B

City

SPRING

State

TX

Zip Code

77379-3523

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
GEOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 4 / 2 0 0 9

Transaction ID: SA11.2978602

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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

625.00

**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 81 / 480

(check only one)

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

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM T. DICKEY

Mailing Address 2317 SUL ROSS ST

City

HOUSTON

State

TX

Zip Code

77098-2207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

REAL ESTATE

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11.2990120

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

ANDREW DICKS

Mailing Address 206 SW RIDGEVIEW PL

City

LAKE CITY

State

FL

Zip Code

32024-3688

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DICKS REALTY

Occupation

REALTOR

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 0 9

Transaction ID: SA11.2970069

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DAVID DICKSON

Mailing Address 1436 FLORESTA PL

City

PACIFIC PALISADES

State

CA

Zip Code

90272-2350

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AEROCRAFT HEAT TREATING

Occupation

EXECUTIVE

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 5 / 2 0 0 9

Transaction ID: SA11.2972266

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

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

1750.00

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 82 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT J. DINEEN

Mailing Address 2525 CAMPDEN LANE

City

NORTHBROOK

State

IL

Zip Code

60062-8108

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 / D D / Y Y Y Y  
0 8 / 2 4 / 2 0 0 9

Transaction ID: SA11.2978667

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. SANAT DIXIT

Mailing Address 2000 LITTLE RAVEN ST UNIT 603

City

DENVER

State

CO

Zip Code

80202-6124

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DENVER NEUROLOGIC & SPINE

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 5 / 2 0 0 9

Transaction ID: SA11.2972253

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DENNIS B. DONAHUE

Mailing Address 111 POPPY HILLS CV.

City

GEORGETOWN

State

TX

Zip Code

78628

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 / D D / Y Y Y Y  
0 8 / 0 5 / 2 0 0 9

Transaction ID: SA11.2972268

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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

1250.00

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

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

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

FOR LINE NUMBER: PAGE 83 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. ELIZABETH A. DOUGLAS

Mailing Address 315 N LA GRANGE RD APT 100

City

LA GRANGE PARK

State

IL

Zip Code

60526-5000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 6 / 2 0 0 9

Transaction ID: SA11.2972976

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. TOM R. DOUGLASS

Mailing Address 1709 S. STATE STREET

City

EDMOND

State

OK

Zip Code

73013-3633

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ADVANCED MICRO SOLUTIONS,  
INC.

Occupation

OWNER & PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 4 / 2 0 0 9

Transaction ID: SA11.2974985

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. TOM R. DOUGLASS

Mailing Address 1709 S. STATE STREET

City

EDMOND

State

OK

Zip Code

73013-3633

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ADVANCED MICRO SOLUTIONS,  
INC.

Occupation

OWNER & PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11.3003520

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

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

2250.00

**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 84 / 480

(check only one)

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

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. WALTER S. DOWDLE

Mailing Address P.O. BOX 67

City

GOODWATER

State

AL

Zip Code

35072-0067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	9	

Transaction ID: SA11.2988697

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. WALTER S. DOWDLE

Mailing Address P.O. BOX 67

City

GOODWATER

State

AL

Zip Code

35072-0067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	8		2	0	9	

Transaction ID: SA11.3000353

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

STEPHEN DOYLE

Mailing Address P.O. BOX 23254

City

GLADE PARK

State

CO

Zip Code

81523-0254

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DOYLE TRADING CONSULTANTS  
LLCOccupation  
ENERGY CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11.3011360

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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

650.00

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

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

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

FOR LINE NUMBER: PAGE 85 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. CONSTANCE T. DRAKE

Mailing Address P.O. BOX 770

City

HARBOR SPRINGS

State

MI

Zip Code

49740-0770

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 ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 4 / 2 0 0 9

Transaction ID: SA11.2978480

Amount of Each Receipt this Period

800.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. MCCLELLAN A. DUBOIS

Mailing Address 3010 DOWER HOUSE DRIVE

City

HERNDON

State

VA

Zip Code

20171-2236

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RAYTHEON

Occupation  
DEFENSE CONTRACTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11.2995807

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MCCLELLAN A. DUBOIS

Mailing Address 3010 DOWER HOUSE DRIVE

City

HERNDON

State

VA

Zip Code

20171-2236

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RAYTHEON

Occupation  
DEFENSE CONTRACTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 8 / 2 0 0 9

Transaction ID: SA11.3000273

Amount of Each Receipt this Period

100.00

CONTRIBUTION

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

1000.00

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

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

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

FOR LINE NUMBER: PAGE 86 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. TODD M. DUCHENE

Mailing Address 4158 PARMA COURT

City

PLEASANTON

State

CA

Zip Code

94566-2254

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NATIONAL SEMICONDUCTOR CO-  
RPORATION

Occupation  
LAWYER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: SA11.2982297

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. KENNETH D. DUGGIN

Mailing Address 4295 NEITZEY PLACE

City

ALEXANDRIA

State

VA

Zip Code

22309-3070

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 / D D / Y Y Y Y Y  
0 8 / 2 4 / 2 0 0 9

Transaction ID: SA11.2979668

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. BHAGVAN DUGRE

Mailing Address 435 E 57TH ST

City

NEW YORK

State

NY

Zip Code

10022-3173

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SISLEY COSMETICS USA

Occupation  
SALES DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 8 / 2 0 0 9

Transaction ID: SA11.2976231

Amount of Each Receipt this Period

200.00

CONTRIBUTION

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

2200.00

**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 87 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. BHAGVAN DUGRE

Mailing Address 435 E 57TH ST

City

NEW YORK

State

NY

Zip Code

10022-3173

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SISLEY COSMETICS USA

Occupation

SALES DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11.3005080

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. CHRISTOPHER DUMA

Mailing Address 1000 SANTIAGO DR

City

NEWPORT BEACH

State

CA

Zip Code

92660-5728

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

BRAIN SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 6 / 2 0 0 9

Transaction ID: SA11.2972921

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JAMES R. DUNATHAN

Mailing Address 142 OLD VINE WAY

City

NAPA

State

CA

Zip Code

94558-7029

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

INSURANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 3 / 2 0 0 9

Transaction ID: SA11.2974880

Amount of Each Receipt this Period

75.00

CONTRIBUTION

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

525.00

**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 88 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES R. DUNATHAN

Mailing Address 142 OLD VINE WAY

City

NAPA

State

CA

Zip Code

94558-7029

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

INSURANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 2 / 2 0 0 9

Transaction ID: SA11.2988647

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JAMES R. DUNATHAN

Mailing Address 142 OLD VINE WAY

City

NAPA

State

CA

Zip Code

94558-7029

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

INSURANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: SA11.3006911

Amount of Each Receipt this Period

115.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. TIFFANY D. DUNCAN

Mailing Address 5715 S KINGSTON RD

City

SPRINGFIELD

State

MO

Zip Code

65804-5282

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FERRELL DUNCAN CLINIC

Occupation

PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 2 / 2 0 0 9

Transaction ID: SA11.2974497

Amount of Each Receipt this Period

100.00

CONTRIBUTION

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

265.00

**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 89 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. TIFFANY D. DUNCAN

Mailing Address 5715 S KINGSTON RD

City

SPRINGFIELD

State

MO

Zip Code

65804-5282

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FERRELL DUNCAN CLINIC

Occupation  
PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11.3003126

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. CAROL DUNLOP

Mailing Address 81 ELM STREET

City

SUMMIT

State

NJ

Zip Code

07901-3435

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 / D D / Y Y Y Y Y  
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11.2989800

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. CYNTHIA DUNOYER

Mailing Address 2000 E. 12TH AVENUE  
UNIT 22

City

DENVER

State

CO

Zip Code

80206-2824

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11.2995719

Amount of Each Receipt this Period

200.00

CONTRIBUTION

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

650.00

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

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

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

FOR LINE NUMBER: PAGE 90 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. KENT G. DUPONT

Mailing Address 5500 BLOOD ROAD

City

METAMORA

State

MI

Zip Code

48455-9338

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 ▼

225.00

Date of Receipt

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

Transaction ID: SA11.2989413

Amount of Each Receipt this Period

225.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. ELAINE EARLY

Mailing Address 707 STOLER AVE

City

LANSDALE

State

PA

Zip Code

19446-5232

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CENTRAL MONTGOMERY MED

Occupation  
CLEANING WOMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11.3003230

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JAMES C. EAST

Mailing Address P.O. BOX 7299

City

LITTLE ROCK

State

AR

Zip Code

72217-7299

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11.2982200

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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

2225.00

**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 91 / 480

(check only one)

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

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ALAN ECKEL

Mailing Address 10 HILDRETH ST

City

WESTFORD

State

MA

Zip Code

01886-3030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ECKEL INDUSTRIES INC

Occupation

COMPANY PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 5 / 2 0 0 9

Transaction ID: SA11.2972258

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. TINA ECKHARDT

Mailing Address 11 SAWGRASS DR

City

COAL VALLEY

State

IL

Zip Code

61240-9148

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EYE SURGEONS ASSOCIATES

Occupation

OPHTHALMOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 4 / 2 0 0 9

Transaction ID: SA11.2978494

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. LOIS S. EDGERLY

Mailing Address 32 HIGHLAND STREET

City

DUNSTABLE

State

MA

Zip Code

01827-1319

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

WRITER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11.2983342

Amount of Each Receipt this Period

25.00

CONTRIBUTION

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

775.00

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 92 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. LOIS S. EDGERLY

Mailing Address 32 HIGHLAND STREET

City

DUNSTABLE

State

MA

Zip Code

01827-1319

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
WRITER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11.3003423

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. LOYD ELLIS

Mailing Address 14500 FRUITVALE AVENUE  
APARTMENT 4117

City

SARATOGA

State

CA

Zip Code

95070-6192

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 / D D / Y Y Y Y Y  
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.2983320

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. CARLA EMIGH

Mailing Address 2005 ECHO FOREST DR. #103

City

CHARLOTTE

State

WA

Zip Code

28270-1352

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CYZNER INSTITUTE

Occupation  
TEACHING ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 1 / 2 0 0 9

Transaction ID: SA11.2967326

Amount of Each Receipt this Period

25.00

CONTRIBUTION

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

625.00

**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 93 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. CARLA EMIGH

Mailing Address 2005 ECHO FOREST DR. #103

City

CHARLOTTE

State

WA

Zip Code

28270-1352

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CYZNER INSTITUTE

Occupation

TEACHING ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11.2990255

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. CARLA EMIGH

Mailing Address 2005 ECHO FOREST DR. #103

City

CHARLOTTE

State

WA

Zip Code

28270-1352

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CYZNER INSTITUTE

Occupation

TEACHING ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11.2994943

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. CARLA EMIGH

Mailing Address 2005 ECHO FOREST DR. #103

City

CHARLOTTE

State

WA

Zip Code

28270-1352

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CYZNER INSTITUTE

Occupation

TEACHING ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11.3011185

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 94 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. CARLA EMIGH

Mailing Address 2005 ECHO FOREST DR. #103

City

CHARLOTTE

State

WA

Zip Code

28270-1352

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CYZNER INSTITUTE

Occupation

TEACHING ASSISTANT

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11.3015898

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CLAYTON S. EMMERT

Mailing Address 20 LIGHTHOUSE LANE  
UNIT 1117

City

HILTON HEAD ISLAND

State

SC

Zip Code

29928-4310

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
S.M. BRADFORD COMPANY

Occupation

RETAIL

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11.2988182

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ARTHUR A. ENDO

Mailing Address 4357 VINTON AVENUE

City

CULVER CITY

State

CA

Zip Code

90232-3452

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

C.P.A.

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 3 / 2 0 0 9

Transaction ID: SA11.2965472

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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

575.00

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

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

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

FOR LINE NUMBER: PAGE 95 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RON ENGLAND

Mailing Address P.O. BOX 7

City

MONROE

State

VA

Zip Code

24574-0007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ENGLAND STOVE WORKS, INC

Occupation

CHAIRMAN & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 5 / 2 0 0 9

Transaction ID: SA11.2972290

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. HAL EPSTEIN

Mailing Address 738 NORTH QUAKER HILL RD.

City

PAWLING

State

NY

Zip Code

12564-1623

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 1 / 2 0 0 9

Transaction ID: SA11.2973674

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. HAL EPSTEIN

Mailing Address 738 NORTH QUAKER HILL RD.

City

PAWLING

State

NY

Zip Code

12564-1623

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11.2982077

Amount of Each Receipt this Period

200.00

CONTRIBUTION

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

800.00

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

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

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

FOR LINE NUMBER: PAGE 96 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. ANNE ESTRADA

Mailing Address 217 20TH STREET

City

SANTA MONICA

State

CA

Zip Code

90402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 5 / 2 0 0 9

Transaction ID: SA11.2972297

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOSEPH A. ETHRIDGE

Mailing Address P.O. BOX 90

City

BLUFF DALE

State

TX

Zip Code

76433-5049

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 / D D / Y Y Y Y Y  
0 8 / 1 0 / 2 0 0 9

Transaction ID: SA11.2973471

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. IRWIN ETtinger

Mailing Address 631 LONG RIDGE ROAD  
UNIT 40

City

STAMFORD

State

CT

Zip Code

06902-1263

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TRAVELERS, INC.

Occupation

VICE CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 9

Transaction ID: SA11.2996536

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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

1250.00

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



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

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

FOR LINE NUMBER: PAGE 97 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM EVANS

Mailing Address 200 N. COWICHE ROAD

City

COWICHE

State

WA

Zip Code

98923-9757

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EVANS FRUIT COMPANY INC.

Occupation

OFFICE MANAGER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11.3006635

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. PAULA W. FAILLACE

Mailing Address 13030 CONIFER ROAD

City

HOUSTON

State

TX

Zip Code

77079-7345

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 / D D / Y Y Y Y Y  
0 8 / 2 4 / 2 0 0 9

Transaction ID: SA11.2979745

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MARK FALB

Mailing Address 770 MT. CARMEL RD.

City

DUBUQUE

State

IA

Zip Code

52003-7942

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KENDALL HUNT PUBLISHING  
AND WESTMARK E

Occupation

CHAIRMAN AND CEO

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 0 / 2 0 0 9

Transaction ID: SA11.2971999

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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

2000.00

**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 98 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. LIE JEN FAN

Mailing Address 2709 HAMILTON BLVD.

City

S. PLAINFIELD

State

NJ

Zip Code

07080-2515

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DYNAMIC DECISIONS INCORPORATED

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11.3003238

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOSEPH E. FARRELL, JR.

Mailing Address 1512 SE 11 STREET

City

FT. LAUDERDALE

State

FL

Zip Code

33316

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RESOLVE MARINE GROUP INC.

Occupation

SHIP RESCUE/SALVAGE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11.3011487

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. JAN E. FEHRENBACHER

Mailing Address 27 WESTMINSTER DRIVE

City

LINCOLN

State

IL

Zip Code

62656-5430

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WALGREENS

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: SA11.2996801

Amount of Each Receipt this Period

200.00

CONTRIBUTION

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

1700.00

**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 99 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOSEPH L. FEIGENBAUM

Mailing Address 2063 S. MADRONA DRIVE

City

PALM SPRINGS

State

CA

Zip Code

92264-9220

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 / D D / Y Y Y Y Y  
0 8 / 1 0 / 2 0 0 9

Transaction ID: SA11.2973472

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. STEVEN FEINBERG

Mailing Address 50 JERICHO TURNPIKE, STE 205

City

JERICHO

State

NY

Zip Code

11753-1014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 0 / 2 0 0 9

Transaction ID: SA11.2971777

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ELIZABETH FIELDS

Mailing Address 22851 WINDOM STREET

City

WEST HILLS

State

CA

Zip Code

91307-1542

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIVERSITY OF CHICAGO

Occupation  
FUNDRAISER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 1 / 2 0 0 9

Transaction ID: SA11.2967290

Amount of Each Receipt this Period

25.00

CONTRIBUTION

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

525.00

**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 100 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ELIZABETH FIELDS

Mailing Address 22851 WINDOM STREET

City

WEST HILLS

State

CA

Zip Code

91307-1542

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIVERSITY OF CHICAGO

Occupation

FUNDRAISER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11.2990239

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

ELIZABETH FIELDS

Mailing Address 22851 WINDOM STREET

City

WEST HILLS

State

CA

Zip Code

91307-1542

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIVERSITY OF CHICAGO

Occupation

FUNDRAISER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11.2994923

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ELIZABETH FIELDS

Mailing Address 22851 WINDOM STREET

City

WEST HILLS

State

CA

Zip Code

91307-1542

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIVERSITY OF CHICAGO

Occupation

FUNDRAISER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11.3015933

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 101 / 480

(check only one)

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

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. JUDY M. FIGGE

Mailing Address 4432 STATE HIGHWAY 25 SE

City

BUFFALO

State

MN

Zip Code

55313-8002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PRAIRIE RIVER HOME CARE  
INC.Occupation  
CEO/ RN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	4		2	0	0	9

Transaction ID: SA11.2978576

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JUAN R. FIGUERO

Mailing Address 4523 CHEVAL BLVD.

City

LUTZ

State

FL

Zip Code

33558-5332

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COTT CORPOccupation  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

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

Transaction ID: SA11.3007241

Amount of Each Receipt this Period

800.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JACK H. FILES

Mailing Address P.O. BOX 322

City

EL CAJON

State

CA

Zip Code

92022-0322

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	6		2	0	0	9

Transaction ID: SA11.2999554

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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

1800.00

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 102 / 480

(check only one)

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

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. BRIAN G. FIRTH

Mailing Address 1497 BROOKFIELD ROAD

City

YARDLEY

State

PA

Zip Code

19067-3931

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11.2989664

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. CHARLES FISHER

Mailing Address 12538 PEBBLEPOINTE PASS

City

CARMEL

State

IN

Zip Code

46033-9687

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDIOMEOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	0	9

Transaction ID: SA11.2998011

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DONALD O. FORD

Mailing Address P.O. BOX 130

City

ACAMPO

State

CA

Zip Code

95220-0130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
CONTRACTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11.2983559

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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

1000.00

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

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

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

FOR LINE NUMBER: PAGE 103 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. MICHEL J. FORTIER

Mailing Address 530 WHISPERING WIND CIRCLE

City

CONWAY

State

AR

Zip Code

72034-3480

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 ▼

400.00

Date of Receipt

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

Transaction ID: SA11.2982056

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. MICHEL J. FORTIER

Mailing Address 530 WHISPERING WIND CIRCLE

City

CONWAY

State

AR

Zip Code

72034-3480

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 ▼

400.00

Date of Receipt

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

Transaction ID: SA11.2999396

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. LYN FRANKS

Mailing Address 5833 POST CORNERS TRAIL  
APARTMENT K.

City

CENTREVILLE

State

VA

Zip Code

20120-6313

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MANASSAS PARK CITY SCHOOLS

Occupation  
TEACHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 0 / 2 0 0 9

Transaction ID: SA11.2973537

Amount of Each Receipt this Period

150.00

CONTRIBUTION

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

350.00

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

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

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

FOR LINE NUMBER: PAGE 104 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. LYN FRANKS

Mailing Address 5833 POST CORNERS TRAIL  
APARTMENT K.

City State Zip Code  
CENTREVILLE VA 20120-6313

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MANASSAS PARK CITY SCHOOLS

Occupation  
TEACHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11.2990284

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. LYN FRANKS

Mailing Address 5833 POST CORNERS TRAIL  
APARTMENT K.

City State Zip Code  
CENTREVILLE VA 20120-6313

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MANASSAS PARK CITY SCHOOLS

Occupation  
TEACHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 8 / 2 0 0 9

Transaction ID: SA11.3000360

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. DAWN R. FRANZ

Mailing Address 3980 BAUGHMAN GRANT

City State Zip Code  
NEW ALBANY OH 43054-8933

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: SA11.2983458

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

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

1575.00

**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 105 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ARTHUR W. FRASER

Mailing Address 8744 LINDANTE DRIVE

City

WHITTIER

State

CA

Zip Code

90603-1018

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PECK ROAD TRUCK CENTER

Occupation

TRUCK DEALER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: SA11.2995594

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RONALD A. FRASER

Mailing Address 2003 CHEROKEE ROAD

City

CARPENTERSVILLE

State

IL

Zip Code

60110-1263

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 0 9

Transaction ID: SA11.2999578

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RONALD A. FRASER

Mailing Address 2003 CHEROKEE ROAD

City

CARPENTERSVILLE

State

IL

Zip Code

60110-1263

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11.3001927

Amount of Each Receipt this Period

200.00

CONTRIBUTION

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

1800.00

**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 106 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. BOBBY FRESE

Mailing Address 103 RICHMAR DRIVE

City

BIRMINGHAM

State

AL

Zip Code

35213-4323

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ROBERT BERNARD FRESE, JR.

Occupation

ATTORNEY/EDITOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 1 / 2 0 0 9

Transaction ID: SA11.2966783

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. BOBBY FRESE

Mailing Address 103 RICHMAR DRIVE

City

BIRMINGHAM

State

AL

Zip Code

35213-4323

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ROBERT BERNARD FRESE, JR.

Occupation

ATTORNEY/EDITOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11.2990119

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. BOBBY FRESE

Mailing Address 103 RICHMAR DRIVE

City

BIRMINGHAM

State

AL

Zip Code

35213-4323

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ROBERT BERNARD FRESE, JR.

Occupation

ATTORNEY/EDITOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11.2994773

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 107 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. BOBBY FRESE

Mailing Address 103 RICHMAR DRIVE

City

BIRMINGHAM

State

AL

Zip Code

35213-4323

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ROBERT BERNARD FRESE, JR.

Occupation

ATTORNEY/EDITOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11.3010863

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. BOBBY FRESE

Mailing Address 103 RICHMAR DRIVE

City

BIRMINGHAM

State

AL

Zip Code

35213-4323

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ROBERT BERNARD FRESE, JR.

Occupation

ATTORNEY/EDITOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11.3015916

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DEAN FULTON

Mailing Address 8750 NW 68TH CT.

City

PARKLAND

State

FL

Zip Code

33067-2513

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 0 9

Transaction ID: SA11.2997785

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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

550.00

**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 108 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. NADINE M. FUNK

Mailing Address 285 W. MOULTRIE STREET

City

BEMENT

State

IL

Zip Code

61813-1458

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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 3 / 2 0 0 9

Transaction ID: SA11.2965148

Amount of Each Receipt this Period

115.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. NADINE M. FUNK

Mailing Address 285 W. MOULTRIE STREET

City

BEMENT

State

IL

Zip Code

61813-1458

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 ▼

240.00

Date of Receipt

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

Transaction ID: SA11.3007175

Amount of Each Receipt this Period

125.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN F. GAITHER

Mailing Address 702 MEADOWMONT LN

City

CHAPEL HILL

State

NC

Zip Code

27517-8157

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TALECRIS BIOTHERAPEUTICS,  
INC

Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 0 / 2 0 0 9

Transaction ID: SA11.2971758

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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

490.00

**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 109 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. HENRY R. GALLER

Mailing Address 5 MERCURY AVENUE

City

MONROE

State

NY

Zip Code

10950-5226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HENRY'S ATTIC, INC.

Occupation  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.3006833

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. AUGUST R. GALLO

Mailing Address 2473 JAY STREET

City

NEW ORLEANS

State

LA

Zip Code

70122-4309

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GALLO GROUP

Occupation  
CONTRACTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 8 / 2 0 0 9

Transaction ID: SA11.2970423

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. KENNETH GAMBLE

Mailing Address 175 HUGUENOT STREET  
PH. 501

City

NEW ROCHELLE

State

NY

Zip Code

10801-7767

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
INSURANCE BROKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 1 / 2 0 0 9

Transaction ID: SA11.2967219

Amount of Each Receipt this Period

500.00

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: PAGE 110 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT T. GANNETT

Mailing Address 619 PLEASANT VALLEY ROAD

City

BRATTLEBORO

State

VT

Zip Code

05301-8828

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 0 9

Transaction ID: SA11.2996571

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. MARY G. GARDENHIRE

Mailing Address 1705 ESTRELLITA CIRCLE

City

CHATTANOOGA

State

TN

Zip Code

37421-5754

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KEN GARNER ENTERPRISES,  
LLC

Occupation

VICE CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 4 / 2 0 0 9

Transaction ID: SA11.2972168

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. CATHERINE GARNER

Mailing Address 812 MESA VISTA WAY

City

AUBURN

State

CA

Zip Code

95603-6056

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

CAREGIVER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 0 / 2 0 0 9

Transaction ID: SA11.2973551

Amount of Each Receipt this Period

270.00

CONTRIBUTION

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

770.00

**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 111 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. SHIRLEY A. GARNES

Mailing Address 2614 SPRUCEWOOD STREET

City

ANCHORAGE

State

AK

Zip Code

99508-3979

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

SALES/ACCOUNTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 5 / 2 0 0 9

Transaction ID: SA11.2980421

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. MARILYN V. GEARHART

Mailing Address P.O. BOX 427  
11N DOUGLAS ROAD

City

WATERVILLE

State

WA

Zip Code

98858-0427

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 2 / 2 0 0 9

Transaction ID: SA11.2968494

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. MARILYN V. GEARHART

Mailing Address P.O. BOX 427  
11N DOUGLAS ROAD

City

WATERVILLE

State

WA

Zip Code

98858-0427

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

Transaction ID: SA11.2996134

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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

1300.00

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

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

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

FOR LINE NUMBER: PAGE 112 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MILA GENOV

Mailing Address 1201 CADILLAC CT

City

MILPITAS

State

CA

Zip Code

95035-3000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENMARK AUTOMATION INC.

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

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

Transaction ID: SA11.3003161

Amount of Each Receipt this Period

750.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. LAWRENCE J. GENTINE

Mailing Address 263 BAREFOOT BEACH BLVD.

City

BONITA SPRINGS

State

FL

Zip Code

34134-8597

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 / D D / Y Y Y Y Y  
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11.3006761

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. KENNETH GERDES

Mailing Address 320 3RD STREET

City

MANNING

State

IA

Zip Code

51455-1314

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 / D D / Y Y Y Y Y  
1 1 / 0 9 / 2 0 0 9

Transaction ID: SA11.2999060

Amount of Each Receipt this Period

50.00

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: PAGE 113 / 480

(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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. LEO R. GERMIN

Mailing Address 9609 VERLAINE COURT

City

LAS VEGAS

State

NV

Zip Code

89145-8694

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 ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	0	/	2	0	0	9

Transaction ID: SA11.2973424

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. LEO R. GERMIN

Mailing Address 9609 VERLAINE COURT

City

LAS VEGAS

State

NV

Zip Code

89145-8694

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 ▼

350.00

Date of Receipt

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

Transaction ID: SA11.3003137

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. AMBROSE GIVINS, SR.

Mailing Address 1365 COOPER DRIVE

City

LEXINGTON

State

KY

Zip Code

40502-2411

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	/	D	D	/	Y	Y	Y	Y
0	7	/	1	3	/	2	0	0	9

Transaction ID: SA11.2965330

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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

850.00

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 114 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. LAWRENCE GLASCOTT

Mailing Address 5147 JARVIS AVENUE

City

LACANADA FLINTRIDG

State

CA

Zip Code

91011-1642

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 1 / 2 0 0 9

Transaction ID: SA11.2967407

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. LAWRENCE GLASCOTT

Mailing Address 5147 JARVIS AVENUE

City

LACANADA FLINTRIDG

State

CA

Zip Code

91011-1642

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11.2999970

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

SCOTT GODOY

Mailing Address 3740 N.E. 28TH AVENUE

City

LIGHTHOUSE POINT

State

FL

Zip Code

33064-8412

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SUMMIT BUILDERS OF FLORID-  
A, IN

Occupation  
CUSTOM HOME BUILDER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11.2995043

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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

400.00

**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 115 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. SARAH M. GOODSON

Mailing Address 1120 KEOWEE AVENUE

City

KNOXVILLE

State

TN

Zip Code

37919-7755

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 / D D / Y Y Y Y Y  
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.2990063

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. FREDERICK K. GOODWIN

Mailing Address 5712 WARWICK PLACE

City

CHEVY CHASE

State

MD

Zip Code

20815-5502

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 ▼

500.00

Date of Receipt

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

Transaction ID: SA11.2983561

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT L. GORDON

Mailing Address 414 ST. ANDREWS ROAD

City

STATESVILLE

State

NC

Zip Code

28625-4661

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
STOCKHOLDER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID: SA11.2995715

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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

1000.00

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

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

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

FOR LINE NUMBER: PAGE 116 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DAN GRAJZL

Mailing Address 31849 SOUTH WOODLAND ROAD

City

PEPPER PIKE

State

OH

Zip Code

44124-5830

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PARK PLACE INTERNATIONAL

Occupation

OWNER & EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 0 9

Transaction ID: SA11.2969615

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. GORDON GRANSTON

Mailing Address 10117 NE 66TH LAME

City

KIRKLAND

State

WA

Zip Code

98033-6870

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 / D D / Y Y Y Y  
0 8 / 2 4 / 2 0 0 9

Transaction ID: SA11.2978446

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. MARGO GRANT-WALSH

Mailing Address 14 SUTTON PLACE S.

City

NEW YORK

State

NY

Zip Code

10022-3071

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 / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 0 9

Transaction ID: SA11.2995989

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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

1500.00

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

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

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

FOR LINE NUMBER: PAGE 117 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. HORACE A. GRAY, III

Mailing Address 5004 MONUMENT AVENUE  
SUITE 200

City State Zip Code  
RICHMOND VA 23230-3629

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
REAL ESTATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 4 / 2 0 0 9

Transaction ID: SA11.2974975

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. HORACE A. GRAY, IV

Mailing Address 5407 PATTERSON AVE STE 200C

City State Zip Code  
RICHMOND VA 23226-2040

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
GRAY HOME BUILDERS

Occupation  
HOME BUILDER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11.3005022

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. JO ANN L. GREB

Mailing Address 8861 W. WILSON BAY DRIVE

City State Zip Code  
HAYWARD WI 54843-5221

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 ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 9

Transaction ID: SA11.2965930

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

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

1500.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 118 / 480

(check only one)

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

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. JO ANN L. GREB

Mailing Address 8861 W. WILSON BAY DRIVE

City

HAYWARD

State

WI

Zip Code

54843-5221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11.2998110

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RAYMOND B. GREENE

Mailing Address 3039 W. WILSHIRE BLVD

City

OKLAHOMA CITY

State

OK

Zip Code

73116-3129

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	1	/	2	0	0	9

Transaction ID: SA11.2967878

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. DAVID GREGORY

Mailing Address 3624 LOVERS LANE

City

DALLAS

State

TX

Zip Code

75225-7423

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DAVID K. GREGORY, MD FACSOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11.3005019

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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

2000.00

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 119 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. JAMES S. GREGORY, MD

Mailing Address 550 FENDER LANE

City

JOHNSTOWN

State

PA

Zip Code

15905-5307

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CONEMAUGH HEALTH INITIATI-  
VES

Occupation  
SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 2 / 2 0 0 9

Transaction ID: SA11.2974455

Amount of Each Receipt this Period

1200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. JAMES S. GREGORY, MD

Mailing Address 550 FENDER LANE

City

JOHNSTOWN

State

PA

Zip Code

15905-5307

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CONEMAUGH HEALTH INITIATI-  
VES

Occupation  
SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

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

Transaction ID: SA11.3003136

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. JANE K. GRETTER

Mailing Address 4830 KENNETT PIKE  
APARTMENT 4205

City

WILMINGTON

State

DE

Zip Code

19807-1858

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 / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11.3003524

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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

2200.00

**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 120 / 480

(check only one)

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

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. AVERY GRIFFIN

Mailing Address 71648 MAPLE ST

City

ABITA SPRINGS

State

LA

Zip Code

70420-3616

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HAMLIN, GRIFFIN & KOHNKE

Occupation

ATTORNEY

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	0	9

Transaction ID: SA11.2972236

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DAVID GROHNE

Mailing Address 25907 MURPHY ROAD

City

WILMINGTON

State

IL

Zip Code

60481-8340

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INDEPENDENCE TUBE CORPORA-  
TION

Occupation

CHAIRMAN OF THE BOARD

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	0	9

Transaction ID: SA11.2976308

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DIETRICH M. GROSS

Mailing Address 769 MICHIGAN AVENUE

City

WILMETTE

State

IL

Zip Code

60091-1956

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JUPITER ALUMINUM CORPORAT-  
ION

Occupation

C.E.O.

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11.2983560

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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

6000.00

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 121 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. PAUL GUGGENHEIMER

Mailing Address 82 OLD FARM RD S

City

PLEASANTVILLE

State

NY

Zip Code

10570-1508

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KYLIN MANAGEMENT LLC

Occupation

ACCOUNTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 5 / 2 0 0 9

Transaction ID: SA11.2972282

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. PAUL GUGGENHEIMER

Mailing Address 82 OLD FARM RD S

City

PLEASANTVILLE

State

NY

Zip Code

10570-1508

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KYLIN MANAGEMENT LLC

Occupation

ACCOUNTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

Transaction ID: SA11.3003329

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DONALD G. GUMPERTZ

Mailing Address P.O. BOX 2450

City

TOLUCA LAKE

State

CA

Zip Code

91610-0450

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 ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 9 / 2 0 0 9

Transaction ID: SA11.2976619

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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

2600.00

**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 122 / 480

(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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DONALD G. GUMPERTZ

Mailing Address P.O. BOX 2450

City

TOLUCA LAKE

State

CA

Zip Code

91610-0450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11.2995801

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DONALD G. GUMPERTZ

Mailing Address P.O. BOX 2450

City

TOLUCA LAKE

State

CA

Zip Code

91610-0450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	5		2	0	9	

Transaction ID: SA11.3005359

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. GLENN CHARLES GUNLOCK

Mailing Address 5070 ROLLING WOODS TRAIL

City

KETTERING

State

OH

Zip Code

45429-1109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
R.G. PROPERTIESOccupation  
REAL ESTATE DEVELOPMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	1		2	0	9	

Transaction ID: SA11.2978309

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

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

2500.00

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 123 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. RUBI GUTIERREZ

Mailing Address 511 N. DEPOT RD.

City

EDINBURG

State

TX

Zip Code

78541-9431

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MARCO GUTIERREZ M.D. & AS-SOC.

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 3 / 2 0 0 9

Transaction ID: SA11.2969775

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. RUBI GUTIERREZ

Mailing Address 511 N. DEPOT RD.

City

EDINBURG

State

TX

Zip Code

78541-9431

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MARCO GUTIERREZ M.D. & AS-SOC.

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 3 / 2 0 0 9

Transaction ID: SA11.2969776

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DAVID HAGEN

Mailing Address 1001 RIDGEVIEW

City

SELAH

State

WA

Zip Code

98942-1503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

BROKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 3 / 2 0 0 9

Transaction ID: SA11.2969749

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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

400.00

**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 124 / 480

(check only one)

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

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JEFF HAINES

Mailing Address 241 N ROCKINGHAM AVE

City

LOS ANGELES

State

CA

Zip Code

90049-2633

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HAINES

Occupation

CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	1	/	2	0	0	9

Transaction ID: SA11.2973678

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

TAMMY HAIR

Mailing Address P.O. BOX 2448

City

UMATILLA

State

FL

Zip Code

32784-2448

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TIPHANY'S GARDEN, LLC

Occupation

OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	1	/	2	0	0	9

Transaction ID: SA11.2967343

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

TAMMY HAIR

Mailing Address P.O. BOX 2448

City

UMATILLA

State

FL

Zip Code

32784-2448

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TIPHANY'S GARDEN, LLC

Occupation

OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11.2990258

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: PAGE 125 / 480

(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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

TAMMY HAIR

Mailing Address P.O. BOX 2448

City

UMATILLA

State

FL

Zip Code

32784-2448

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TIPHANY'S GARDEN, LLCOccupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11.2994949

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

TAMMY HAIR

Mailing Address P.O. BOX 2448

City

UMATILLA

State

FL

Zip Code

32784-2448

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TIPHANY'S GARDEN, LLCOccupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11.3011196

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

TAMMY HAIR

Mailing Address P.O. BOX 2448

City

UMATILLA

State

FL

Zip Code

32784-2448

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TIPHANY'S GARDEN, LLCOccupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11.3015946

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 126 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. HADI HAJJAR

Mailing Address 617 ROUND HILL ROAD

City

GREENWICH

State

CT

Zip Code

06831-2718

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

SMALL BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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

Transaction ID: SA11.3003511

Amount of Each Receipt this Period

325.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. MARCIA BEATRICE HALL

Mailing Address P.O. BOX 188

City

WINCHESTER

State

MA

Zip Code

01890-0288

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 ▼

400.00

Date of Receipt

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

Transaction ID: SA11.2989736

Amount of Each Receipt this Period

400.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. HARRY HALLORAN

Mailing Address 21 WISTAR RD

City

VILLANOVA

State

PA

Zip Code

19085-1512

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMERICA REFINING GROUP

Occupation

BUSINESS EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: SA11.3005061

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

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

2225.00

**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 127 / 480

(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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM F. HAMBLÉN

Mailing Address 611 SE 9TH AVENUE  
APARTMENT 48

City	State	Zip Code
OCALA	FL	34471-3869

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONEOccupation  
NONE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

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

Transaction ID: SA11.2995644

Amount of Each Receipt this Period

145.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM F. HAMBLÉN

Mailing Address 611 SE 9TH AVENUE  
APARTMENT 48

City	State	Zip Code
OCALA	FL	34471-3869

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONEOccupation  
NONE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

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

Transaction ID: SA11.3007237

Amount of Each Receipt this Period

145.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN HANRIOT

Mailing Address 4775 COLLINS AVENUE  
APARTMENT 2604

City	State	Zip Code
MIAMI BEACH	FL	33140-3267

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	4		2	0	0	9

Transaction ID: SA11.2978449

Amount of Each Receipt this Period

240.00

CONTRIBUTION

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

530.00

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 128 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. FLOYD HARLAN

Mailing Address 9010 TOLLHOUSE RD.

City

CLOVIS

State

CA

Zip Code

93619-9751

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

Transaction ID: SA11.3003338

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. REBECCA H. HARMON

Mailing Address 115 PERIMETER CENTER PLACE N.E.  
SUITE 1190

City

ATLANTA

State

GA

Zip Code

30346-1238

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
OFFICE MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 5 / 2 0 0 9

Transaction ID: SA11.2980102

Amount of Each Receipt this Period

650.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. FRANCES DORCHESTER HARRELL

Mailing Address 2660 N. MAGNOLIA AVENUE

City

PENSACOLA

State

FL

Zip Code

32503-4945

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
OIL AND GAS MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 5 / 2 0 0 9

Transaction ID: SA11.2980364

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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

1200.00

**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 129 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

PATRICIA HARRISON

Mailing Address 1345 CAMPBELL ROAD  
SUITE 222

City State Zip Code  
HOUSTON TX 77055-6452

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11.3011390

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RICHARD L. HARTMAN

Mailing Address 2858 E WATFORD COURT

City State Zip Code  
QUEEN CREEK AZ 85242-8422

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 / D D / Y Y Y Y  
0 7 / 0 1 / 2 0 0 9

Transaction ID: SA11.2966712

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RICHARD L. HARTMAN

Mailing Address 2858 E WATFORD COURT

City State Zip Code  
QUEEN CREEK AZ 85242-8422

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 / D D / Y Y Y Y  
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11.2990103

Amount of Each Receipt this Period

25.00

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: PAGE 130 / 480

(check only one)

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

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RICHARD L. HARTMAN

Mailing Address 2858 E WATFORD COURT

City

QUEEN CREEK

State

AZ

Zip Code

85242-8422

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11.2994744

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RICHARD L. HARTMAN

Mailing Address 2858 E WATFORD COURT

City

QUEEN CREEK

State

AZ

Zip Code

85242-8422

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11.3010814

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RICHARD L. HARTMAN

Mailing Address 2858 E WATFORD COURT

City

QUEEN CREEK

State

AZ

Zip Code

85242-8422

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11.3015905

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 131 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CURRAN W. HARVEY, JR.

Mailing Address 3780 FORT CHARLES DRIVE

City

NAPLES

State

FL

Zip Code

34102-7935

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 0 / 2 0 0 9

Transaction ID: SA11.2971939

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. PHILIP H. HASELTON

Mailing Address 76 OAK STREET

City

BOOTHBAY HARBOR

State

ME

Zip Code

04538-1814

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 ▼

3000.00

Date of Receipt

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

Transaction ID: SA11.3001534

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. CHARLES F. HAWKINS

Mailing Address 96 N 3RD ST  
STE 300

City

SAN JOSE

State

CA

Zip Code

95112-7706

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CHARLES HAWKINS

Occupation  
LAWYER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 4 / 2 0 0 9

Transaction ID: SA11.2974967

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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

1750.00

**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 132 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. GAIL L. HAWRANEY

Mailing Address 2 AVONDALE DRIVE

City

NEWTOWN

State

PA

Zip Code

18940-2500

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 1 / 2 0 0 9

Transaction ID: SA11.2966756

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JAMES P. HEA

Mailing Address 9130 N.W. 11TH COURT

City

FORT LAUDERDALE

State

FL

Zip Code

33322-4902

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RESOURCE BENEFITS, INC.

Occupation  
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 3 / 2 0 0 9

Transaction ID: SA11.2968971

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JAMES P. HEA

Mailing Address 9130 N.W. 11TH COURT

City

FORT LAUDERDALE

State

FL

Zip Code

33322-4902

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RESOURCE BENEFITS, INC.

Occupation  
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 3 / 2 0 0 9

Transaction ID: SA11.2968972

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: PAGE 133 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES P. HEA

Mailing Address 9130 N.W. 11TH COURT

City

FORT LAUDERDALE

State

FL

Zip Code

33322-4902

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RESOURCE BENEFITS, INC.

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 0 9

Transaction ID: SA11.2977322

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. NELSON H. HEAD

Mailing Address 13440 OCCOQUAN RD

City

WOODBIDGE

State

VA

Zip Code

22191-1743

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DIXIE BONES INC.

Occupation

RESTAURANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 0 9

Transaction ID: SA11.2968721

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. CORINNE M. HEATH

Mailing Address 1818 BIG OAK ROAD

City

ROBERSONVILLE

State

NC

Zip Code

27871-9331

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  
0 7 / 1 4 / 2 0 0 9

Transaction ID: SA11.2965942

Amount of Each Receipt this Period

300.00

CONTRIBUTION

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

650.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 134 / 480

(check only one)

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

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM H. HECHT

Mailing Address 2228 ARYNESS DRIVE

City

VIENNA

State

VA

Zip Code

22181-3046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HECHT, SPENCER AND ASSOCI-  
ATESOccupation  
LOBBYIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.3006893

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. BARBARA HEFFLEBOWER

Mailing Address 850 66TH AVENUE

City

VERO BEACH

State

FL

Zip Code

32966-1125

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11.2992411

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. BARBARA HEFFLEBOWER

Mailing Address 850 66TH AVENUE

City

VERO BEACH

State

FL

Zip Code

32966-1125

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11.3000095

Amount of Each Receipt this Period

200.00

CONTRIBUTION

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

1400.00

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 135 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JEREMY HEISLER

Mailing Address 950 3RD AVENUE  
FLOOR 10

City State Zip Code  
NEW YORK NY 10022-2774

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SANFORD WITTELS & HEISLER,  
LLP

Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 1 / 2 0 0 9

Transaction ID: SA11.2973679

Amount of Each Receipt this Period

800.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JEREMY HEISLER

Mailing Address 950 3RD AVENUE  
FLOOR 10

City State Zip Code  
NEW YORK NY 10022-2774

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SANFORD WITTELS & HEISLER,  
LLP

Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 9 / 2 0 0 9

Transaction ID: SA11.2976642

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DARRELL W. HEISS

Mailing Address 104 N. MAPLE STREET

City State Zip Code  
NORTH PLATTE NE 69101-5165

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  
0 7 / 1 3 / 2 0 0 9

Transaction ID: SA11.2964916

Amount of Each Receipt this Period

300.00

CONTRIBUTION

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

1600.00

**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 136 / 480

(check only one)

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

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

GEORGE S. HELMS

Mailing Address 12025 DIXIE

City

REDFORD

State

MI

Zip Code

48239-2414

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GEORGE HELMS

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 5 / 2 0 0 9

Transaction ID: SA11.2972272

Amount of Each Receipt this Period

1250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

THOMAS HENRY

Mailing Address 19310 SONOMA HWY, SUITE A

City

SONOMA

State

CA

Zip Code

95476-5454

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
REALCARE MANAGEMENT, INC.

Occupation

INSURANCE SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11.3011138

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

TIMOTHY HENTSCHEL

Mailing Address 325 7TH AVE UNIT 311

City

SAN DIEGO

State

CA

Zip Code

92101-7177

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LEXYL TRAVEL TECHNOLOGIES

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 9

Transaction ID: SA11.2998079

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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

1750.00

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 137 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JACK R. HERETH

Mailing Address 2269 E. CHEROKEE DR.

City

WOODSTOCK

State

GA

Zip Code

30188-1941

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GIBSONBURG HEALTH, LLC

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 30 / 2009

Transaction ID: SA11.2971983

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

STEPHEN HERSON

Mailing Address 146 WHITNEY HILL RD

City

TUNBRIDGE

State

VT

Zip Code

05077-9642

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

REAL ESTATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y  
11 / 04 / 2009

Transaction ID: SA11.2998478

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

STEPHEN HERSON

Mailing Address 146 WHITNEY HILL RD

City

TUNBRIDGE

State

VT

Zip Code

05077-9642

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

REAL ESTATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y  
11 / 04 / 2009

Transaction ID: SA11.2998479

Amount of Each Receipt this Period

75.00

CONTRIBUTION

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

425.00

**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 138 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

STEPHEN HERSON

Mailing Address 146 WHITNEY HILL RD

City

TUNBRIDGE

State

VT

Zip Code

05077-9642

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

REAL ESTATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

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

Transaction ID: SA11.3011117

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. EDITH HEULER

Mailing Address 19191 HARVARD AVENUE  
#118-E

City

IRVINE

State

CA

Zip Code

92612-4658

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 4 / 2 0 0 9

Transaction ID: SA11.2978954

Amount of Each Receipt this Period

400.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. LUCI HIGGINS

Mailing Address 503 RIOMAR AVENUE

City

ORLANDO

State

FL

Zip Code

32828-8452

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NOVA SOUTHEASTERN UNIVERS-  
ITY

Occupation

ADJUNCT PROFESSOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 7 / 2 0 0 9

Transaction ID: SA11.2975155

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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

1000.00

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

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

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

FOR LINE NUMBER: PAGE 139 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. GARY J. HIMES

Mailing Address 4226 GILBERT AVE

City

DALLAS

State

TX

Zip Code

75219-2901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BGF PHARMACY PARTNERS

Occupation

CHIEF FINANCIAL OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 2 / 2 0 0 9

Transaction ID: SA11.2974469

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. GARY J. HIMES

Mailing Address 4226 GILBERT AVE

City

DALLAS

State

TX

Zip Code

75219-2901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BGF PHARMACY PARTNERS

Occupation

CHIEF FINANCIAL OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: SA11.3003395

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RICHARD M. HOFFMANN

Mailing Address 4065 W EAGLEROCK DR

City

WENATCHEE

State

WA

Zip Code

98801-9072

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KASSEL CONSTRUCTION, INC.

Occupation

GENERAL CONTRACTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11.3010806

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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

700.00

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

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

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

FOR LINE NUMBER: PAGE 140 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES A. HOLCOMB

Mailing Address 1438 N. ZIMMERS STREET

City

PAMPA

State

TX

Zip Code

79065-3924

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  
0 7 / 2 7 / 2 0 0 9

Transaction ID: SA11.2970240

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JAMES A. HOLCOMB

Mailing Address 1438 N. ZIMMERS STREET

City

PAMPA

State

TX

Zip Code

79065-3924

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  
1 0 / 1 9 / 2 0 0 9

Transaction ID: SA11.2995285

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. SHRIPATHI HOLLA

Mailing Address 513 CARNATION DRIVE

City

CLARKS SUMMIT

State

PA

Zip Code

18411-2109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
C.M.S. SCRANTON PA.

Occupation  
NEUROSURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 2 / 2 0 0 9

Transaction ID: SA11.2982372

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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

800.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 141 / 480

(check only one)

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

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES J. HOLTEN

Mailing Address 4003 CHESTNUT OAK DRIVE

City

SMITHTON

State

IL

Zip Code

62285-3741

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOLTEN MEAT INCOccupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: SA11.3010926

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. KAREN R. HORAN

Mailing Address 10 BAMBOO TER

City

KEY WEST

State

FL

Zip Code

33040-6240

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HORAN, WALLACE & HIGGINS,  
LLPOccupation  
LEGAL SECRETARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	7	/	2	0	0	9

Transaction ID: SA11.2975071

Amount of Each Receipt this Period

485.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. NANCY J. HORGEN

Mailing Address 8 CRUSE ALLEY S.E.

City

HUNTSVILLE

State

AL

Zip Code

35801-4227

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKEROccupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11.2988278

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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

1085.00

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 142 / 480

(check only one)

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

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. MARIANNE L. HORINKO

Mailing Address 4710 BENJAMIN CROSS COURT

City

CHANTILLY

State

VA

Zip Code

20151-2358

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THE HORINKO GROUP

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 0 9

Transaction ID: SA11.2976441

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

JUSTIN HORST

Mailing Address 1658 N 174TH ST

City

OMAHA

State

NE

Zip Code

68118-2891

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PINNACLE BANCORP, INC.

Occupation

BANKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 1 / 2 0 0 9

Transaction ID: SA11.2967481

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JUSTIN HORST

Mailing Address 1658 N 174TH ST

City

OMAHA

State

NE

Zip Code

68118-2891

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PINNACLE BANCORP, INC.

Occupation

BANKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11.2990304

Amount of Each Receipt this Period

25.00

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: PAGE 143 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JUSTIN HORST

Mailing Address 1658 N 174TH ST

City

OMAHA

State

NE

Zip Code

68118-2891

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PINNACLE BANCORP, INC.

Occupation  
BANKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11.2995014

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

JUSTIN HORST

Mailing Address 1658 N 174TH ST

City

OMAHA

State

NE

Zip Code

68118-2891

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PINNACLE BANCORP, INC.

Occupation  
BANKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11.3011285

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JUSTIN HORST

Mailing Address 1658 N 174TH ST

City

OMAHA

State

NE

Zip Code

68118-2891

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PINNACLE BANCORP, INC.

Occupation  
BANKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11.3015917

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 144 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

BARBARA HOUSEMAN

Mailing Address 3942 SAFFLOWER TERRACE

City

OVIEDO

State

FL

Zip Code

32766-6706

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 ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 1 / 2 0 0 9

Transaction ID: SA11.2967423

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

BARBARA HOUSEMAN

Mailing Address 3942 SAFFLOWER TERRACE

City

OVIEDO

State

FL

Zip Code

32766-6706

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 ▼

425.00

Date of Receipt

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

Transaction ID: SA11.2990282

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

BARBARA HOUSEMAN

Mailing Address 3942 SAFFLOWER TERRACE

City

OVIEDO

State

FL

Zip Code

32766-6706

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 ▼

425.00

Date of Receipt

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

Transaction ID: SA11.3015962

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: PAGE 145 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT G. HOWARD

Mailing Address 4475 N. OCEAN BLVD.  
APARTMENT 44A

City State Zip Code  
DELRAY BEACH FL 33483-7563

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  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.3005700

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN D. HOWELL

Mailing Address 3555 S ATLANTIC AVE

City State Zip Code  
DAYTONA BEACH SHOR FL 32118-2600

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
SMALL BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 4 / 2 0 0 9

Transaction ID: SA11.2978450

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN J. HUBBARD

Mailing Address P.O. BOX 431

City State Zip Code  
ROBSTOWN TX 78380-0431

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ATLAS TUBULAR, INC.

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 8 / 2 0 0 9

Transaction ID: SA11.3000323

Amount of Each Receipt this Period

550.00

CONTRIBUTION

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

1100.00

**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 146 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

KEITH HUFFMAN

Mailing Address 11457 MUIRFIELD TRCE

City

FISHERS

State

IN

Zip Code

46037-8228

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JORDAN SPECIALTY PLASTICS

Occupation

VICE PRESIDENT OF OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 3 / 2 0 0 9

Transaction ID: SA11.2969469

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

KEITH HUFFMAN

Mailing Address 11457 MUIRFIELD TRCE

City

FISHERS

State

IN

Zip Code

46037-8228

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JORDAN SPECIALTY PLASTICS

Occupation

VICE PRESIDENT OF OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 4 / 2 0 0 9

Transaction ID: SA11.2978426

Amount of Each Receipt this Period

160.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. CHRIS HUGHES

Mailing Address 129 GLENWOOD BEND

City

MADISON

State

MS

Zip Code

39110-6571

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HUGHES CONSTRUCTION COMP-  
NY, INC.

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 9 / 2 0 0 9

Transaction ID: SA11.2983933

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

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

1360.00

**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 147 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT D. HUGHES

Mailing Address 2949 CLIFTY DRIVE

City

MADISON

State

IN

Zip Code

47250-1640

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CLIFTY ENGINEERING AND TO-  
OL COMPANY

Occupation

C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11.3007319

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROBERT W. HUGHES

Mailing Address 3405 TIMBERWOOD CIRCLE

City

AUSTIN

State

TX

Zip Code

78703-1079

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DIAMOND VENTURES

Occupation

MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 2 / 2 0 0 9

Transaction ID: SA11.2982370

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. MARY B. HUMMELEER

Mailing Address 1745 MONTGOMERY AVENUE

City

VILLANOVA

State

PA

Zip Code

19085-1930

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 4 / 2 0 0 9

Transaction ID: SA11.2972231

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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

1500.00

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

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

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

FOR LINE NUMBER: PAGE 148 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. MARY B. HUMMELER

Mailing Address 1745 MONTGOMERY AVENUE

City

VILLANOVA

State

PA

Zip Code

19085-1930

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 ▼

350.00

Date of Receipt

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

Transaction ID: SA11.3001904

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN F. HUNTSBERGER

Mailing Address 384 SOUTH HOLLIDAY STREET

City

STRASBURG

State

VA

Zip Code

22657-2218

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
USMC

Occupation  
SENIOR PROGRAM ANALYST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 0 / 2 0 0 9

Transaction ID: SA11.2973470

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

LISA HUNTSBERRY

Mailing Address 10712 HAVEN CREEK CT

City

DALLAS

State

TX

Zip Code

75238-2976

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INTERSTATE BATTERIES

Occupation  
CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 4 / 2 0 0 9

Transaction ID: SA11.2972228

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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

600.00

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

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

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

FOR LINE NUMBER: PAGE 149 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. ROBERT G. HUST

Mailing Address 5306 BRAESHEATHER DRIVE

City

HOUSTON

State

TX

Zip Code

77096-4110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
H.C.V.A.

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 7 / 2 0 0 9

Transaction ID: SA11.2970176

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. ROBERT G. HUST

Mailing Address 5306 BRAESHEATHER DRIVE

City

HOUSTON

State

TX

Zip Code

77096-4110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
H.C.V.A.

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11.2995651

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. PATTY HUTCHINSON

Mailing Address 2877 ANTERES STREET

City

LAS VEGAS

State

NV

Zip Code

89117-7606

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 1 / 2 0 0 9

Transaction ID: SA11.2966930

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

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

1500.00

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

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

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

FOR LINE NUMBER: PAGE 150 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. LANNY G. ICE

Mailing Address 1311 SOUTH MURRAY AVENUE

City

MONAHANS

State

TX

Zip Code

79756-6305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ICE BROTHERS INC

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 6 / 2 0 0 9

Transaction ID: SA11.2972947

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

CAROLYN INFANTE

Mailing Address 2214 GREENWICH ST.

City

SAN FRANCISCO

State

CA

Zip Code

94123-3419

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
PROPERTY MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11.3011480

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. PAULA INOSANTO

Mailing Address 13428 MAXELLA AVE # 237

City

MARINA DEL REY

State

CA

Zip Code

90292-5620

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INOSANTO ACADEMY, LTD

Occupation  
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 0 / 2 0 0 9

Transaction ID: SA11.2973541

Amount of Each Receipt this Period

200.00

CONTRIBUTION

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

950.00

**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 151 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. PAULA INOSANTO

Mailing Address 13428 MAXELLA AVE # 237

City

MARINA DEL REY

State

CA

Zip Code

90292-5620

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INOSANTO ACADEMY, LTD

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11.3003419

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ELIAS IORDANOPOULOS

Mailing Address 643 FIRST PARISH ROAD

City

SCITUATE

State

MA

Zip Code

02066-3106

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 3 / 2 0 0 9

Transaction ID: SA11.2970103

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. TINSLEY H. IRVIN

Mailing Address 70 HEADWATERS LANE

City

CLAYTON

State

GA

Zip Code

30525-3602

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11.2995652

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

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

1350.00

**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 152 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES L. ISAACS

Mailing Address 220 CLARK DR

City

SAN MATEO

State

CA

Zip Code

94402-1005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MICROSOFT

Occupation  
DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11.3003208

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. STANLEY E. IVERSEN

Mailing Address 107 EDELEN AVENUE

City

LOS GATOS

State

CA

Zip Code

95030-6004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SUNCREST NURSERIES, INC.

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: SA11.2996780

Amount of Each Receipt this Period

600.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. STEPHEN IZZO

Mailing Address 2730 SUMMIT DRIVE

City

GLENVIEW

State

IL

Zip Code

60025-7633

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ZONATHERM PRODUCTS INC.

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 2 / 2 0 0 9

Transaction ID: SA11.2968372

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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

1350.00

**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 153 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. STEPHEN IZZO

Mailing Address 2730 SUMMIT DRIVE

City

GLENVIEW

State

IL

Zip Code

60025-7633

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ZONATHERM PRODUCTS INC.

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 0 / 2 0 0 9

Transaction ID: SA11.2973499

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DOUGLAS T. JACOBSON

Mailing Address 318 EAST 53RD STREET  
FLOOR 1

City

NEW YORK

State

NY

Zip Code

10022-5214

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARTRIDGE HARVEST OF NY  
AND NJ

Occupation

OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11.2995068

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

KIMBERLY JAETZOLD

Mailing Address 2134 QUAIL VALLEY EAST DR

City

MISSOURI CITY

State

TX

Zip Code

77459-3324

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AKER SOLUTIONS

Occupation

ACCOUNTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 1 / 2 0 0 9

Transaction ID: SA11.2967388

Amount of Each Receipt this Period

50.00

CONTRIBUTION

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

350.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 154 / 480

(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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

KIMBERLY JAETZOLD

Mailing Address 2134 QUAIL VALLEY EAST DR

City

MISSOURI CITY

State

TX

Zip Code

77459-3324

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AKER SOLUTIONS

Occupation

ACCOUNTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11.2990273

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

KIMBERLY JAETZOLD

Mailing Address 2134 QUAIL VALLEY EAST DR

City

MISSOURI CITY

State

TX

Zip Code

77459-3324

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AKER SOLUTIONS

Occupation

ACCOUNTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11.2994974

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

KIMBERLY JAETZOLD

Mailing Address 2134 QUAIL VALLEY EAST DR

City

MISSOURI CITY

State

TX

Zip Code

77459-3324

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AKER SOLUTIONS

Occupation

ACCOUNTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11.3011227

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: PAGE 155 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

KIMBERLY JAETZOLD

Mailing Address 2134 QUAIL VALLEY EAST DR

City

MISSOURI CITY

State

TX

Zip Code

77459-3324

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AKER SOLUTIONS

Occupation

ACCOUNTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11.3015909

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

APRIL JOHNSON

Mailing Address 3 CATESWOOD DRIVE

City

SPARTANUBRG

State

SC

Zip Code

29302-3464

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SRMC

Occupation

HEALTH CARE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11.3011186

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ELDRIDGE R. JOHNSON, II

Mailing Address P.O. BOX 467

City

EDGEMONT

State

PA

Zip Code

19028-0467

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 / D D / Y Y Y Y  
0 7 / 2 7 / 2 0 0 9

Transaction ID: SA11.2970263

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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

550.00

**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 156 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ELDRIDGE R. JOHNSON, II

Mailing Address P.O. BOX 467

City

EDGEMONT

State

PA

Zip Code

19028-0467

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 / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 0 9

Transaction ID: SA11.2996562

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. JOYCE T. JOHNSON

Mailing Address 501 EDWIN DRIVE

City

VIRGINIA BEACH

State

VA

Zip Code

23462-4526

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 ▼

1125.00

Date of Receipt

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

Transaction ID: SA11.3007032

Amount of Each Receipt this Period

1125.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

COL PAUL J. JOHNSTON

Mailing Address 1703 W. MEDALIST DRIVE

City

PINEVILLE

State

LA

Zip Code

71360-2639

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 ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 1 / 2 0 0 9

Transaction ID: SA11.2978305

Amount of Each Receipt this Period

375.00

CONTRIBUTION

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

1750.00

**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 157 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT O. JOHNSON

Mailing Address 1410 SE FANCY FREE DRIVE

City

PULLMAN

State

WA

Zip Code

99163-5522

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 / D D / Y Y Y Y  
0 9 / 1 5 / 2 0 0 9

Transaction ID: SA11.2985885

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROBERT O. JOHNSON

Mailing Address 1410 SE FANCY FREE DRIVE

City

PULLMAN

State

WA

Zip Code

99163-5522

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 / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 0 9

Transaction ID: SA11.2995363

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT O. JOHNSON

Mailing Address 1410 SE FANCY FREE DRIVE

City

PULLMAN

State

WA

Zip Code

99163-5522

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 / D D / Y Y Y Y  
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11.3006794

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 158 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. RONALD E. JOHNSON, USNR (RET)

Mailing Address 4715 NEWPORT AVENUE

City

NORFOLK

State

VA

Zip Code

23508-2732

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 ▼

375.00

Date of Receipt

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

Transaction ID: SA11.2995820

Amount of Each Receipt this Period

375.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

WILLIAM JOINER

Mailing Address 7634 STONE CROP LANE

City

SAN ANTONIO

State

TX

Zip Code

78249-2545

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ALAMO IRON WORKS

Occupation  
MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1025.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 1 / 2 0 0 9

Transaction ID: SA11.2967364

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. PEGGY B. JONES

Mailing Address 862 CHILTERN ROAD

City

HILLSBOROUGH

State

CA

Zip Code

94010-7028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 1 / 2 0 0 9

Transaction ID: SA11.2978315

Amount of Each Receipt this Period

125.00

CONTRIBUTION

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

1500.00

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

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

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

FOR LINE NUMBER: PAGE 159 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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 POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. PEGGY B. JONES

Mailing Address 862 CHILTERN ROAD

City

HILLSBOROUGH

State

CA

Zip Code

94010-7028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11.3005084

Amount of Each Receipt this Period

125.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RICHARD H. JONES, SR.

Mailing Address 12916 BAY PLANTATION DR

City

JACKSONVILLE

State

FL

Zip Code

32223-0784

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PEGASYSTEMS INC

Occupation  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11.2990376

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. JEFFREY W. JORDAN

Mailing Address 4455 OLD BURLINGTON ST

City

ALPHARETTA

State

GA

Zip Code

30022-6240

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
ORTHODONTIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 7 / 2 0 0 9

Transaction ID: SA11.2975021

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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

1625.00

**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 160 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. SANDIE JORDAN

Mailing Address 3539 MERTZ RD

City

LAKE CHARLES

State

LA

Zip Code

70615-3201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 4 / 2 0 0 9

Transaction ID: SA11.2974992

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. SANDIE JORDAN

Mailing Address 3539 MERTZ RD

City

LAKE CHARLES

State

LA

Zip Code

70615-3201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

Transaction ID: SA11.3003364

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RICHARD W. JOYCE

Mailing Address P.O. BOX 330

City

WELLSVILLE

State

NY

Zip Code

14895-0330

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OTIS EASTERN SERVICE INC

Occupation

PIPELINE CONTRACTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11.2982288

Amount of Each Receipt this Period

300.00

CONTRIBUTION

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

700.00

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



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

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

FOR LINE NUMBER: PAGE 161 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RICHARD W. JOYCE

Mailing Address P.O. BOX 330

City

WELLSVILLE

State

NY

Zip Code

14895-0330

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OTIS EASTERN SERVICE INC

Occupation

PIPELINE CONTRACTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11.2995280

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. VIRGIL JURGENSEYER

Mailing Address 1920 7TH AVENUE NE

City

MIAMI

State

OK

Zip Code

74354-4957

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
J-M FARMS

Occupation

FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11.3010925

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. KENNETH KARSTEN

Mailing Address 3955 INDUSTRIAL DR.

City

SAINT ANN

State

MO

Zip Code

63074-1807

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 ▼

490.00

Date of Receipt

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

Transaction ID: SA11.3003514

Amount of Each Receipt this Period

490.00

CONTRIBUTION

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

1090.00

**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 162 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN KATZENSTEIN

Mailing Address 2017 W. BERTEAU AVENUE

City

CHICAGO

State

IL

Zip Code

60618-3017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GETCO, L.L.C.

Occupation  
TRADER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 1 / 2 0 0 9

Transaction ID: SA11.2973681

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN KATZENSTEIN

Mailing Address 2017 W. BERTEAU AVENUE

City

CHICAGO

State

IL

Zip Code

60618-3017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GETCO, L.L.C.

Occupation  
TRADER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11.3005065

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. SANDRA TAYLOR KAUPÉ

Mailing Address 1185 N. LAKE WAY

City

PALM BEACH

State

FL

Zip Code

33480-3245

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
RANCHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11.2983701

Amount of Each Receipt this Period

100.00

CONTRIBUTION

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

1100.00

**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 163 / 480

(check only one)

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

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. SANDRA TAYLOR KAUPÉ

Mailing Address 1185 N. LAKE WAY

City

PALM BEACH

State

FL

Zip Code

33480-3245

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
RANCHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11.3005032

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. BENJAMIN C. KAYS, SR.

Mailing Address 3105 RACHEL PLACE

City

WILMINGTON

State

NC

Zip Code

28409-2074

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	3	/	2	0	0	9

Transaction ID: SA11.2969723

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. BENJAMIN C. KAYS, SR.

Mailing Address 3105 RACHEL PLACE

City

WILMINGTON

State

NC

Zip Code

28409-2074

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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

Transaction ID: SA11.2995063

Amount of Each Receipt this Period

50.00

CONTRIBUTION

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

400.00

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 164 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. BENJAMIN C. KAYS, SR.

Mailing Address 3105 RACHEL PLACE

City

WILMINGTON

State

NC

Zip Code

28409-2074

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 9

Transaction ID: SA11.2998068

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

RICHARD KEAN

Mailing Address 1710 LOURAY DRIVE

City

BATON ROUGE

State

LA

Zip Code

70808-5889

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
REGIONS INSURANCE

Occupation  
INDEPENDENT INSURANCE AGENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 3 / 2 0 0 9

Transaction ID: SA11.2969172

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. BRIAN KEENAN

Mailing Address 12302 UPPER WYNNEWOOD CT

City

OAK HILL

State

VA

Zip Code

20171-1633

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SAIC

Occupation  
EVP HUMAN RESOURCES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11.3010836

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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

775.00

**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 165 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

KARIN L. KEILING

Mailing Address 114 SHADY BRANCH TRAIL

City

ORMOND BEACH

State

FL

Zip Code

32174-4931

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 ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 1 / 2 0 0 9

Transaction ID: SA11.2967458

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

KARIN L. KEILING

Mailing Address 114 SHADY BRANCH TRAIL

City

ORMOND BEACH

State

FL

Zip Code

32174-4931

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 ▼

255.00

Date of Receipt

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

Transaction ID: SA11.2990291

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

KARIN L. KEILING

Mailing Address 114 SHADY BRANCH TRAIL

City

ORMOND BEACH

State

FL

Zip Code

32174-4931

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 ▼

255.00

Date of Receipt

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

Transaction ID: SA11.2995002

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 166 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

KARIN L. KEILING

Mailing Address 114 SHADY BRANCH TRAIL

City

ORMOND BEACH

State

FL

Zip Code

32174-4931

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 ▼

255.00

Date of Receipt

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

Transaction ID: SA11.3015958

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. WILLIAM E. KELLER

Mailing Address 20 THISTLE LANE

City

SANTA FE

State

NM

Zip Code

87506-8500

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 / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 0 9

Transaction ID: SA11.2976622

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. THOMAS J. KELLOGG

Mailing Address 1776 S. JACKSON STREET  
SUITE 501

City

DENVER

State

CO

Zip Code

80210-3851

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WESVIEW INVESTORS

Occupation  
OFFICE MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 2 / 2 0 0 9

Transaction ID: SA11.2974485

Amount of Each Receipt this Period

200.00

CONTRIBUTION

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

475.00

**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 167 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. THOMAS J. KELLOGG

Mailing Address 1776 S. JACKSON STREET  
SUITE 501

City State Zip Code  
DENVER CO 80210-3851

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
WESVIEW INVESTORS

Occupation  
OFFICE MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

Transaction ID: SA11.3003351

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WALTER KELLOGG

Mailing Address 4 EAGLE POINTE LANE

City State Zip Code  
CASTLE ROCK CO 80108-3907

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 / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11.2983222

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. DORIS A. KELLY

Mailing Address 9957 BURL WAY

City State Zip Code  
ORLANDO FL 32817-4254

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 ▼

565.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 1 / 2 0 0 9

Transaction ID: SA11.2966919

Amount of Each Receipt this Period

70.00

CONTRIBUTION

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

470.00

**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 168 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. DORIS A. KELLY

Mailing Address 9957 BURL WAY

City

ORLANDO

State

FL

Zip Code

32817-4254

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 ▼

565.00

Date of Receipt

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

Transaction ID: SA11.2998312

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. DORIS A. KELLY

Mailing Address 9957 BURL WAY

City

ORLANDO

State

FL

Zip Code

32817-4254

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 ▼

565.00

Date of Receipt

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

Transaction ID: SA11.3010959

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

LEO KELLY

Mailing Address 1680 WELLSHIRE LANE

City

DUNWOODY

State

GA

Zip Code

30338-3422

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FOREST INVESTMENT ASSOCIA-  
TES

Occupation  
FORESTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11.3011482

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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

350.00

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



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

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

FOR LINE NUMBER: PAGE 169 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. THOMAS R. KELSEY

Mailing Address 770 SOUTH PORT OAK LANE  
SUITE 600

City State Zip Code  
HOUSTON TX 77056-1965

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 2 / 2 0 0 9

Transaction ID: SA11.2988589

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. EDWARD M. KESSLER

Mailing Address 135 ROMA COURT

City State Zip Code  
MARINA DEL REY CA 90292-5968

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
CERTIFIED PUBLIC ACCOUNTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 7 / 2 0 0 9

Transaction ID: SA11.2973032

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. EDWARD M. KESSLER

Mailing Address 135 ROMA COURT

City State Zip Code  
MARINA DEL REY CA 90292-5968

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
CERTIFIED PUBLIC ACCOUNTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 8 / 2 0 0 9

Transaction ID: SA11.3000302

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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

800.00

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

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

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

FOR LINE NUMBER: PAGE 170 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. JOAN B. KESSLER

Mailing Address 59 FENIMORE DRIVE

City

HARRISON

State

NY

Zip Code

10528-1433

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PINES & KESSLER, P.C.

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 4 / 2 0 0 9

Transaction ID: SA11.2979376

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. CHARLES L. KIDDER

Mailing Address 1901 FERGUSON ROAD

City

LEXINGTON

State

KY

Zip Code

40511-8300

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BRIGGS & KIDDER PLLC

Occupation

VETERINARIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 4 / 2 0 0 9

Transaction ID: SA11.2979556

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. LOYD KILE

Mailing Address 7508 IMPERIAL DRIVE NORTH

City

MINNEAPOLIS

State

MN

Zip Code

55443-3218

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 / D D / Y Y Y Y  
0 7 / 1 4 / 2 0 0 9

Transaction ID: SA11.2965688

Amount of Each Receipt this Period

100.00

CONTRIBUTION

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

1100.00

**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 171 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. LOYD KILE

Mailing Address 7508 IMPERIAL DRIVE NORTH

City

MINNEAPOLIS

State

MN

Zip Code

55443-3218

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 / D D / Y Y Y Y Y  
0 8 / 1 3 / 2 0 0 9

Transaction ID: SA11.2974883

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. LOYD KILE

Mailing Address 7508 IMPERIAL DRIVE NORTH

City

MINNEAPOLIS

State

MN

Zip Code

55443-3218

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 / D D / Y Y Y Y Y  
1 0 / 2 0 / 2 0 0 9

Transaction ID: SA11.2995771

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. JEWEL W. KINTZINGER

Mailing Address 1033 16TH AVENUE

City

GRINNELL

State

IA

Zip Code

50112-2705

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 / D D / Y Y Y Y Y  
0 8 / 2 5 / 2 0 0 9

Transaction ID: SA11.2980417

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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

650.00

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

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

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

FOR LINE NUMBER: PAGE 172 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. SALLY P. KLEMP

Mailing Address 20 ORCHID LANE N.

City

PLYMOUTH

State

MN

Zip Code

55447-4000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 4 / 2 0 0 9

Transaction ID: SA11.2978557

Amount of Each Receipt this Period

400.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. SALLY P. KLEMP

Mailing Address 20 ORCHID LANE N.

City

PLYMOUTH

State

MN

Zip Code

55447-4000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 5 / 2 0 0 9

Transaction ID: SA11.2999381A

Amount of Each Receipt this Period

400.00

CONTRIBUTION

CHARGED BACK \$400.00 ON  
11/04/2009

**C.**

Full Name (Last, First, Middle Initial)

MR. EARL KLINGEL

Mailing Address 7 LEMINGTON COURT

City

DEARBORN

State

MI

Zip Code

48126-4202

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 ▼

1000.00

Date of Receipt

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

Transaction ID: SA11.3007148

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

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

1800.00

**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 173 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES W. KLINGLER

Mailing Address 33 BETHANY DRIVE

City

IRVINE

State

CA

Zip Code

92603-3519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AVASTRA

Occupation

CHIEF FINANCIAL OFFICER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 1 / 2 0 0 9

Transaction ID: SA11.2973677

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. NANCY W. KNOWLES

Mailing Address 1206 HAWTHORN LANE

City

HINSDALE

State

IL

Zip Code

60521-2955

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KNOWLES ELECTRONICS

Occupation

CHAIRMAN EMERITUS

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 0 / 2 0 0 9

Transaction ID: SA11.2973538

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. MARTHA E. KOURBAGE

Mailing Address 400 BAYSIDE

City

BREEZY POINT

State

NY

Zip Code

11697-1009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KINGSWAY EXTERMINATING CO-  
MPANY, INC.

Occupation

BOOKKEEPER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 6 / 2 0 0 9

Transaction ID: SA11.2972993

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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

1500.00

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

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

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

FOR LINE NUMBER: PAGE 174 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. MARTHA E. KOURBAGE

Mailing Address 400 BAYSIDE

City

BREEZY POINT

State

NY

Zip Code

11697-1009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KINGSWAY EXTERMINATING CO-  
MPANY, INC.

Occupation  
BOOKKEEPER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11.3003533

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CHARLES W. KRAEMER

Mailing Address 335 PARK LANE

City

LAKE BLUFF

State

IL

Zip Code

60044-2320

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
INSURANCE SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 3 / 2 0 0 9

Transaction ID: SA11.2965221

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. CHARLES W. KRAEMER

Mailing Address 335 PARK LANE

City

LAKE BLUFF

State

IL

Zip Code

60044-2320

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
INSURANCE SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11.3001579

Amount of Each Receipt this Period

100.00

CONTRIBUTION

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

700.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 175 / 480

(check only one)

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

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CHARLES W. KRAEMER

Mailing Address 335 PARK LANE

City

LAKE BLUFF

State

IL

Zip Code

60044-2320

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

INSURANCE SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	6	/	2	0	0	9

Transaction ID: SA11.3006640

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROBERT S. KRAMER

Mailing Address 1233 N. GULFSTREAM AVENUE  
UNIT 140

City

SARASOTA

State

FL

Zip Code

34236-8953

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 ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	6	/	2	0	0	9

Transaction ID: SA11.2972960

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT S. KRAMER

Mailing Address 1233 N. GULFSTREAM AVENUE  
UNIT 140

City

SARASOTA

State

FL

Zip Code

34236-8953

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 ▼

1100.00

Date of Receipt

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

Transaction ID: SA11.2999330

Amount of Each Receipt this Period

100.00

CONTRIBUTION

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

1150.00

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 176 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CHARLES R. KRAUS, JR., USA,

Mailing Address 5129 N. 46TH ST.

City

TACOMA

State

WA

Zip Code

98407-3805

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 / D D / Y Y Y Y Y  
0 8 / 1 2 / 2 0 0 9

Transaction ID: SA11.2974463

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. W. A. KRAUSE

Mailing Address 1105 BURR OAKS DRIVE

City

WEST DES MOINES

State

IA

Zip Code

50266-6622

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KRAUSE GENTLE CORP

Occupation  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 5 / 2 0 0 9

Transaction ID: SA11.2980038

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. RITA KREMER

Mailing Address 1250 E. HALLANDALE BEACH BLVD.  
SUITE 901

City

HALLANDALE BEACH

State

FL

Zip Code

33009-4643

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LENOMEBIX

Occupation  
TREASURER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11.3000096

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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

1250.00

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



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

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

FOR LINE NUMBER: PAGE 177 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN KROL

Mailing Address 1001 GENERAL STEVENS DR

City

WEST CHESTER

State

PA

Zip Code

19382-8037

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  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11.3005024

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. STEPHEN F. KROM

Mailing Address 37 MARSHALL RD

City

WELLESLEY

State

MA

Zip Code

02482-4406

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AT&T

Occupation  
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 3 / 2 0 0 9

Transaction ID: SA11.2968899

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

TIM KROPP

Mailing Address 2733 MASTERS DRIVE

City

LEAGUE CITY

State

TX

Zip Code

77573-4404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MRI TECHNOLOGIES

Occupation  
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 3 / 2 0 0 9

Transaction ID: SA11.2969058

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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

800.00

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

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

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

FOR LINE NUMBER: PAGE 178 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. MARC K. KUDISCH, MD

Mailing Address P.O. BOX 271549

City

HOUSTON

State

TX

Zip Code

77277-1549

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 ▼

250.00

Date of Receipt

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

Transaction ID: SA11.2995065

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. BETTY L. KUHN

Mailing Address 585 ASHTON PARK LANE

City

SACRAMENTO

State

CA

Zip Code

95864-6018

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 1 / 2 0 0 9

Transaction ID: SA11.2973691

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT J. KWAIT

Mailing Address 23230 CHAGRIN BOULEVARD  
SUITE 340

City

BEACHWOOD

State

OH

Zip Code

44122-5431

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KWAIT & ASSOCIATES, INC.

Occupation

OWNER & CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 2 / 2 0 0 9

Transaction ID: SA11.2974528

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

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

2750.00

**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 179 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. RICHARD LALLY

Mailing Address 11020 W. AMITY ROAD

City

BOISE

State

ID

Zip Code

83709-5051

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SAINT BENEDICT'S FAMILY  
MEDICAL CENTER

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 4 / 2 0 0 9

Transaction ID: SA11.2972159

Amount of Each Receipt this Period

130.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. RICHARD LALLY

Mailing Address 11020 W. AMITY ROAD

City

BOISE

State

ID

Zip Code

83709-5051

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SAINT BENEDICT'S FAMILY  
MEDICAL CENTER

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11.3003198

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT E. LAMB

Mailing Address 21 REBEL ROAD

City

WAYNE

State

PA

Zip Code

19087-2809

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 4 / 2 0 0 9

Transaction ID: SA11.2979012

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

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

1330.00

**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 180 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

J. LOUIS LAMBERT

Mailing Address 2241 CANYON DR

City

LOS ANGELES

State

CA

Zip Code

90068-2401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LAMBERT & ASSOCIATES, LLC

Occupation

BUSINESS SYSTEMS CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 01 / 2009

Transaction ID: SA11.2967477

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. STEPHEN P. LAMBERT

Mailing Address 4800 FOURNACE PLACE

City

BELLAIRE

State

TX

Zip Code

77401-2324

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
10 / 06 / 2009

Transaction ID: SA11.2992474

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JAY LANDESMAN

Mailing Address 920 PARK AVENUE  
APARTMENT 10

City

NEW YORK

State

NY

Zip Code

10028-0208

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SIENNA FINANCIAL

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
12 / 23 / 2009

Transaction ID: SA11.3007597

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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

800.00

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

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

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

FOR LINE NUMBER: PAGE 181 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. RAY P. LANDES

Mailing Address 28 CRESCENT CIRCLE

City

HARLEYSVILLE

State

PA

Zip Code

19438-1070

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 ▼

270.00

Date of Receipt

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

Transaction ID: SA11.2983639

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. RAY P. LANDES

Mailing Address 28 CRESCENT CIRCLE

City

HARLEYSVILLE

State

PA

Zip Code

19438-1070

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 ▼

270.00

Date of Receipt

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

Transaction ID: SA11.2995602

Amount of Each Receipt this Period

110.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. RAY P. LANDES

Mailing Address 28 CRESCENT CIRCLE

City

HARLEYSVILLE

State

PA

Zip Code

19438-1070

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 ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 8 / 2 0 0 9

Transaction ID: SA11.3000329

Amount of Each Receipt this Period

50.00

CONTRIBUTION

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

270.00

**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 182 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. HOWARD J. LANG

Mailing Address 112 WILDERNESS DRIVE  
#122

City State Zip Code  
NAPLES FL 34105-2628

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
FARMING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11.2995760

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. HOWARD J. LANG

Mailing Address 112 WILDERNESS DRIVE  
#122

City State Zip Code  
NAPLES FL 34105-2628

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
FARMING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11.3007338

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

CRAIG LANGE

Mailing Address 3819 STEPHENS AVE  
SUITE 100

City State Zip Code  
MISSOULA MT 59801-8522

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
CPA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11.3011434

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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

500.00

**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 183 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ROBERT LANPHIER

Mailing Address 2681 S. NEWARK CT.

City

AURORA

State

CO

Zip Code

80014-1835

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

RESTAURANT OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 1 / 2 0 0 9

Transaction ID: SA11.2967094

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

ROBERT LANPHIER

Mailing Address 2681 S. NEWARK CT.

City

AURORA

State

CO

Zip Code

80014-1835

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

RESTAURANT OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11.2990199

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ROBERT LANPHIER

Mailing Address 2681 S. NEWARK CT.

City

AURORA

State

CO

Zip Code

80014-1835

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

RESTAURANT OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11.2994868

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 184 / 480

(check only one)

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

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ROBERT LANPHIER

Mailing Address 2681 S. NEWARK CT.

City

AURORA

State

CO

Zip Code

80014-1835

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

RESTAURANT OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11.3011045

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

ROBERT LANPHIER

Mailing Address 2681 S. NEWARK CT.

City

AURORA

State

CO

Zip Code

80014-1835

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

RESTAURANT OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11.3015957

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. LARRY LARK

Mailing Address 1781 OAK GROVE DR. SO.

City

GREEN COVE SPRINGS

State

FL

Zip Code

32043-9435

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NATIONAL TRAINING, INC.

Occupation

SCHOOL DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.2990045

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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

550.00

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 185 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. LEONARD LASKIN

Mailing Address 8400 CALLIE AVENUE  
APARTMENT 610

City State Zip Code  
MORTON GROVE IL 60053-5009

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 ▼

235.00

Date of Receipt

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

Transaction ID: SA11.2988240

Amount of Each Receipt this Period

135.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. LEONARD LASKIN

Mailing Address 8400 CALLIE AVENUE  
APARTMENT 610

City State Zip Code  
MORTON GROVE IL 60053-5009

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 ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11.3006791

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. PATRICK F. LATTELL

Mailing Address 98 MAIN STREET #506

City State Zip Code  
TIBURON CA 94920-2517

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
INVESTMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

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

Transaction ID: SA11.2983455

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

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

2235.00

**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 186 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. PATRICK F. LATTERELL

Mailing Address 98 MAIN STREET #506

City

TIBURON

State

CA

Zip Code

94920-2517

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

INVESTMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 6 / 2 0 0 9

Transaction ID: SA11.2999584

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RICHARD C. LAWTON

Mailing Address 200 S. JUNE ST.

City

LOS ANGELES

State

CA

Zip Code

90004-1046

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 / D D / Y Y Y Y Y  
0 7 / 2 2 / 2 0 0 9

Transaction ID: SA11.2968671

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. PATRICK LEACH

Mailing Address 5550 BERKSHIRE DRIVE  
APARTMENT 204

City

FORT MYERS

State

FL

Zip Code

33912-0219

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ORTHOPEDIC SPECIALISTS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 4 / 2 0 0 9

Transaction ID: SA11.2979891

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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

2750.00

**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 187 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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 POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT LEATHERS

Mailing Address 115 MILFORD DR

City

CORONA DEL MAR

State

CA

Zip Code

92625-3117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEGGITT DEFENSE SYSTEMS

Occupation

CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11.2983297

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DONALD C.D. LEE

Mailing Address 3103 BENTWOOD LANE

City

SAFETY HARBOR

State

FL

Zip Code

34695-5006

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 ▼

210.00

Date of Receipt

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

Transaction ID: SA11.2998109

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DAVID C. LIDDERDALE

Mailing Address 900 LAMBERTON PLACE NE

City

ALBUQUERQUE

State

NM

Zip Code

87107-1638

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
L. & L. ELECTRONICS INC.

Occupation

V.P.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11.2999099

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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

1210.00

**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 188 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
MS. JUDITH LINDSAY

Mailing Address 1300 E. LAFAYETTE STREET  
APARTMENT 1205

City State Zip Code  
DETROIT MI 48207-2921

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 / D D / Y Y Y Y  
0 7 / 1 4 / 2 0 0 9

Transaction ID: SA11.2965552

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MS. JUDITH LINDSAY

Mailing Address 1300 E. LAFAYETTE STREET  
APARTMENT 1205

City State Zip Code  
DETROIT MI 48207-2921

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 / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 0 9

Transaction ID: SA11.2995530

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MS. JUDITH LINDSAY

Mailing Address 1300 E. LAFAYETTE STREET  
APARTMENT 1205

City State Zip Code  
DETROIT MI 48207-2921

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 / D D / Y Y Y Y  
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11.3000085

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 189 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DOLORES LIVINGSTON

Mailing Address 4945 LAZY OAKS WAY

City

SAINT CLOUD

State

FL

Zip Code

34771-8004

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 ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 3 / 2 0 0 9

Transaction ID: SA11.2969265

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN STEPHEN LOCKTON

Mailing Address 8110 EAST UNION AVENUE  
SUITE 700

City

DENVER

State

CO

Zip Code

80237-2966

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LOCKTON COMPANIES

Occupation  
INSURANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 5 / 2 0 0 9

Transaction ID: SA11.2980323

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JAMES LOMMA

Mailing Address 48 3RD STREET

City

SO. KEARNY

State

NJ

Zip Code

07032-4589

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JF LOMMA, INC

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11.3010871

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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

775.00

**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 190 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. GUY LOOKABAUGH

Mailing Address 222 FOUR BEARS TRAIL

City

KERRVILLE

State

TX

Zip Code

78028-7111

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 ▼

1000.00

Date of Receipt

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

Transaction ID: SA11.2995552

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

GAYLAND LOONEY

Mailing Address 11977 SW ELEMAR CT

City

TIGARD

State

OR

Zip Code

97224-2572

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PERLO CONSTRUCTION GROUP

Occupation  
CONSTRUCTION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 0 9

Transaction ID: SA11.2969280

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

GAYLAND LOONEY

Mailing Address 11977 SW ELEMAR CT

City

TIGARD

State

OR

Zip Code

97224-2572

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PERLO CONSTRUCTION GROUP

Occupation  
CONSTRUCTION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11.3003204

Amount of Each Receipt this Period

100.00

CONTRIBUTION

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

1150.00

**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 191 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES T. LOVE

Mailing Address 407 PIPER STREET

City

HEALDSBURG

State

CA

Zip Code

95448-3913

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 ▼

1000.00

Date of Receipt

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

Transaction ID: SA11.2998145

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

JEFFREY LUKSCH

Mailing Address 530 MOLINO ST APT 219

City

LOS ANGELES

State

CA

Zip Code

90013-2281

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NEW MODELWIRE, INC.

Occupation  
SVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11.2983243

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT LYONS

Mailing Address P.O. BOX 9

City

HAMBURG

State

NJ

Zip Code

07419-0009

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 / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 0 9

Transaction ID: SA11.2997738

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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

2250.00

**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 192 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. NORMA FOSTER MADDY

Mailing Address 7100 DEL RIO DRIVE

City

MODESTO

State

CA

Zip Code

95356-8861

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 ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.2990449

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. ROBERT C. MAGOON

Mailing Address P.O. BOX P-3

City

ASPEN

State

CO

Zip Code

81612-7461

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 ▼

1000.00

Date of Receipt

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

Transaction ID: SA11.2995773

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. ELSA R. MAHER

Mailing Address 777 SATURN DRIVE  
APARTMENT 310

City

COLORADO SPRINGS

State

CO

Zip Code

80905-7829

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  
0 7 / 1 3 / 2 0 0 9

Transaction ID: SA11.2964872

Amount of Each Receipt this Period

200.00

CONTRIBUTION

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

6200.00

**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 193 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. ELSA R. MAHER

Mailing Address 777 SATURN DRIVE  
APARTMENT 310

City State Zip Code  
COLORADO SPRINGS CO 80905-7829

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  
1 1 / 1 1 / 2 0 0 9

Transaction ID: SA11.2999326

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

THOMAS E. MAHONEY

Mailing Address 4930 STUART ST.

City State Zip Code  
DENVER CO 80212-2924

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
DENVER FIRE DEPARTMENT

Occupation  
FIREFIGHTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 1 / 2 0 0 9

Transaction ID: SA11.2967014

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

THOMAS E. MAHONEY

Mailing Address 4930 STUART ST.

City State Zip Code  
DENVER CO 80212-2924

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
DENVER FIRE DEPARTMENT

Occupation  
FIREFIGHTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11.2990182

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 194 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

THOMAS E. MAHONEY

Mailing Address 4930 STUART ST.

City

DENVER

State

CO

Zip Code

80212-2924

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DENVER FIRE DEPARTMENT

Occupation

FIREFIGHTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11.2994847

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

THOMAS E. MAHONEY

Mailing Address 4930 STUART ST.

City

DENVER

State

CO

Zip Code

80212-2924

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DENVER FIRE DEPARTMENT

Occupation

FIREFIGHTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11.3011001

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

THOMAS E. MAHONEY

Mailing Address 4930 STUART ST.

City

DENVER

State

CO

Zip Code

80212-2924

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DENVER FIRE DEPARTMENT

Occupation

FIREFIGHTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11.3015932

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 195 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. MARC MALBERG

Mailing Address 182 AUTUMN HILL ROAD

City

PRINCETON

State

NJ

Zip Code

08540-2912

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PHYSICIAN/SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 4 / 2 0 0 9

Transaction ID: SA11.2978562

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. LYNMARIE MALEC

Mailing Address 26911 NORMANDY

City

BAY VILLAGE

State

OH

Zip Code

44140-2325

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PHARMERICA

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 3 / 2 0 0 9

Transaction ID: SA11.2968796

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

SSGT ARTHUR B. MALIA, USAF (RET)

Mailing Address 881 N. 1400 W.

City

SALT LAKE CITY

State

UT

Zip Code

84116-2039

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  
0 7 / 0 1 / 2 0 0 9

Transaction ID: SA11.2967884

Amount of Each Receipt this Period

75.00

CONTRIBUTION

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

350.00

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

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

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

FOR LINE NUMBER: PAGE 196 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
SSGT ARTHUR B. MALIA, USAF (RET)

Mailing Address 881 N. 1400 W.

City State Zip Code  
SALT LAKE CITY UT 84116-2039

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  
1 0 / 2 8 / 2 0 0 9

Transaction ID: SA11.2997969

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. VICTOR MANDINI

Mailing Address 185 SW 7TH ST APT 1811  
APARTMENT 903

City State Zip Code  
MIAMI FL 33130-2972

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
TELECOMMUNICATIONS CO

Occupation  
MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 0 / 2 0 0 9

Transaction ID: SA11.2973505

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MR. BRIAN MARK

Mailing Address 1820 BIRKSHIRE LANE N.

City State Zip Code  
PLYMOUTH MN 55441-3723

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
R.B.C.

Occupation  
DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 0 9

Transaction ID: SA11.2969527

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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

775.00

**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 197 / 480

(check only one)

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

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN G. MARKLEY

Mailing Address 2121 E COAST HWY  
SUITE 290

City	State	Zip Code
CORONA DEL MAR	CA	92625-1940

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	4		2	0	0	9

Transaction ID: SA11.2979392

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DONALD J. MARSHALL

Mailing Address 31 KING AVENUE

City	State	Zip Code
PIEDMONT	CA	94611-3826

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
ENGINEER/ECONOMIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	9		2	0	0	9

Transaction ID: SA11.2976650

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. JO MARSH

Mailing Address 708 SLAYDON STREET

City	State	Zip Code
HENDERSON	TX	75654-3810

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	4		2	0	0	9

Transaction ID: SA11.2979893

Amount of Each Receipt this Period

100.00

CONTRIBUTION

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

2100.00

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 198 / 480

(check only one)

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

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOSEPH MARTINEZ

Mailing Address 5740 BAYSIDE RD

City

VIRGINIA BEACH

State

VA

Zip Code

23455-3004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DYNARIC, INC.

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11.3010944

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. LAWANNA MARTIN

Mailing Address P.O. BOX 40696

City

HOUSTON

State

TX

Zip Code

77240-0696

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ALSTYLE COIL CO.

Occupation

OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	2	/	2	0	0	9

Transaction ID: SA11.2974493

Amount of Each Receipt this Period

260.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JANA MASIMORE

Mailing Address 12721 HELEN ROAD

City

JUSTIN

State

TX

Zip Code

76247-7687

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PROPERTY TAX ADVOCATES,  
INC.

Occupation

PROPERTY TAX CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	3	/	2	0	0	9

Transaction ID: SA11.2969350

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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

760.00

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 199 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. HENRY P. MASSEY, JR.

Mailing Address 27741 VIA CERRO GORDO

City

LOS ALTOS HILLS

State

CA

Zip Code

94022-3267

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WILSON SONSINI GOODRICH  
& ROSATI

Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 7 / 2 0 0 9

Transaction ID: SA11.2970222

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. MARY MATHES

Mailing Address 9197 FOX BRIDGE DRIVE

City

SAINT LOUIS

State

MO

Zip Code

63127-1362

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  
0 7 / 2 8 / 2 0 0 9

Transaction ID: SA11.2970460

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. KAREN S. MATTESON

Mailing Address 1102 FLEETWOOD PLAZA

City

LAUREL PARK

State

NC

Zip Code

28739-8304

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

Transaction ID: SA11.3010936

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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

800.00

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

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

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

FOR LINE NUMBER: PAGE 200 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RICHARD BENNETT MAXSON

Mailing Address 10332 BRIGHTWOOD DRIVE

City

SANTA ANA

State

CA

Zip Code

92705-1541

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 / D D / Y Y Y Y  
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11.2989662

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. MARILYNN A. MCAFEE

Mailing Address 1612 SARATOGA WAY

City

EDMOND

State

OK

Zip Code

73003-3550

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 4 / 2 0 0 9

Transaction ID: SA11.2965844

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JACK A. MCALLISTER

Mailing Address P.O. BOX 631548

City

HIGHLANDS RANCH

State

CO

Zip Code

80163-1548

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 / D D / Y Y Y Y  
0 9 / 1 5 / 2 0 0 9

Transaction ID: SA11.2985914

Amount of Each Receipt this Period

1300.00

CONTRIBUTION

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

2050.00

**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 201 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. OLIVE JORDAN MCCLOSKEY

Mailing Address 1981 SINALOA AVENUE

City

ALTADENA

State

CA

Zip Code

91001-3357

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NORAC, INC.

Occupation

SECRETARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 0 9

Transaction ID: SA11.2976555

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. OLIVE JORDAN MCCLOSKEY

Mailing Address 1981 SINALOA AVENUE

City

ALTADENA

State

CA

Zip Code

91001-3357

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NORAC, INC.

Occupation

SECRETARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.3005433

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. ADRIA DAWN MCCOOL

Mailing Address 4790 S. LAFAYETTE STREET

City

CHERRY HILLS VILLA

State

CO

Zip Code

80113-5973

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EXECUTIVE COATINGS, INC

Occupation

VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11.3003522

Amount of Each Receipt this Period

300.00

CONTRIBUTION

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

650.00

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

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

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

FOR LINE NUMBER: PAGE 202 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. ARNETTA MCCORD NOTKIN

Mailing Address 1170 LOMA LINDA DR

City

BEVERLY HILLS

State

CA

Zip Code

90210-2411

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 5 / 2 0 0 9

Transaction ID: SA11.2972320

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CLAYTON MCCUISTION

Mailing Address 20046 LINCOLN ROAD

City

PURCELLVILLE

State

VA

Zip Code

20132-5100

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 / D D / Y Y Y Y Y  
0 8 / 0 5 / 2 0 0 9

Transaction ID: SA11.2972262

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. NELSON B. MCGEE

Mailing Address 810 E. RIVERSIDE AVENUE

City

SAN ANGELO

State

TX

Zip Code

76905-7840

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 ▼

420.00

Date of Receipt

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

Transaction ID: SA11.2995996

Amount of Each Receipt this Period

140.00

CONTRIBUTION

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

1390.00

**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 203 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. NELSON B. MCGEE

Mailing Address 810 E. RIVERSIDE AVENUE

City

SAN ANGELO

State

TX

Zip Code

76905-7840

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 ▼

420.00

Date of Receipt

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

Transaction ID: SA11.3007598

Amount of Each Receipt this Period

140.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RICHARD Y. MCGEE

Mailing Address P.O. BOX 2006

City

COLUMBUS

State

IN

Zip Code

47202-2006

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 / D D / Y Y Y Y  
0 8 / 1 0 / 2 0 0 9

Transaction ID: SA11.2973489

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JAMES J. MCGLYNN, SR.

Mailing Address 21W568 PARK AVE

City

LOMBARD

State

IL

Zip Code

60148-1023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 0 / 2 0 0 9

Transaction ID: SA11.2973465

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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

1140.00

**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 204 / 480

(check only one)

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

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

LAURA MCINTYRE

Mailing Address 6416 ISLA DEL REY DR

City

EL PASO

State

TX

Zip Code

79912-7343

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11.3003528

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RONALD F. MCKENNA

Mailing Address 5770 HARBORAGE DRIVE

City

FORT MYERS

State

FL

Zip Code

33908-4548

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 ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	3	/	2	0	0	9

Transaction ID: SA11.2969736

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RONALD F. MCKENNA

Mailing Address 5770 HARBORAGE DRIVE

City

FORT MYERS

State

FL

Zip Code

33908-4548

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 ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	8	/	2	0	0	9

Transaction ID: SA11.2997900

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

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

2000.00

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 205 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. EDWARD MCKEON

Mailing Address 1069 LYTHAM COURT

City

WEST PALM BEACH

State

FL

Zip Code

33411-1883

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 / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 0 9

Transaction ID: SA11.2976800

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. EDWARD MCKEON

Mailing Address 1069 LYTHAM COURT

City

WEST PALM BEACH

State

FL

Zip Code

33411-1883

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 / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.3006975

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JAMES J. MCKEON

Mailing Address 350 POND LANE

City

HEWLETT

State

NY

Zip Code

11557

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 ▼

1000.00

Date of Receipt

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

Transaction ID: SA11.2989045

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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

750.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 206 / 480

(check only one)

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

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES J. MCKEON

Mailing Address 350 POND LANE

City

HEWLETT

State

NY

Zip Code

11557

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

Transaction ID: SA11.2996135

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. MARK MCCLAUGHLIN

Mailing Address 25 SQUIRREL DRIVE

City

SKILLMAN

State

NJ

Zip Code

08558-1668

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
NEUROSURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 4 / 2 0 0 9

Transaction ID: SA11.2979291

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DENNY A. MCLEOD

Mailing Address 55 SIERRA AVE.

City

PIEDMONT

State

CA

Zip Code

94611-3815

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11.2990492

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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

1250.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 207 / 480

(check only one)

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

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CLAYTON MCMANAWAY

Mailing Address 208 CASTELLAN DIVE

City

GREER

State

SC

Zip Code

29650-4253

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	0	9

Transaction ID: SA11.2966812

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CLAYTON MCMANAWAY

Mailing Address 208 CASTELLAN DIVE

City

GREER

State

SC

Zip Code

29650-4253

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	3		2	0	0	9

Transaction ID: SA11.2968835

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. CLAYTON MCMANAWAY

Mailing Address 208 CASTELLAN DIVE

City

GREER

State

SC

Zip Code

29650-4253

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11.2990138

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: PAGE 208 / 480

(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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CLAYTON MCMANAWAY

Mailing Address 208 CASTELLAN DIVE

City

GREER

State

SC

Zip Code

29650-4253

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11.2994791

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CLAYTON MCMANAWAY

Mailing Address 208 CASTELLAN DIVE

City

GREER

State

SC

Zip Code

29650-4253

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11.3010899

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. CLAYTON MCMANAWAY

Mailing Address 208 CASTELLAN DIVE

City

GREER

State

SC

Zip Code

29650-4253

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11.3015921

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: PAGE 209 / 480

(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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

LISA MCPHERSON

Mailing Address 11300 CANTERBURY CT

City

LEAWOOD

State

KS

Zip Code

66211-2937

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RE/MAX REAL ESTATE

Occupation

BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11.3003416

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JAMES A. MCQUILLING

Mailing Address 200 ELDERFIELDS ROAD

City

MANHASSET

State

NY

Zip Code

11030-1624

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MIDLAND MARINE CORPORATION

Occupation

BUSINESS EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	4	/	2	0	0	9

Transaction ID: SA11.2979453

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

GARY MELIUS

Mailing Address 135 WEST GATE DRIVE

City

HUNTINGTON

State

NY

Zip Code

11743-6052

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

HOSPITALITY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11.3011671

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

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

2250.00

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 210 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. RICARDO MERLOS

Mailing Address P.O. BOX 1087

City

PASCAGOULA

State

MS

Zip Code

39568-1087

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 ▼

500.00

Date of Receipt

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

Transaction ID: SA11.3007293

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CHRISTOPHER H. MILLER

Mailing Address 18 OAK CREST

City

DARIEN

State

CT

Zip Code

06820-3526

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RBS GREENWICH CAPITAL

Occupation

TRADER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 0 / 2 0 0 9

Transaction ID: SA11.2973445

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MARK A. MILLER

Mailing Address 1687 LINDENWOOD DRIVE

City

CONCORD

State

CA

Zip Code

94521-1127

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GILBANE BUILDING COMPANY

Occupation

SR. PROJECT EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11.2972041

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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

1250.00

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

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

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

FOR LINE NUMBER: PAGE 211 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. MILDRED E. MILLER

Mailing Address 907 32ND STREET

City

VIENNA

State

WV

Zip Code

26105-2453

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 ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.3005715

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. EDWARD J. MINSKOFF

Mailing Address 1325 AVENUE OF THE AMERICAS

City

NEW YORK

State

NY

Zip Code

10019-6026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EJME

Occupation  
REAL ESTATE DEVELOPMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 9

Transaction ID: SA11.2998081

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ELIOT A. MINSKER

Mailing Address 20 OLD MAMARONECK RD, APT 4H

City

WHITE PLAINS

State

NY

Zip Code

10605-2032

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WHITE PLAINS TIMES

Occupation  
PUBLISHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 3 / 2 0 0 9

Transaction ID: SA11.2969482

Amount of Each Receipt this Period

25.00

CONTRIBUTION

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

2525.00

**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 212 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. HUGH CROMER MINTER

Mailing Address 16102 NW CANTERWOOD WAY

City

PORTLAND

State

OR

Zip Code

97229-7848

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 / D D / Y Y Y Y  
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.2990655

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN L. MINTER

Mailing Address 116 SEASCAPE DRIVE

City

PORT LAVACA

State

TX

Zip Code

77979-4940

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 / D D / Y Y Y Y  
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11.3000195

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN L. MINTER

Mailing Address 116 SEASCAPE DRIVE

City

PORT LAVACA

State

TX

Zip Code

77979-4940

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 / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.3007221

Amount of Each Receipt this Period

100.00

CONTRIBUTION

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

400.00

**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 213 / 480

(check only one)

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

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. DENISE MIRANDO

Mailing Address 1760 CHARTLEY RD

City

GATES MILLS

State

OH

Zip Code

44040-9725

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 ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	5		2	0	0	9

Transaction ID: SA11.2972252

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. DENISE MIRANDO

Mailing Address 1760 CHARTLEY RD

City

GATES MILLS

State

OH

Zip Code

44040-9725

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 ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	9		2	0	0	9

Transaction ID: SA11.2976773

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. DENISE MIRANDO

Mailing Address 1760 CHARTLEY RD

City

GATES MILLS

State

OH

Zip Code

44040-9725

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 ▼

450.00

Date of Receipt

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

Transaction ID: SA11.3005046

Amount of Each Receipt this Period

100.00

CONTRIBUTION

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

450.00

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 214 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN W. MITCHELL

Mailing Address 250 EAST 54TH STREET  
APARTMENT 38D

City State Zip Code  
NEW YORK NY 10022-4819

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 ▼

3000.00

Date of Receipt

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

Transaction ID: SA11.2995921

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

PETER MOE

Mailing Address 10910 81ST PLACE

City State Zip Code  
KIRKLAND WA 98034-3567

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TRANS-NET INC.

Occupation  
BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11.3011198

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. MARK L. MOERDLER

Mailing Address 5 CHITTENDEN ROAD

City State Zip Code  
FAIR LAWN NJ 07410-1646

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
C.A., INC.

Occupation  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11.2985685

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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

1750.00

**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 215 / 480

(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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ANTHONY T. MOFFETT

Mailing Address 18321 EASTWYCK DR

City

TAMPA

State

FL

Zip Code

33647-2931

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	0	/	2	0	0	9

Transaction ID: SA11.2973434

Amount of Each Receipt this Period

375.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MARTIN MORAN

Mailing Address 1500 4TH ST APT 38

City

SACRAMENTO

State

CA

Zip Code

95814-5312

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
D.O.E.Occupation  
EMMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	7	/	2	0	0	9

Transaction ID: SA11.2973046

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. SIEDEL E. MORAVITS

Mailing Address 239 MARTIN STREET

City

UVALDE

State

TX

Zip Code

78801-4337

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	6	/	2	0	0	9

Transaction ID: SA11.2996142

Amount of Each Receipt this Period

50.00

CONTRIBUTION

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

725.00

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 216 / 480

(check only one)

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

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. SIEDEL E. MORAVITS

Mailing Address 239 MARTIN STREET

City

UVALDE

State

TX

Zip Code

78801-4337

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	7	/	2	0	0	9

Transaction ID: SA11.3000007

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. BRAD MORGAN

Mailing Address 33 VERSAILLES

City

NEWPORT BEACH

State

CA

Zip Code

92657-1062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MORGAN ADVISEMENT GROUPOccupation  
BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	4	/	2	0	0	9

Transaction ID: SA11.2978596

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. CHESTER S. MORGAN

Mailing Address 120 CARNEGIE DRIVE

City

OAK RIDGE

State

TN

Zip Code

37830-7732

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11.2999184

Amount of Each Receipt this Period

300.00

CONTRIBUTION

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

600.00

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



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 217 / 480

(check only one)

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

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ANDREW F. MORRISON

Mailing Address 8155 N. ILLINOIS STREET

City

INDIANAPOLIS

State

IN

Zip Code

46260-2940

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WELLPOINT

Occupation

PUBLIC AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 4 / 2 0 0 9

Transaction ID: SA11.2974965

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. MARY MORRIS

Mailing Address 17517 FALES RD

City

SNOHOMISH

State

WA

Zip Code

98296-5046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MORRIS MEDIA

Occupation

MEDIA BUYER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 1 / 2 0 0 9

Transaction ID: SA11.2966810

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. J.F. MORROW

Mailing Address P.O. BOX 591309

City

SAN ANTONIO

State

TX

Zip Code

78259-0115

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

CONSULTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 1 / 2 0 0 9

Transaction ID: SA11.2967729

Amount of Each Receipt this Period

50.00

CONTRIBUTION

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

800.00

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

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

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

FOR LINE NUMBER: PAGE 218 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. J.F. MORROW

Mailing Address P.O. BOX 591309

City

SAN ANTONIO

State

TX

Zip Code

78259-0115

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

CONSULTING

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11.2990401

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. J.F. MORROW

Mailing Address P.O. BOX 591309

City

SAN ANTONIO

State

TX

Zip Code

78259-0115

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

CONSULTING

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11.2995139

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. JANE MOSBACHER

Mailing Address 3320 RESERVOIR RD NW

City

WASHINGTON

State

DC

Zip Code

20007-2311

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
STATE DEPARTMENT

Occupation

DEFENSE CONTRACTOR

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11.3005089

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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

600.00

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

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

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

FOR LINE NUMBER: PAGE 219 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. FURMAN C. MOSELEY

Mailing Address 411 UNIVERSITY ST

City

SEATTLE

State

WA

Zip Code

98101-2507

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 ▼

1000.00

Date of Receipt

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

Transaction ID: SA11.3003394

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. CARYLANN MUCHA

Mailing Address 2645 82ND STREET

City

URBANDALE

State

IA

Zip Code

50322-4485

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  
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11.2989814

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

LEWIS MULL

Mailing Address 1700 N. WATERFRONT PARKWAY  
BUILDING 1200

City

WICHITA

State

KS

Zip Code

67206-6637

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MULL DRILING CO.

Occupation  
OIL OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11.2995160

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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

1800.00

**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 220 / 480

(check only one)

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

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN H. MULLER, JR.

Mailing Address 67 BANK STREET

City

NEW CANAAN

State

CT

Zip Code

06840-6203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	2		2	0	0	9

Transaction ID: SA11.2968558

Amount of Each Receipt this Period

1300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. BRIAN MURDOCK

Mailing Address 96 HUSTED LN

City

GREENWICH

State

CT

Zip Code

06830-3935

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PD BANKOccupation  
MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	7		2	0	0	9

Transaction ID: SA11.3003201

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. LAURA MURPHY

Mailing Address 8220 NESBIT FERRY ROAD

City

ATLANTA

State

GA

Zip Code

30350-1012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EPSOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	0	9

Transaction ID: SA11.2967261

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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

2300.00

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 221 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

R. MURPHY

Mailing Address 6552 STEPHENSON LEVY

City

FORT WORTH

State

TX

Zip Code

76140-9777

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MES

Occupation  
MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11.2998585

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CASEY MUSSATTO

Mailing Address 23030 N. 4TH ST.

City

OSAGE CITY

State

KS

Zip Code

66523-9238

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
MANAGER/SMALL BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 4 / 2 0 0 9

Transaction ID: SA11.2972195

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. CASEY MUSSATTO

Mailing Address 23030 N. 4TH ST.

City

OSAGE CITY

State

KS

Zip Code

66523-9238

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
MANAGER/SMALL BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11.3005054

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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

550.00

**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 222 / 480

(check only one)

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

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. MALCOLM C. MYERS

Mailing Address 2655 COUNTRYLAKE DRIVE

City

CINCINNATI

State

OH

Zip Code

45233-1785

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11.2995526

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ALVIN J. NASSAR

Mailing Address 715 BAYSHORE DRIVE

City

FORT LAUDERDALE

State

FL

Zip Code

33304-3989

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ALINIAN CAPITALOccupation  
FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 5 / 2 0 0 9

Transaction ID: SA11.2972259

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. ROBERT NATALONI, MD

Mailing Address 3 BAYBERRY CT.

City

MILLER PLACE

State

NY

Zip Code

11764-3048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11.3003503

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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

750.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 223 / 480

(check only one)

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

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT L. NATWICK

Mailing Address 112 PATRIOT WAY

City

CENTREVILLE

State

MD

Zip Code

21617-2170

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UTAH SCIENTIFIC

Occupation

REGIONAL SALES MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11.3003153

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. KARIN B. NELSON

Mailing Address 236 HERNANDO ROAD SE

City

WINTER HAVEN

State

FL

Zip Code

33884-1026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PROFESSIONAL TAX CONSULTANTS I

Occupation

ENROLLED AGENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: SA11.3005652

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. HANS NEUMAIER

Mailing Address 31 WOODBURY PLACE

City

ROCHESTER

State

NY

Zip Code

14618-3440

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PROFESSIONAL STAFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	8	/	2	0	0	9

Transaction ID: SA11.3003343

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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

600.00

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

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

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

FOR LINE NUMBER: PAGE 224 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. PAUL B. NEWHOUSE

Mailing Address 24600 S TAMIAMI TRL  
STE 212

City State Zip Code  
BONITA SPGS FL 34134-7023

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
GUY CARPENTER AND COMPANY

Occupation  
INSURANCE BROKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 0 / 2 0 0 9

Transaction ID: SA11.2973484

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. ELAYNE NICHOLS

Mailing Address 17374 ROLLING WOODS CIRCLE

City State Zip Code  
NORTHVILLE MI 48168-1886

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.3005782

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JEFFREY D. NICKEL

Mailing Address 6998 GOLDEN VALLEY COURT

City State Zip Code  
FREDERICK MD 21703-8348

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HARRIS CORP

Occupation  
BUSINESS DEVELOPMENT MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 6 / 2 0 0 9

Transaction ID: SA11.2972942

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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

750.00

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



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

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

FOR LINE NUMBER: PAGE 225 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CHARLES J. NIELSON

Mailing Address 9260 SW 140TH ST

City

MIAMI

State

FL

Zip Code

33176-6811

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NIELSON & COMANY

Occupation

SURETY BONDS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11.3003202

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. PHILIP R. NIELSEN

Mailing Address 200 DEWINDT ROAD

City

WINNETKA

State

IL

Zip Code

60093-3711

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 ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 4 / 2 0 0 9

Transaction ID: SA11.2965642

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. PHILIP R. NIELSEN

Mailing Address 200 DEWINDT ROAD

City

WINNETKA

State

IL

Zip Code

60093-3711

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 ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 3 / 2 0 0 9

Transaction ID: SA11.2974885

Amount of Each Receipt this Period

200.00

CONTRIBUTION

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

950.00

**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 226 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. ANNE-MARIE NIETHOLD

Mailing Address 297 S MAIN ST

City

SHARON

State

MA

Zip Code

02067-1813

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BEECHER CARLSON

Occupation

INSURANCE BROKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 7 / 2 0 0 9

Transaction ID: SA11.2975078

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. ANNE-MARIE NIETHOLD

Mailing Address 297 S MAIN ST

City

SHARON

State

MA

Zip Code

02067-1813

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BEECHER CARLSON

Occupation

INSURANCE BROKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

Transaction ID: SA11.3003366

Amount of Each Receipt this Period

140.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JON A. NIXON

Mailing Address 3323 FALLING BROOK

City

SAN ANTONIO

State

TX

Zip Code

78258-4432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INTERNATIONAL BANK OF COM-  
MERCE

Occupation

GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 2 / 2 0 0 9

Transaction ID: SA11.2974476

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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

740.00

**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 227 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. PATRICIA NORRIS

Mailing Address 5753G SANTA ANA CANYON ROAD

City

ANAHEIM

State

CA

Zip Code

92807-3296

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 / D D / Y Y Y Y  
0 7 / 0 1 / 2 0 0 9

Transaction ID: SA11.2967054

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM O'CALLAGHAN

Mailing Address 738 MANDALAY AVENUE

City

CLEARWATER

State

FL

Zip Code

33767-1430

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FAE HOLDING INC.

Occupation  
INVESTMENT BANKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 4 / 2 0 0 9

Transaction ID: SA11.2972218

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM O'CALLAGHAN

Mailing Address 738 MANDALAY AVENUE

City

CLEARWATER

State

FL

Zip Code

33767-1430

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FAE HOLDING INC.

Occupation  
INVESTMENT BANKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

Transaction ID: SA11.3003353

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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

750.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 228 / 480

(check only one)

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

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

GARRY O'GRADY

Mailing Address 400 MANOR RIDGE DR

City

CARRBORO

State

NC

Zip Code

27510-2542

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CAMPBELL ALLIANCE

Occupation

MANAGEMENT CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	0		2	0	0	9

Transaction ID: SA11.2973455

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. G. MICHAEL O'LEARY

Mailing Address 4200 JPMORGAN CHASE TOWER

City

HOUSTON

State

TX

Zip Code

77002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANDREWS KURTH LLP

Occupation

LAWYER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	0	9

Transaction ID: SA11.2967597

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. G. MICHAEL O'LEARY

Mailing Address 4200 JPMORGAN CHASE TOWER

City

HOUSTON

State

TX

Zip Code

77002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANDREWS KURTH LLP

Occupation

LAWYER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11.2995056

Amount of Each Receipt this Period

100.00

CONTRIBUTION

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

650.00

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

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

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

FOR LINE NUMBER: PAGE 229 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN O'LEARY

Mailing Address 5611 N. RIDGEWAY ROAD

City

RINGWOOD

State

IL

Zip Code

60072-9634

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 / D D / Y Y Y Y Y  
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.2983493

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

GEORGE O'QUINN

Mailing Address 4512 MILLBURN CT

City

ALEXANDRIA

State

VA

Zip Code

22309-3124

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DOMINION SURVEYORS, INC.

Occupation  
LAND SURVEYOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 4 / 2 0 0 9

Transaction ID: SA11.2974973

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RAY P. ODEN, JR.

Mailing Address 702 THORA BLVD.

City

SHREVEPORT

State

LA

Zip Code

71106-1824

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 7 / 2 0 0 9

Transaction ID: SA11.2966300

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

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

1500.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 230 / 480

(check only one)

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

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ALAN J. OLSON

Mailing Address 497 ARAPAHOE

City

BOULDER

State

CO

Zip Code

80302-5824

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11.2983516

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. DOROTHY M. OLSON

Mailing Address 3730 PENNSYLVANIA AVENUE  
APARTMENT 104

City

DUBUQUE

State

IA

Zip Code

52002-3784

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	9		2	0	0	9

Transaction ID: SA11.2977091

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. DOROTHY M. OLSON

Mailing Address 3730 PENNSYLVANIA AVENUE  
APARTMENT 104

City

DUBUQUE

State

IA

Zip Code

52002-3784

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	0	9

Transaction ID: SA11.2996636

Amount of Each Receipt this Period

200.00

CONTRIBUTION

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

900.00

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

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

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

FOR LINE NUMBER: PAGE 231 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. DOROTHY M. OLSON

Mailing Address 3730 PENNSYLVANIA AVENUE  
APARTMENT 104

City State Zip Code  
DUBUQUE IA 52002-3784

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 ▼

800.00

Date of Receipt

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

Transaction ID: SA11.2999059

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. DOROTHY M. OLSON

Mailing Address 3730 PENNSYLVANIA AVENUE  
APARTMENT 104

City State Zip Code  
DUBUQUE IA 52002-3784

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 ▼

800.00

Date of Receipt

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

Transaction ID: SA11.3007019

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. R. CRAIG OLSON

Mailing Address 6306 HUNTOVER LANE  
LUXMANOR

City State Zip Code  
NORTH BETHESDA MD 20852-3672

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OARI

Occupation  
PUBLISHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 0 9

Transaction ID: SA11.2969887

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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

650.00

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

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

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

FOR LINE NUMBER: PAGE 232 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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 POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. R. CRAIG OLSON

Mailing Address 6306 HUNTOVER LANE

City

NORTH BETHESDA

State

MD

Zip Code

20852-3672

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OARI

Occupation

PUBLISHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 6 / 2 0 0 9

Transaction ID: SA11.2972956

Amount of Each Receipt this Period

600.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. SHIRLEY C. OLSSON

Mailing Address P.O. BOX 300

City

WEST POINT

State

VA

Zip Code

23181-0300

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 4 / 2 0 0 9

Transaction ID: SA11.2974993

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOSEPH B. ORGAN, JR.

Mailing Address 1213 PARK AVE

City

RIVER FOREST

State

IL

Zip Code

60305-1019

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MAYER BROWN

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11.2983269

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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

1350.00

**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 233 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. ROSLYN ORLIN

Mailing Address 2 WINDSOR DR

City

OLD WESTBURY

State

NY

Zip Code

11568-1529

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 1 / 2 0 0 9

Transaction ID: SA11.2973699

Amount of Each Receipt this Period

360.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. MARYGINA ORTIZ

Mailing Address 188 STEADWELL ROAD

City

AMSTERDAM

State

NY

Zip Code

12010-7507

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 2 / 2 0 0 9

Transaction ID: SA11.2968355

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. MARYGINA ORTIZ

Mailing Address 188 STEADWELL ROAD

City

AMSTERDAM

State

NY

Zip Code

12010-7507

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11.3001523

Amount of Each Receipt this Period

200.00

CONTRIBUTION

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

660.00

**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 234 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. PAUL J. OSTERTAG

Mailing Address 5808 ORION ROAD

City

LOUISVILLE

State

KY

Zip Code

40222-5937

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THERM AIR

Occupation

SMALL BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 9

Transaction ID: SA11.2965690

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. JANE F. OVERMAN

Mailing Address 325 GLENWOOD AVENUE

City

BURLINGTON

State

NC

Zip Code

27215-5025

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 ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 1 / 2 0 0 9

Transaction ID: SA11.2974445

Amount of Each Receipt this Period

120.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. JANE F. OVERMAN

Mailing Address 325 GLENWOOD AVENUE

City

BURLINGTON

State

NC

Zip Code

27215-5025

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 ▼

320.00

Date of Receipt

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

Transaction ID: SA11.3007322

Amount of Each Receipt this Period

200.00

CONTRIBUTION

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

620.00

**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 235 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

GREGG OWEN

Mailing Address 10176 PARK MEADOWS DR  
UNIT 2212

City State Zip Code  
LONE TREE CO 80124-8412

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AUTOGUIDE COLORADO

Occupation  
PUBLISHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 7 / 2 0 0 9

Transaction ID: SA11.2973035

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. KARL B. PACE

Mailing Address P.O. BOX 129

City State Zip Code  
GLOUCESTER NC 28528-0129

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
INVESTMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

Transaction ID: SA11.3003345

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM E. PALMQUIST

Mailing Address 1920 S. 1ST STREET  
APARTMENT 2004

City State Zip Code  
MINNEAPOLIS MN 55454-1263

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 / D D / Y Y Y Y  
0 7 / 3 0 / 2 0 0 9

Transaction ID: SA11.2971839

Amount of Each Receipt this Period

50.00

CONTRIBUTION

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

600.00

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

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

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

FOR LINE NUMBER: PAGE 236 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM E. PALMQUIST

Mailing Address 1920 S. 1ST STREET  
APARTMENT 2004

City State Zip Code  
MINNEAPOLIS MN 55454-1263

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

Transaction ID: SA11.2994895

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

TIMOTHY PARADISO

Mailing Address 2760 N. BLUFF RIDGE DR.

City State Zip Code  
PORT CLINTON OH 43452-4009

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BDS AGENCY

Occupation  
SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11.2990209

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM N. PARHAM, JR.

Mailing Address 1 MAYFAIR GROVE COURT

City State Zip Code  
THE WOODLANDS TX 77381-3614

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NATIONAL OILWELL VARCO

Occupation  
VICE PRESIDENT/HUMAN RESOURCES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11.2995963

Amount of Each Receipt this Period

50.00

CONTRIBUTION

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

1250.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 237 / 480

(check only one)

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

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN R. PARKER

Mailing Address 1380 W. WISCONSIN AVENUE  
APARTMENT 117City State Zip Code  
OCONOMOWOC WI 53066-2680FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	7	/	2	0	0	9

Transaction ID: SA11.2966411

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MATTHEW PARKER

Mailing Address P.O. BOX 2747

City State Zip Code  
LAGUNA HILLS CA 92654-2747FEC ID number of contributing  
federal political committee.**C**Name of Employer  
PCM, INCOccupation  
SR. SYSTEMS ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	1	/	2	0	0	9

Transaction ID: SA11.2967473

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MATTHEW PARKER

Mailing Address P.O. BOX 2747

City State Zip Code  
LAGUNA HILLS CA 92654-2747FEC ID number of contributing  
federal political committee.**C**Name of Employer  
PCM, INCOccupation  
SR. SYSTEMS ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11.2990298

Amount of Each Receipt this Period

25.00

CONTRIBUTION

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

550.00

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 238 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MATTHEW PARKER

Mailing Address P.O. BOX 2747

City

LAGUNA HILLS

State

CA

Zip Code

92654-2747

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PCM, INC

Occupation

SR. SYSTEMS ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11.2995008

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MATTHEW PARKER

Mailing Address P.O. BOX 2747

City

LAGUNA HILLS

State

CA

Zip Code

92654-2747

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PCM, INC

Occupation

SR. SYSTEMS ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11.3011279

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MATTHEW PARKER

Mailing Address P.O. BOX 2747

City

LAGUNA HILLS

State

CA

Zip Code

92654-2747

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PCM, INC

Occupation

SR. SYSTEMS ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11.3015897

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 239 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT E. PARKER

Mailing Address P.O. BOX 9609

City

CORPUS CHRISTI

State

TX

Zip Code

78469-9609

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
REPCON, INC.

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11.3000153

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DANIEL PAUL

Mailing Address 103 WAVERLY PLACE

City

NEW YORK

State

NY

Zip Code

10011-9110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WASHINGTON SQUARE HOTEL

Occupation

HOSPITALITY ADMINISTRATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11.2990731

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

WARD PAXTON

Mailing Address P.O. BOX 227

City

ALLEN

State

TX

Zip Code

75013-0004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INTRUSION INC.

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 3 / 2 0 0 9

Transaction ID: SA11.2969490

Amount of Each Receipt this Period

100.00

CONTRIBUTION

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

800.00

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

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

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

FOR LINE NUMBER: PAGE 240 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

WARD PAXTON

Mailing Address P.O. BOX 227

City

ALLEN

State

TX

Zip Code

75013-0004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INTRUSION INC.

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 0 9

Transaction ID: SA11.2997819

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

VIRGIL PAYAWAL

Mailing Address 72 CASCADE LAKE ST

City

LAS VEGAS

State

NV

Zip Code

89148-2791

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

CPA-BUSINESSMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 0 9

Transaction ID: SA11.2969994

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JONATHAN C. PEABODY

Mailing Address 76 CAMPMEETING ROAD

City

TOPSFIELD

State

MA

Zip Code

01983-1219

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  
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11.2990689

Amount of Each Receipt this Period

150.00

CONTRIBUTION

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

750.00

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



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 241 / 480

(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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JONATHAN C. PEABODY

Mailing Address 76 CAMPMEETING ROAD

City

TOPSFIELD

State

MA

Zip Code

01983-1219

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.3005722

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DOUGLAS PENDERGRAS

Mailing Address 1036 LIBERTY PARK DR. #47

City

AUSTIN

State

TX

Zip Code

78746-6990

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GAILIND ENTERPRISES, INC.Occupation  
LONG TERM CARE ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 0 9

Transaction ID: SA11.2969890

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN G. PENSON

Mailing Address 1201 ELM STREET  
SUITE 4240

City

DALLAS

State

TX

Zip Code

75270-2024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PENSON PROPERTIESOccupation  
INVESTMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11.2998264

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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

900.00

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

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

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

FOR LINE NUMBER: PAGE 242 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

LOIS PERGAMENT

Mailing Address 17085 WHITEHAKEN DR

City

BOCA RATON

State

FL

Zip Code

33496

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 7 / 2 0 0 9

Transaction ID: SA11.2973076

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

LOIS PERGAMENT

Mailing Address 17085 WHITEHAKEN DR

City

BOCA RATON

State

FL

Zip Code

33496

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11.3003111

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MARTIN B. PERLMAN

Mailing Address P.O. BOX 1014  
2 DUCK POND ROAD

City

ALPINE

State

NJ

Zip Code

07620-1014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 6 / 2 0 0 9

Transaction ID: SA11.2972950

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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

850.00

**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 243 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

GREGORY PERRY

Mailing Address 1158 NEPTUNE PLACE

City

ANNAPOLIS

State

MD

Zip Code

21409-4700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ENGINEERING SOLUTIONS, IN-  
C.

Occupation

COMPUTER SOFTWARE ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11.2998451

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DONALD PETERS

Mailing Address 16332 MERCIER LN

City

HUNTINGTON BEACH

State

CA

Zip Code

92647-3312

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

SMALL BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 1 / 2 0 0 9

Transaction ID: SA11.2967829

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MICHAEL PETERS

Mailing Address 1433 SOARING FLIGHT WAY

City

JACKSONVILLE

State

FL

Zip Code

32225-6830

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
US NAVY

Occupation

NAVY PILOT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11.3003115

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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

1250.00

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

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

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

FOR LINE NUMBER: PAGE 244 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. JAMES PICK

Mailing Address 1251 WEST LOWELL AVENUE

City

TRACY

State

CA

Zip Code

95376-2912

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

M.D.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11.3011275

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JON PICO

Mailing Address 503 BEAU CHENE DRIVE

City

MANDEVILLE

State

LA

Zip Code

70471-1728

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

Transaction ID: SA11.3003328

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JON PICO

Mailing Address 503 BEAU CHENE DRIVE

City

MANDEVILLE

State

LA

Zip Code

70471-1728

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

Transaction ID: SA11.3003380

Amount of Each Receipt this Period

100.00

CONTRIBUTION

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

400.00

**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 245 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. DAVID PILLOW

Mailing Address 5332 WATEKA DR

City

DALLAS

State

TX

Zip Code

75209-5512

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ST. PAUL DOCS E.R.A.

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 4 / 2 0 0 9

Transaction ID: SA11.2972190

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. THOMAS PIWONKA

Mailing Address 2704 BLUE WOOD TRL.

City

FLOWER MOUND

State

TX

Zip Code

75022-5296

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 ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 1 / 2 0 0 9

Transaction ID: SA11.2967379

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RICHARD C. PLACEK

Mailing Address 110 WHITAKER ROAD

City

WESTFIELD

State

MA

Zip Code

01085-4030

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  
1 0 / 2 9 / 2 0 0 9

Transaction ID: SA11.2996779

Amount of Each Receipt this Period

100.00

CONTRIBUTION

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

600.00

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

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

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

FOR LINE NUMBER: PAGE 246 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RICHARD C. PLACEK

Mailing Address 110 WHITAKER ROAD

City

WESTFIELD

State

MA

Zip Code

01085-4030

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  
1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11.3001913

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DICK POLLARD

Mailing Address 6609 NORFOLK AVE

City

LUBBOCK

State

TX

Zip Code

79413-5902

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
POLLARD FRIENDLY FORD

Occupation  
AUTO DEALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 7 / 2 0 0 9

Transaction ID: SA11.2966271

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

JAMES PONGRACZ

Mailing Address 33027 SCHOOLCRAFT ROAD

City

LIVONIA

State

MI

Zip Code

48150-1618

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PROCESS DEVELOPMENT CORP

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11.2998635

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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

1600.00

**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 247 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. BEN H. PORTER, JR.

Mailing Address P.O. BOX 1527

City

NEWNAN

State

GA

Zip Code

30264-1527

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
PHARMACY

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 1 / 2 0 0 9

Transaction ID: SA11.2970625

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. BEN H. PORTER, JR.

Mailing Address P.O. BOX 1527

City

NEWNAN

State

GA

Zip Code

30264-1527

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
PHARMACY

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 9 / 2 0 0 9

Transaction ID: SA11.2983833

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. BEN H. PORTER, JR.

Mailing Address P.O. BOX 1527

City

NEWNAN

State

GA

Zip Code

30264-1527

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
PHARMACY

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.2990460

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 248 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. BEN H. PORTER, JR.

Mailing Address P.O. BOX 1527

City

NEWNAN

State

GA

Zip Code

30264-1527

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
PHARMACY

Aggregate Year-to-Date ▼

475.00

Date of Receipt

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

Transaction ID: SA11.2996942

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. BEN H. PORTER, JR.

Mailing Address P.O. BOX 1527

City

NEWNAN

State

GA

Zip Code

30264-1527

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
PHARMACY

Aggregate Year-to-Date ▼

475.00

Date of Receipt

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

Transaction ID: SA11.2999223

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. BEN H. PORTER, JR.

Mailing Address P.O. BOX 1527

City

NEWNAN

State

GA

Zip Code

30264-1527

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
PHARMACY

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.3005803

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: PAGE 249 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ED J. POULIN

Mailing Address 22056 BREI COURT

City

NEWHALL

State

CA

Zip Code

91321-1296

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RE/MAX COMMERCIAL

Occupation

COMMERCIAL REAL ESTATE BROKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11.2990489

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ED J. POULIN

Mailing Address 22056 BREI COURT

City

NEWHALL

State

CA

Zip Code

91321-1296

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RE/MAX COMMERCIAL

Occupation

COMMERCIAL REAL ESTATE BROKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 0 9

Transaction ID: SA11.2997707

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. SCOTT PRIDGEN

Mailing Address 1421 HOLTS GROVE CIR

City

WINTER PARK

State

FL

Zip Code

32789-5110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 4 / 2 0 0 9

Transaction ID: SA11.2978464

Amount of Each Receipt this Period

600.00

CONTRIBUTION

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

1000.00

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

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

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

FOR LINE NUMBER: PAGE 250 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

COURTNEY PRISK

Mailing Address UNIT 9100, BOX 3917

City

DPO

State

AA

Zip Code

34002-3917

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 / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 9

Transaction ID: SA11.2997774

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. PETER PROSCHOLD

Mailing Address 4066 HWY 114

City

GUNNISON

State

CO

Zip Code

81230-9553

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  
0 7 / 0 1 / 2 0 0 9

Transaction ID: SA11.2967258

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. LAWRENCE P. PUCKETT, JR.

Mailing Address 19955 NE 38TH COURT  
APARTMENT 1004

City

AVENTURA

State

FL

Zip Code

33180-3455

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 ▼

1000.00

Date of Receipt

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

Transaction ID: SA11.2995626

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

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

1550.00

**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 251 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MARY JO PUGH

Mailing Address 428 CAVAYO TRL

City

HELOTES

State

TX

Zip Code

78023-4392

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VA

Occupation

RESEARCH HEALTH SCIENTIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 1 / 2 0 0 9

Transaction ID: SA11.2967318

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MARY JO PUGH

Mailing Address 428 CAVAYO TRL

City

HELOTES

State

TX

Zip Code

78023-4392

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VA

Occupation

RESEARCH HEALTH SCIENTIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11.2990252

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MARY JO PUGH

Mailing Address 428 CAVAYO TRL

City

HELOTES

State

TX

Zip Code

78023-4392

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VA

Occupation

RESEARCH HEALTH SCIENTIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11.2994939

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 252 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MARY JO PUGH

Mailing Address 428 CAVAYO TRL

City

HELOTES

State

TX

Zip Code

78023-4392

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VA

Occupation

RESEARCH HEALTH SCIENTIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11.3011182

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MARY JO PUGH

Mailing Address 428 CAVAYO TRL

City

HELOTES

State

TX

Zip Code

78023-4392

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VA

Occupation

RESEARCH HEALTH SCIENTIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11.3015955

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. DIANE PULITO

Mailing Address 15295 CORSINI LN.

City

NAPLES

State

FL

Zip Code

34110-2707

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
STUDENT

Occupation

NUTRITIONIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11.3003128

Amount of Each Receipt this Period

200.00

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 253 / 480

(check only one)

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

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. DIANE PULITO

Mailing Address 15295 CORSINI LN.

City

NAPLES

State

FL

Zip Code

34110-2707

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
STUDENT

Occupation

NUTRITIONIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11.3007010

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ALLEN I. QUESTROM

Mailing Address 16 TURTLE CREEK BND  
UNIT A

City

DALLAS

State

TX

Zip Code

75204-7845

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JC PENNY

Occupation

CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11.2989027

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. PARKER S. QUILLEN

Mailing Address 1000 UPTOWN PARK BLVD  
APT 222

City

HOUSTON

State

TX

Zip Code

77056-3250

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
0	7	/	0	1	/	2	0	0	9

Transaction ID: SA11.2966851

Amount of Each Receipt this Period

100.00

CONTRIBUTION

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

2150.00

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 254 / 480

(check only one)

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

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. PARKER S. QUILLEN

Mailing Address 1000 UPTOWN PARK BLVD  
APT 222

City	State	Zip Code
HOUSTON	TX	77056-3250

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11.2994802

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. WILLIAM J. RADUCHEL

Mailing Address 615 KENTLAND DRIVE

City	State	Zip Code
GREAT FALLS	VA	22066-1017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11.3010817

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. PATRICK T. RAINEY

Mailing Address 370 E. CROWN POINT ROAD

City	State	Zip Code
WINTER GARDEN	FL	34787-2998

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ENCORE CONSTRUCTIONOccupation  
GENERAL CONTRACTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11.3006936

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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

1350.00

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 255 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

THOMAS RALSTON, USA (RET)

Mailing Address 14235 RIDGEMONT DRIVE

City

URBANDALE

State

IA

Zip Code

50323-2284

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 ▼

350.00

Date of Receipt

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

Transaction ID: SA11.2995183

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

THOMAS RALSTON, USA (RET)

Mailing Address 14235 RIDGEMONT DRIVE

City

URBANDALE

State

IA

Zip Code

50323-2284

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 ▼

350.00

Date of Receipt

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

Transaction ID: SA11.3011451

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. GERALD RAMSEY

Mailing Address 6300 RICHMOND PLACE

City

NORFOLK

State

VA

Zip Code

23508-1128

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INSTANT SYSTEMS

Occupation  
MEDICAL DEVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 6 / 2 0 0 9

Transaction ID: SA11.2992603

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

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

1350.00

**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 256 / 480

(check only one)

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

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. H. LEWIS RAPAPORT

Mailing Address 620 5TH AVENUE

City

PELHAM

State

NY

Zip Code

10803-1208

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COMPONENT ASSEMBLY SYSTEMS  
INC.

Occupation

BUILDING CONTRACTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11.3000419

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

GEN HENRY A. RASMUSSEN, USA (RET)

Mailing Address 3460 OAKORY LANE

City

BETTENDORF

State

IA

Zip Code

52722-3939

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 ▼

900.00

Date of Receipt

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

Transaction ID: SA11.2995272

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

GEN HENRY A. RASMUSSEN, USA (RET)

Mailing Address 3460 OAKORY LANE

City

BETTENDORF

State

IA

Zip Code

52722-3939

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 ▼

900.00

Date of Receipt

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

Transaction ID: SA11.3007303

Amount of Each Receipt this Period

100.00

CONTRIBUTION

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

1600.00

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 257 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

GEN HENRY A. RASMUSSEN, USA (RET)

Mailing Address 3460 OAKORY LANE

City

BETTENDORF

State

IA

Zip Code

52722-3939

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 ▼

900.00

Date of Receipt

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

Transaction ID: SA11.3007337

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

BRIAN RAYMENT

Mailing Address 6905 EAST 65TH ST.

City

TULSA

State

OK

Zip Code

74133-4022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KRFPC

Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11.3011206

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

SHERRILL REDING

Mailing Address 628 REGENCY CROSSING

City

SOUTHLAKE

State

TX

Zip Code

76092-9502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 0 9

Transaction ID: SA11.2969304

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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

1300.00

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

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

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

FOR LINE NUMBER: PAGE 258 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN SHEPARD REED

Mailing Address 35 E 12TH ST

City

NEW YORK

State

NY

Zip Code

10003-4622

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 ▼

2000.00

Date of Receipt

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

Transaction ID: SA11.3007595

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. STEVEN REED

Mailing Address 5815 SOUTH FRANKLIN COURT

City

LITTLETON

State

CO

Zip Code

80121-1561

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CISCO SYSTEMS

Occupation  
SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 4 / 2 0 0 9

Transaction ID: SA11.2972124

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. AUGUST REITER

Mailing Address 9650 BUSINESS CENTER DRIVE

City

RANCHO CUCAMONGA

State

CA

Zip Code

91730-4536

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
REAL ESTATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11.2990150

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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

2550.00

**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 259 / 480

(check only one)

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

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. MADAIAH REVANA

Mailing Address 5118 TANGLE LANE

City

HOUSTON

State

TX

Zip Code

77056-2116

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 ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	7	/	2	0	0	9

Transaction ID: SA11.2966556

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL REVY

Mailing Address 326 S. GLENROY AVE

City

LOS ANGELES

State

CA

Zip Code

90049-3114

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
QES, LLC.

Occupation

PORTFOLIO MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11.3011423

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM M. REYNOLDS

Mailing Address 13230 E. 29TH PLACE

City

TULSA

State

OK

Zip Code

74134-2826

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 ▼

800.00

Date of Receipt

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

Transaction ID: SA11.2995355

Amount of Each Receipt this Period

400.00

CONTRIBUTION

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

1150.00

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 260 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. HUGH F. RICHARDSON

Mailing Address 20550 FALCONS LANDING CIRCLE  
APARTMENT 5301

City State Zip Code  
POTOMAC FALLS VA 20165-7596

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

Transaction ID: SA11.3005062

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM M. RIEGEL

Mailing Address 14 SURPLUS STREET

City State Zip Code  
DUXBURY MA 02332-4532

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 2 / 2 0 0 9

Transaction ID: SA11.2968614

Amount of Each Receipt this Period

400.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. WILLIAM H. RIFFEE

Mailing Address 1639 NW 11TH RD

City State Zip Code  
GAINESVILLE FL 32605-5319

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
UNIVERSITY OF FLORIDA

Occupation  
PHARMACIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11.3010808

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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

900.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 261 / 480

(check only one)

<input checked="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 POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. DAVID M. RING

Mailing Address 1976 PROSPECT BLVD.

City

HOUMA

State

LA

Zip Code

70363-6048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
DENTIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 8 / 2 0 0 9

Transaction ID: SA11.2976241

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM L. RITCHIE, JR.

Mailing Address 5302 BROOKWAY DR

City

BETHESDA

State

MD

Zip Code

20816-1308

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 1 / 2 0 0 9

Transaction ID: SA11.2967859

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM L. RITCHIE, JR.

Mailing Address 5302 BROOKWAY DR

City

BETHESDA

State

MD

Zip Code

20816-1308

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 0 9

Transaction ID: SA11.2969523

Amount of Each Receipt this Period

100.00

CONTRIBUTION

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

450.00

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 262 / 480

(check only one)

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

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM L. RITCHIE, JR.

Mailing Address 5302 BROOKWAY DR

City

BETHESDA

State

MD

Zip Code

20816-1308

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: SA11.2995100

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM L. RITCHIE, JR.

Mailing Address 5302 BROOKWAY DR

City

BETHESDA

State

MD

Zip Code

20816-1308

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	8	/	2	0	0	9

Transaction ID: SA11.2997998

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ALLEN RITTER

Mailing Address 3906 EAST 800 SOUTH

City

LAFAYETTE

State

IN

Zip Code

47909-9167

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ENDOCYTEOccupation  
ADMINISTRATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	0	/	2	0	0	9

Transaction ID: SA11.2973433

Amount of Each Receipt this Period

750.00

CONTRIBUTION

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

900.00

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

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

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

FOR LINE NUMBER: PAGE 263 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN P. ROBERTS

Mailing Address 367 HIGHLAND VIEW DR

City

BIRMINGHAM

State

AL

Zip Code

35242-2428

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDTRONIC

Occupation

REGIONAL SALES MGR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 0 9

Transaction ID: SA11.2997606

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN P. ROBERTS

Mailing Address 367 HIGHLAND VIEW DR

City

BIRMINGHAM

State

AL

Zip Code

35242-2428

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDTRONIC

Occupation

REGIONAL SALES MGR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11.3010942

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DAVID ROBINSON

Mailing Address P.O. BOX 8993

City

RANCHO SANTA FE

State

CA

Zip Code

92067-8993

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 / D D / Y Y Y Y  
0 8 / 1 2 / 2 0 0 9

Transaction ID: SA11.2974465

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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

750.00

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

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

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

FOR LINE NUMBER: PAGE 264 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. JEANETTE M. RODEGHIER

Mailing Address 1440 TOWNSHIP AVENUE

City

WISCONSIN RAPIDS

State

WI

Zip Code

54494-6332

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 / D D / Y Y Y Y Y  
0 8 / 2 4 / 2 0 0 9

Transaction ID: SA11.2979873

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. JEANETTE M. RODEGHIER

Mailing Address 1440 TOWNSHIP AVENUE

City

WISCONSIN RAPIDS

State

WI

Zip Code

54494-6332

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 / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11.3005030

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. KEVIN P. RONEY

Mailing Address 43621 EMERALD DUNES PLACE

City

LEESBURG

State

VA

Zip Code

20176-3969

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BOOZ ALLEN HAMILTON

Occupation  
PRINCIPAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11.3005025

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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

500.00

**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 265 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. ROBERT ROSENQUIST

Mailing Address 10951 LAUREL GROVE CIR

City

YUCAIPA

State

CA

Zip Code

92399-3307

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KAISER PERMANENTE

Occupation  
M.D.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11.3003504

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. EDWARD C. ROTH

Mailing Address 333 S. MONROE STREET  
APARTMENT 401

City

DENVER

State

CO

Zip Code

80209-3725

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 3 / 2 0 0 9

Transaction ID: SA11.2964865

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. EDWARD C. ROTH

Mailing Address 333 S. MONROE STREET  
APARTMENT 401

City

DENVER

State

CO

Zip Code

80209-3725

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 ▼

1000.00

Date of Receipt

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

Transaction ID: SA11.2995293

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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

1500.00

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

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

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

FOR LINE NUMBER: PAGE 266 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. NANCY B. ROTH

Mailing Address 8545 CARMEL VALLEY ROAD

City

CARMEL

State

CA

Zip Code

93923-9556

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 ▼

400.00

Date of Receipt

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

Transaction ID: SA11.2995957

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. NANCY B. ROTH

Mailing Address 8545 CARMEL VALLEY ROAD

City

CARMEL

State

CA

Zip Code

93923-9556

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11.3006122

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN F. ROWAN, JR.

Mailing Address 1727 ARABELLA STREET

City

NEW ORLEANS

State

LA

Zip Code

70115-5027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JOHNSON RICE & CO.

Occupation  
EQUITY SALES/STOCKBROKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 0 9

Transaction ID: SA11.2976823

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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

900.00

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

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

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

FOR LINE NUMBER: PAGE 267 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. CAROL RUDMAN

Mailing Address 425 8TH STREET N.W.  
APARTMENT 533

City State Zip Code  
WASHINGTON DC 20004-2112

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
U.S. DEPARTMENT OF COMMERCE

Occupation  
INTERNATIONAL TRADE SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11.2998303

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. GARY L. RUEBEL

Mailing Address 1596 NE 58TH AVE

City State Zip Code  
DES MOINES IA 50313-1622

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CHEMORSE

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

Transaction ID: SA11.3003339

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. GERALD RUSSELL

Mailing Address P.O. BOX 1470

City State Zip Code  
RAWLINS WY 82301-1479

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 3 / 2 0 0 9

Transaction ID: SA11.2965332

Amount of Each Receipt this Period

450.00

CONTRIBUTION

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

1200.00

**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 268 / 480

(check only one)

<input checked="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 POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. THOMAS H. RUSSELL

Mailing Address 12607 S. 12TH STREET

City

JENKS

State

OK

Zip Code

74037-4993

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THOMAS RUSSELL COOccupation  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

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

Transaction ID: SA11.3006930

Amount of Each Receipt this Period

375.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. ADRIAN B. RYAN

Mailing Address 13000 BIRCH RD

City

ANCHORAGE

State

AK

Zip Code

99516-3045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANCHORAGE FRACTURE AND OR-  
THOPEDIC CLINOccupation  
SURGEON/SMALL BUSINESS OWNER/PILOT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 3 / 2 0 0 9

Transaction ID: SA11.2969220

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. ADRIAN B. RYAN

Mailing Address 13000 BIRCH RD

City

ANCHORAGE

State

AK

Zip Code

99516-3045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANCHORAGE FRACTURE AND OR-  
THOPEDIC CLINOccupation  
SURGEON/SMALL BUSINESS OWNER/PILOT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 2 / 2 0 0 9

Transaction ID: SA11.2974453

Amount of Each Receipt this Period

400.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

875.00

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 269 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN J. RYAN, III

Mailing Address 2800 N. FLAGLER DRIVE  
APARTMENT 1008

City State Zip Code  
WEST PALM BEACH FL 33407-5225

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 / D D / Y Y Y Y  
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.2983702

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. W. SCOTT RYAN

Mailing Address 104 BEE GEE ROAD

City State Zip Code  
LUMBERTON NC 28358-8504

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CHILDREN'S HEALTH OF CARO-  
LINA, P.A.

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 3 / 2 0 0 9

Transaction ID: SA11.2965360

Amount of Each Receipt this Period

600.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

SADIE RYATT

Mailing Address 27061 MAPLE TREE CT

City State Zip Code  
VALENCIA CA 91381-3116

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
TRANS AID AMBULANCE

Occupation  
RESPIRATORY THERAPIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 1 / 2 0 0 9

Transaction ID: SA11.2967254

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1125.00

**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 270 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

SADIE RYATT

Mailing Address 27061 MAPLE TREE CT

City

VALENCIA

State

CA

Zip Code

91381-3116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TRANS AID AMBULANCE

Occupation

RESPIRATORY THERAPIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11.2990234

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

SADIE RYATT

Mailing Address 27061 MAPLE TREE CT

City

VALENCIA

State

CA

Zip Code

91381-3116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TRANS AID AMBULANCE

Occupation

RESPIRATORY THERAPIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 9

Transaction ID: SA11.2994915

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

SADIE RYATT

Mailing Address 27061 MAPLE TREE CT

City

VALENCIA

State

CA

Zip Code

91381-3116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TRANS AID AMBULANCE

Occupation

RESPIRATORY THERAPIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.3015956

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 271 / 480

(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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

PATRICIA RYLAND

Mailing Address P.O. BOX 20036

City

WICKENBURG

State

AZ

Zip Code

85358-5036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	0	/	2	0	0	9

Transaction ID: SA11.3011495

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WACLAW J. RZESZOTARSKI

Mailing Address 10202 JOHN CARVILL ROAD

City

CHESTERTOWN

State

MD

Zip Code

21620-4125

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	2	/	2	0	0	9

Transaction ID: SA11.2995969

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WACLAW J. RZESZOTARSKI

Mailing Address 10202 JOHN CARVILL ROAD

City

CHESTERTOWN

State

MD

Zip Code

21620-4125

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	2	/	2	0	0	9

Transaction ID: SA11.3007060

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

450.00

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 272 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. FRANK C. SABATINO

Mailing Address 351 CHANTICLEER DRIVE

City

CHERRY HILL

State

NJ

Zip Code

08003-4827

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
STERAS & LEE

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 4 / 2 0 0 9

Transaction ID: SA11.2974971

Amount of Each Receipt this Period

220.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ERIC SACHER

Mailing Address 379 TUDOR PLACE

City

WEST HEMPSTEAD

State

NY

Zip Code

11552-2442

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DESIMONE CONSULTING ENGIN-  
EERS

Occupation

CONTROLLER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.2988019

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. EUGENIUSZ SAMOJLIK, SR.

Mailing Address 73 SYKES AVENUE

City

LIVINGSTON

State

NJ

Zip Code

07039-1318

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation

NONE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11.3005010

Amount of Each Receipt this Period

320.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

790.00

**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 273 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

AARON SANDVIK

Mailing Address 601 CHURCHILL DRIVE

City

ST. GEORGE

State

UT

Zip Code

84790-7416

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SANDVIK ENTERPRISES

Occupation

SMALL BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11.2990306

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

AARON SANDVIK

Mailing Address 601 CHURCHILL DRIVE

City

ST. GEORGE

State

UT

Zip Code

84790-7416

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SANDVIK ENTERPRISES

Occupation

SMALL BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 0 9

Transaction ID: SA11.2995016

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

AARON SANDVIK

Mailing Address 601 CHURCHILL DRIVE

City

ST. GEORGE

State

UT

Zip Code

84790-7416

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SANDVIK ENTERPRISES

Occupation

SMALL BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.3011289

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: PAGE 274 / 480

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

AARON SANDVIK

Mailing Address 601 CHURCHILL DRIVE

City

ST. GEORGE

State

UT

Zip Code

84790-7416

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SANDVIK ENTERPRISES

Occupation

SMALL BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	4	/	2	0	0	9

Transaction ID: SA11.3015896

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

SILVIA SANTANA

Mailing Address 8404 NW 103 ST STE 1

City

HIALEAH GARDENS

State

FL

Zip Code

33016-4631

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HIALEAH GARDENS AUTO TAG  
AGENC

Occupation

SUPERVISOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	0	/	2	0	0	9

Transaction ID: SA11.2973419

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL JOSEPH SAXON

Mailing Address 514 BROOKSTONE COURT

City

COPLEY

State

OH

Zip Code

44321-1265

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMTRUST FINANCIAL SERVICES

Occupation

C.O.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	6	/	2	0	0	9

Transaction ID: SA11.2996122

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

400.00

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 275 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. LESLIE SCALES

Mailing Address 2905 RIVER ROAD EXTENSION

City

GREENWOOD

State

MS

Zip Code

38930-4939

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 3 / 2 0 0 9

Transaction ID: SA11.2964809

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. LESLIE SCALES

Mailing Address 2905 RIVER ROAD EXTENSION

City

GREENWOOD

State

MS

Zip Code

38930-4939

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 4 / 2 0 0 9

Transaction ID: SA11.2979665

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. LESLIE SCALES

Mailing Address 2905 RIVER ROAD EXTENSION

City

GREENWOOD

State

MS

Zip Code

38930-4939

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 0 / 2 0 0 9

Transaction ID: SA11.2999237

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**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 276 / 480

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. VICTOR W. SCHAFF

Mailing Address P.O. BOX 1275

City

CARPINTERIA

State

CA

Zip Code

93014-1275

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
S AND S HERDS, INC.Occupation  
RANCHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	3		2	0	0	9

Transaction ID: SA11.2983165

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JEFFREY J. SCHERER

Mailing Address 1130 N. POPLAR STREET

City

WAUKEGAN

State

IL

Zip Code

60085-2948

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	6		2	0	0	9

Transaction ID: SA11.2999510

Amount of Each Receipt this Period

60.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JACK SCHEWEL

Mailing Address 106 LINDEN AVENUE

City

LYNCHBURG

State

VA

Zip Code

24503-2010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	0	9

Transaction ID: SA11.2995703

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

510.00

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 277 / 480

(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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. PAUL J. SCHILLING

Mailing Address 2828 N.W. 142ND AVENUE

City

GAINESVILLE

State

FL

Zip Code

32609-4097

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	4		2	0	0	9

Transaction ID: SA11.2979510

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. HELEN T. SCHLEY

Mailing Address 107 OAK MEADOWS LANE

City

NASHVILLE

State

TN

Zip Code

37215-3434

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	4		2	0	0	9

Transaction ID: SA11.3003164

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JAMES M. SCHLECHT

Mailing Address 639 BIG CANYON DRIVE E.

City

PALM SPRINGS

State

CA

Zip Code

92264-7481

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SCHLECHT, SHEVLIN & SHOEN-  
BERGER

Occupation

ATTORNEY

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	7		2	0	0	9

Transaction ID: SA11.2966646

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1600.00

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 278 / 480

(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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. KURT SCHMIDT

Mailing Address 131 BLACK RIVER ROAD

City

LONG VALLEY

State

NJ

Zip Code

07853-3066

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NESTLE NUTRITION

Occupation

HEAD NORTH AMERICA

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	8	/	2	0	0	9

Transaction ID: SA11.2990479

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

ART SCHULTD

Mailing Address 305 AUTUMN RIDGE DR

City

BOSSIER CITY

State

LA

Zip Code

71111-8152

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SGB ARCHITECTS, LLC

Occupation

ARCHITECT

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	3	/	2	0	0	9

Transaction ID: SA11.2974871

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. CARL H. SCHULTZ

Mailing Address 1100 PEMBRIDGE DRIVE  
APARTMENT 242

City

LAKE FOREST

State

IL

Zip Code

60045-4219

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

REAL ESTATE MANAGEMENT

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	3	/	2	0	0	9

Transaction ID: SA11.3003107

Amount of Each Receipt this Period

325.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

825.00

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 279 / 480

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

CHUCK SCHUMANN

Mailing Address 10354 STEPHANDALE WAY

City

ANCHORAGE

State

AK

Zip Code

99515-2432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MICROCOM

Occupation

COMMUNICATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	8	/	2	0	0	9

Transaction ID: SA11.2976222

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. CHESTER SCHWER

Mailing Address P.O. BOX 127

City

KINGWOOD

State

WV

Zip Code

26537-0127

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KINGWOOD PHARMACY

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	4	/	2	0	0	9

Transaction ID: SA11.2978479

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

PAULA SCIANNA

Mailing Address 29223 SKY FOREST CIR

City

MAGNOLIA

State

TX

Zip Code

77355-2011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	4	/	2	0	0	9

Transaction ID: SA11.2972117

Amount of Each Receipt this Period

375.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

925.00

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 280 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RAPHAEL I. SEALEY

Mailing Address 1206 MILVIA STREET

City

BERKELEY

State

CA

Zip Code

94709-1933

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  
1 0 / 2 7 / 2 0 0 9

Transaction ID: SA11.2996538

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. WARREN J. SEEDS

Mailing Address 1213 MOSELLE COURT

City

LAS VEGAS

State

NV

Zip Code

89144-1115

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WARREN J. SEEDS, M.D., INC

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 7 / 2 0 0 9

Transaction ID: SA11.2973017

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. VICTOR SEITLES

Mailing Address 19111 COLLINS AVENUE

City

SUNNY ISLES BEACH

State

FL

Zip Code

33160-2376

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WESTCOM GRAPHICS INC.

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 6 / 2 0 0 9

Transaction ID: SA11.2999511

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 281 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. GEORGE W. SELF, USN (RET)

Mailing Address P.O. BOX 466

City

CUSHING

State

TX

Zip Code

75760-0466

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  
1 0 / 2 0 / 2 0 0 9

Transaction ID: SA11.2995729

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. GEORGE W. SELF, USN (RET)

Mailing Address P.O. BOX 466

City

CUSHING

State

TX

Zip Code

75760-0466

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  
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11.3006732

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RICHARD K. SELFRIDGE

Mailing Address 320 VALLEY VISTA DRIVE

City

CAMARILLO

State

CA

Zip Code

93010-1634

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 / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

Transaction ID: SA11.3003349

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 282 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CHARLES A. SENN

Mailing Address 4 SAVANNAH RIDGE DRIVE

City

FRISCO

State

TX

Zip Code

75034-6838

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 / D D / Y Y Y Y  
0 8 / 1 3 / 2 0 0 9

Transaction ID: SA11.2974874

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. PATRICIA SERIO

Mailing Address 20134 DAMERAL DRIVE

City

COVINA

State

CA

Zip Code

91724-3937

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SERCO MOLD INC.

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 1 / 2 0 0 9

Transaction ID: SA11.2966778

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. PATRICIA SERIO

Mailing Address 20134 DAMERAL DRIVE

City

COVINA

State

CA

Zip Code

91724-3937

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SERCO MOLD INC.

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11.2990117

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

550.00

**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 283 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. PATRICIA SERIO

Mailing Address 20134 DAMERAL DRIVE

City

COVINA

State

CA

Zip Code

91724-3937

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SERCO MOLD INC.

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 9

Transaction ID: SA11.2994767

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. PATRICIA SERIO

Mailing Address 20134 DAMERAL DRIVE

City

COVINA

State

CA

Zip Code

91724-3937

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SERCO MOLD INC.

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.3010853

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. PATRICIA SERIO

Mailing Address 20134 DAMERAL DRIVE

City

COVINA

State

CA

Zip Code

91724-3937

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SERCO MOLD INC.

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.3015950

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 284 / 480

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

OLGA SEYB

Mailing Address P.O. BOX 8062

City

NEWPORT BEACH

State

CA

Zip Code

92658-8062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MAD SCIENCE

Occupation

AFTER SCHOOL PROGRAM TEACHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	1	/	2	0	0	9

Transaction ID: SA11.2967212

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

OLGA SEYB

Mailing Address P.O. BOX 8062

City

NEWPORT BEACH

State

CA

Zip Code

92658-8062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MAD SCIENCE

Occupation

AFTER SCHOOL PROGRAM TEACHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	4	/	2	0	0	9

Transaction ID: SA11.2990225

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

OLGA SEYB

Mailing Address P.O. BOX 8062

City

NEWPORT BEACH

State

CA

Zip Code

92658-8062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MAD SCIENCE

Occupation

AFTER SCHOOL PROGRAM TEACHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	4	/	2	0	0	9

Transaction ID: SA11.2994904

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 285 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

OLGA SEYB

Mailing Address P.O. BOX 8062

City

NEWPORT BEACH

State

CA

Zip Code

92658-8062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MAD SCIENCE

Occupation

AFTER SCHOOL PROGRAM TEACHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.3011110

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

OLGA SEYB

Mailing Address P.O. BOX 8062

City

NEWPORT BEACH

State

CA

Zip Code

92658-8062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MAD SCIENCE

Occupation

AFTER SCHOOL PROGRAM TEACHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.3015911

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. NANCY SHAFER

Mailing Address 5865 OAK HILL DR

City

WEST FARMINGTON

State

OH

Zip Code

44491-9751

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SHAFER INDUSTRIAL SERVICE-  
S. INC.

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 6 / 2 0 0 9

Transaction ID: SA11.2972994

Amount of Each Receipt this Period

250.00

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: PAGE 286 / 480

(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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ANDREA SHANE

Mailing Address 11065 N 600 E-1

City

MONROEVILLE

State

IN

Zip Code

46773-9423

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AL-JAN INTERNATIONAL, INC.

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	9	/	2	0	0	9

Transaction ID: SA11.3003420

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CHARLES SHANLEY

Mailing Address 15 OVERLOOK AVE

City

MINE HILL

State

NJ

Zip Code

07803-3100

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FINRA

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	7	/	2	0	0	9

Transaction ID: SA11.2973023

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JIM SHAW

Mailing Address 3 PROTECTIVE CTR.  
SUITE 200

City

BIRMINGHAM

State

AL

Zip Code

35223

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	4	/	2	0	0	9

Transaction ID: SA11.2979866

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 287 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. LEON SHEARIN

Mailing Address 14218 U.S. HIGHWAY 64 ALT W.

City

ROCKY MOUNT

State

NC

Zip Code

27801-9767

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 0 9

Transaction ID: SA11.2995965

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. L. JERALD SHEFFELS

Mailing Address 9523 DOUGLASS ROAD E.

City

WILBUR

State

WA

Zip Code

99185-7700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RETIRED

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 4 / 2 0 0 9

Transaction ID: SA11.2979802

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. L. JERALD SHEFFELS

Mailing Address 9523 DOUGLASS ROAD E.

City

WILBUR

State

WA

Zip Code

99185-7700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RETIRED

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.2988018

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 288 / 480

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

CHRISTIANE SHIPLEY WADE

Mailing Address 10440 DOWN PATRICK LN

City

GREAT FALLS

State

VA

Zip Code

22066-3419

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	4	/	2	0	0	9

Transaction ID: SA11.2972239

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

CHRISTIANE SHIPLEY WADE

Mailing Address 10440 DOWN PATRICK LN

City

GREAT FALLS

State

VA

Zip Code

22066-3419

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	0	/	2	0	0	9

Transaction ID: SA11.3003499

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ARTHUR L. SHOENER

Mailing Address 13941 CANTERBURY CIRCLE

City

LEAWOOD

State

KS

Zip Code

66224-9808

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KANSAS CITY SOUTHERN

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	3	/	2	0	0	9

Transaction ID: SA11.2970011

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

550.00

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 289 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. GINGER SHOWS

Mailing Address 812 WOODLAND ESTATES DRIVE

City

LAKE CHARLES

State

LA

Zip Code

70605-3359

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 / D D / Y Y Y Y Y  
0 8 / 0 7 / 2 0 0 9

Transaction ID: SA11.2973014

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. FLORETTE R. SHRAGO

Mailing Address 805 BURTON STREET

City

ROCKY MOUNT

State

NC

Zip Code

27803-2504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 0 / 2 0 0 9

Transaction ID: SA11.2995723

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. FLORETTE R. SHRAGO

Mailing Address 805 BURTON STREET

City

ROCKY MOUNT

State

NC

Zip Code

27803-2504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 9 / 2 0 0 9

Transaction ID: SA11.3000429

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 290 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MICHAEL SIMMONDS

Mailing Address 11125 PIERCE PLAZA

City

OMAHA

State

NE

Zip Code

68144-1864

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 3 / 2 0 0 9

Transaction ID: SA11.2969793

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CHARLES H. SIMPSON

Mailing Address 3104 MERION DRIVE

City

MIRAMAR BEACH

State

FL

Zip Code

32550-7855

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MAGNA CARTA GROUP, L.L.C.

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 0 / 2 0 0 9

Transaction ID: SA11.2995769

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. SHIRLEY B. SIMPSON

Mailing Address 3104 MERION DRIVE

City

MIRAMAR BEACH

State

FL

Zip Code

32550-7855

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
ACTRESS / WRITER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 1 / 2 0 0 9

Transaction ID: SA11.2966882

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2250.00

**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 291 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JONATHAN K. SINCLAIR

Mailing Address 1926 GROVE AVE

City

SCHAUMBURG

State

IL

Zip Code

60193-6342

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SINCLAIR MINERAL AND CHEM-  
ICAL CO.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 3 / 2 0 0 9

Transaction ID: SA11.2969489

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JONATHAN K. SINCLAIR

Mailing Address 1926 GROVE AVE

City

SCHAUMBURG

State

IL

Zip Code

60193-6342

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SINCLAIR MINERAL AND CHEM-  
ICAL CO.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11.2990302

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JONATHAN K. SINCLAIR

Mailing Address 1926 GROVE AVE

City

SCHAUMBURG

State

IL

Zip Code

60193-6342

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SINCLAIR MINERAL AND CHEM-  
ICAL CO.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 9

Transaction ID: SA11.2997868

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: PAGE 292 / 480

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. RUTH SITES

Mailing Address HC 32 BOX 246

City

PETERSBURG

State

WV

Zip Code

26847-9602

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	0	/	2	0	0	9

Transaction ID: SA11.2995708

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. C. HAMILTON SLOAN

Mailing Address 277 LANDS END ROAD

City

MOREHEAD CITY

State

NC

Zip Code

28557-8943

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENERAL PARTS INTERNATIONAL INC.Occupation  
CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	4	/	2	0	0	9

Transaction ID: SA11.2979580

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DAVID V. SMITH

Mailing Address 4564 BILTMORE DRIVE

City

FRISCO

State

TX

Zip Code

75034-6861

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	4	/	2	0	0	9

Transaction ID: SA11.2972154

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1100.00

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 293 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. GAIL SMITH

Mailing Address 4208 GARDEN ROAD

City

SOUTHAVEN

State

MS

Zip Code

38672-6202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SMITH ENG. & SURVEYING,  
INC.

Occupation

OFFICE MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 0 / 2 0 0 9

Transaction ID: SA11.2973526

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JAMES E. SMITH

Mailing Address 5214 FARRINGTON ROAD

City

BETHESDA

State

MD

Zip Code

20816-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THE SMITH-FREE GROUP

Occupation

GOVERNMENT RELATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.3006890

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. JOANNA M. SMITH

Mailing Address 2907 MILL RUN ROAD SE

City

HAMPTON COVE

State

AL

Zip Code

35763-8476

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

CERTIFIED PUBLIC ACCOUNTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 4 / 2 0 0 9

Transaction ID: SA11.2974989

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1550.00

**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 294 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. NOVIS SMITH

Mailing Address 228 GASKILL STREET

City

PHILADELPHIA

State

PA

Zip Code

19147-1589

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

BUSINESS MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 6 / 2 0 0 9

Transaction ID: SA11.2972952

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. NOVIS SMITH

Mailing Address 228 GASKILL STREET

City

PHILADELPHIA

State

PA

Zip Code

19147-1589

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

BUSINESS MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11.3003516

Amount of Each Receipt this Period

125.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT ANTHONY SMITH

Mailing Address 4715 GARDEN RANCH DRIVE  
APARTMENT N2007

City

COLORADO SPRINGS

State

CO

Zip Code

80918-8585

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NORTHROP GRUMMAN

Occupation

ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 1 / 2 0 0 9

Transaction ID: SA11.2966914

Amount of Each Receipt this Period

28.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

303.00

**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 295 / 480

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT ANTHONY SMITH

Mailing Address 4715 GARDEN RANCH DRIVE  
APARTMENT N2007

City	State	Zip Code
COLORADO SPRINGS	CO	80918-8585

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NORTHROP GRUMMANOccupation  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	4	/	2	0	0	9

Transaction ID: SA11.2994828

Amount of Each Receipt this Period

17.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROBERT ANTHONY SMITH

Mailing Address 4715 GARDEN RANCH DRIVE  
APARTMENT N2007

City	State	Zip Code
COLORADO SPRINGS	CO	80918-8585

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NORTHROP GRUMMANOccupation  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	4	/	2	0	0	9

Transaction ID: SA11.2994829

Amount of Each Receipt this Period

17.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT ANTHONY SMITH

Mailing Address 4715 GARDEN RANCH DRIVE  
APARTMENT N2007

City	State	Zip Code
COLORADO SPRINGS	CO	80918-8585

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NORTHROP GRUMMANOccupation  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	4	/	2	0	0	9

Transaction ID: SA11.2998408

Amount of Each Receipt this Period

13.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

47.00

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 296 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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 POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

WANDA SMITH

Mailing Address P.O. BOX 375

City

SYRACUSE

State

KS

Zip Code

67878-0375

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

BOOKKEEPER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 3 / 2 0 0 9

Transaction ID: SA11.2969020

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

WANDA SMITH

Mailing Address P.O. BOX 375

City

SYRACUSE

State

KS

Zip Code

67878-0375

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

BOOKKEEPER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.3011008

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM L. SMITH

Mailing Address 300 DEVINE ROAD

City

SAN ANTONIO

State

TX

Zip Code

78212-2525

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AT&T

Occupation

DIVISION PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 3 / 2 0 0 9

Transaction ID: SA11.2968823

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

350.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 297 / 480

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. DAVID SMUCKLER

Mailing Address 741 VIRGINIA DRIVE

City

WINTER PARK

State

FL

Zip Code

32789-5854

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ORLANDO HEALTH

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	0	9

Transaction ID: SA11.2983335

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. MARVIN STANLEY SORENG

Mailing Address 1790 N.E. JUNIPER AVENUE

City

GRESHAM

State

OR

Zip Code

97030-4040

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
0	9		0	8		2	0	0	9

Transaction ID: SA11.2983499

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. HELEN SOUTH

Mailing Address 4705 SPRING MEADOW LAND  
UNIT 2

City

MIDLAND

State

TX

Zip Code

79705-2941

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	2		2	0	0	9

Transaction ID: SA11.2968453

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

850.00

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 298 / 480

(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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JOHN SPICER

Mailing Address 1629 RAMAPO WAY

City

SCOTCH PLAINS

State

NJ

Zip Code

07076-2317

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EDG

Occupation

SOFTWARE ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	0	/	2	0	0	9

Transaction ID: SA11.3011089

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. FRANK STEFE, JR.

Mailing Address 1482 DILLE ROAD

City

EUCLID

State

OH

Zip Code

44117-1406

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	/	D	D	/	Y	Y	Y	Y
0	7	/	1	4	/	2	0	0	9

Transaction ID: SA11.2965753

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT G. STEINER

Mailing Address 2050 MAIN STREET  
SUITE 600

City

IRVINE

State

CA

Zip Code

92614-8261

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LUCE FORWARD

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	1	/	2	0	0	9

Transaction ID: SA11.2967830

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 299 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. JANE E. STEWART

Mailing Address 12650 53RD STREET

City

STILLWATER,

State

MN

Zip Code

55082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DISTRICT 196

Occupation

CURRENTLY ON LEAVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 1 / 2 0 0 9

Transaction ID: SA11.2967513

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. JANE E. STEWART

Mailing Address 12650 53RD STREET

City

STILLWATER,

State

MN

Zip Code

55082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DISTRICT 196

Occupation

CURRENTLY ON LEAVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11.2990318

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. JANE E. STEWART

Mailing Address 12650 53RD STREET

City

STILLWATER,

State

MN

Zip Code

55082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DISTRICT 196

Occupation

CURRENTLY ON LEAVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 9

Transaction ID: SA11.2995028

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: PAGE 300 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. JANE E. STEWART

Mailing Address 12650 53RD STREET

City

STILLWATER,

State

MN

Zip Code

55082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DISTRICT 196

Occupation

CURRENTLY ON LEAVE

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.3011304

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. JANE E. STEWART

Mailing Address 12650 53RD STREET

City

STILLWATER,

State

MN

Zip Code

55082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DISTRICT 196

Occupation

CURRENTLY ON LEAVE

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.3015926

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

KATHY STOTLER

Mailing Address 408 CONSIDINE AVENUE

City

CINCINNATI

State

OH

Zip Code

45205-2235

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PREMIER, INC

Occupation

RN, CONSULTANT

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 1 / 2 0 0 9

Transaction ID: SA11.2967416

Amount of Each Receipt this Period

25.00

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: PAGE 301 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

KATHY STOTLER

Mailing Address 408 CONSIDINE AVENUE

City

CINCINNATI

State

OH

Zip Code

45205-2235

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PREMIER, INC

Occupation

RN, CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11.2990278

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

KATHY STOTLER

Mailing Address 408 CONSIDINE AVENUE

City

CINCINNATI

State

OH

Zip Code

45205-2235

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PREMIER, INC

Occupation

RN, CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 0 9

Transaction ID: SA11.2994979

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

KATHY STOTLER

Mailing Address 408 CONSIDINE AVENUE

City

CINCINNATI

State

OH

Zip Code

45205-2235

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PREMIER, INC

Occupation

RN, CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.3011242

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 302 / 480

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

KATHY STOTLER

Mailing Address 408 CONSIDINE AVENUE

City

CINCINNATI

State

OH

Zip Code

45205-2235

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PREMIER, INC

Occupation

RN, CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.3015895

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RICHARD H. STOWE

Mailing Address 912 5TH AVENUE #6B

City

NEW YORK

State

NY

Zip Code

10021-4159

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
H.E.P MANAGEMENT CORPORAT-  
ION

Occupation

PRIVATE EQUITY INVESTMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.3007150

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DEWARD STRONG

Mailing Address R.R. 1 BOX 16

City

CENTRAHOMA

State

OK

Zip Code

74534-9704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

BEEF CATTLE RANCHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 2 / 2 0 0 9

Transaction ID: SA11.2988529

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

2025.00

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 303 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. JAYNIE M. STUDENMUND

Mailing Address 880 CHULA VISTA AVE

City

PASADENA

State

CA

Zip Code

91103-2765

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

CORPORATE BOARD MEMBER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11.3003231

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. RUTH SUNDSTROM

Mailing Address 2057 SAND CREEK TER

City

OTTAWA

State

KS

Zip Code

66067-8786

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 4 / 2 0 0 9

Transaction ID: SA11.2974995

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. RUTH SUNDSTROM

Mailing Address 2057 SAND CREEK TER

City

OTTAWA

State

KS

Zip Code

66067-8786

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11.3003535

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 304 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MICHAEL SWAIM

Mailing Address 1907 BAKER RD

City

HIGH POINT

State

NC

Zip Code

27263-2007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MANAGEMENT RESOURCE SYSTE-  
MS, INC.

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 1 / 2 0 0 9

Transaction ID: SA11.2967515

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. ROBERT J. SWOBODA

Mailing Address 317 HIGHRIDGE ROAD

City

BURLINGTON

State

WI

Zip Code

53105-1041

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GREAT LAKES RADIOLOGISTS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 9 / 2 0 0 9

Transaction ID: SA11.2983896

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DAVID SYDORICK

Mailing Address 15 BEVERLY PARK  
# 5

City

BEVERLY HILLS

State

CA

Zip Code

90210-1540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DAVID SYNDORICK

Occupation

INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 0 / 2 0 0 9

Transaction ID: SA11.2973449

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1350.00

**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 305 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. STEVE SYMMS

Mailing Address 517 C. STREET NE

City

WASHINGTON

State

DC

Zip Code

20002-5809

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PARRY ROMANI DECONCINI

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.3006892

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. SUYLI TAN

Mailing Address 480 KENOLIO ROAD  
APARTMENT 11-203

City

KIHEI

State

HI

Zip Code

96753-7528

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 1 / 2 0 0 9

Transaction ID: SA11.2973705

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. SUYLI TAN

Mailing Address 480 KENOLIO ROAD  
APARTMENT 11-203

City

KIHEI

State

HI

Zip Code

96753-7528

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 8 / 2 0 0 9

Transaction ID: SA11.2982185

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

625.00

**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 306 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. SUYLI TAN

Mailing Address 480 KENOLIO ROAD  
APARTMENT 11-203

City State Zip Code  
KIHEI HI 96753-7528

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11.3003234

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. PAUL TARTELL

Mailing Address 100 NW 82ND AVE STE 104

City State Zip Code  
PLANTATION FL 33324-1834

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
S. FLORIDA SINUS AND ALLE-  
RGY CTR

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 0 / 2 0 0 9

Transaction ID: SA11.2973418

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RAY N. TAYLOR

Mailing Address 102 WOODCLIFF CIRCLE

City State Zip Code  
SIGNAL MOUNTAIN TN 37377-3143

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 ▼

455.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 9 / 2 0 0 9

Transaction ID: SA11.3003404

Amount of Each Receipt this Period

455.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1055.00

**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 307 / 480

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DAVID TESZLER

Mailing Address 70 HUNNEWELL AVE

City

NEWTON

State

MA

Zip Code

02458-2239

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SUN MICROSYSTEMSOccupation  
SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	3	/	2	0	0	9

Transaction ID: SA11.2974870

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROBERT J. THEIS

Mailing Address 1440 SAINT CATHERINES CIRCLE

City

VERO BEACH

State

FL

Zip Code

32967-7343

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	2	/	2	0	0	9

Transaction ID: SA11.3007126

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. EUNICE THODE

Mailing Address 220 W MANCHESTER BLVD  
APT. 3

City

INGLEWOOD

State

CA

Zip Code

90301-4615

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	9	/	2	0	0	9

Transaction ID: SA11.3003382

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1250.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 308 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ALLEN C. THOMAS

Mailing Address 5513 W. SLIGH AVE.

City

TAMPA

State

FL

Zip Code

33634-4431

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MAXXAIR VENT CORP.

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.3011038

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. STUART W. THOMS

Mailing Address 40 VELIE DRIVE  
#A

City

ROCK ISLAND

State

IL

Zip Code

61201

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 ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.3007347

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. STUART W. THOMS

Mailing Address 40 VELIE DRIVE  
#A

City

ROCK ISLAND

State

IL

Zip Code

61201

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 ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.3007601

Amount of Each Receipt this Period

750.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 309 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN THORNDIKE

Mailing Address 1100 PARK AVENUE

City

NEW YORK

State

NY

Zip Code

10128-1202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MERRILL LYNCH

Occupation

INVESTMENT BANKER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11.2983456

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

ROBIN THRUSH

Mailing Address 647 MILTON RD

City

RYE

State

NY

Zip Code

10580-3239

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THE RYE RECORD

Occupation

EDITOR AND PUBLISHER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 4 / 2 0 0 9

Transaction ID: SA11.2978475

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

RALPH THURMAN

Mailing Address 139 DUTTON MILL RD

City

MALVERN

State

PA

Zip Code

19355-3328

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDIONET INC.

Occupation

EXECUTIVE CHAIRMAN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.3005072

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

3750.00

**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 310 / 480

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RONALD TIEDJE

Mailing Address 1108 NAUTILUS PLACE

City

WESTERVILLE

State

OH

Zip Code

43082-7475

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FRANKLIN COUNTY OHIO

Occupation

PROJECT MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	9	

Transaction ID: SA11.2999518

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. ROBERT E. TONSING

Mailing Address 4303 SAINT ANDREWS DRIVE

City

PUEBLO

State

CO

Zip Code

81001-1164

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SOUTHERN COLORADO PSYCHIA-  
TRIC, PC

Occupation

PSYCHIATRIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	3	/	2	0	9	

Transaction ID: SA11.2968755

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. GEORGE C. TOSTEVIN

Mailing Address 12555 37TH AVENUE NE

City

SEATTLE

State

WA

Zip Code

98125-4654

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 ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	5	/	2	0	9	

Transaction ID: SA11.2980355

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

500.00

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 311 / 480

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. GEORGE C. TOSTEVIN

Mailing Address 12555 37TH AVENUE NE

City

SEATTLE

State

WA

Zip Code

98125-4654

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	0	/	2	0	0	9

Transaction ID: SA11.2999159

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

SCOTT TOTTY

Mailing Address 4505 AUSTIN POINT COURT

City

ST. CHARLES

State

MO

Zip Code

63304-0331

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LUCIDITY CONSULTING GROUPOccupation  
SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	0	/	2	0	0	9

Transaction ID: SA11.3011552

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MATTHEW C. TOWNSEND

Mailing Address 3122 QUARRY RD

City

MAUMEE

State

OH

Zip Code

43537-9688

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
O.C.P. CONTRACTORS, INC.Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	0	/	2	0	0	9

Transaction ID: SA11.2973477

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

800.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 312 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. W. LEE TOWNS

Mailing Address 11608 MORAGA LANE

City

LOS ANGELES

State

CA

Zip Code

90049-1644

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CLEAR VIEW SANITARIUM

Occupation

NURSING HOME DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 0 9

Transaction ID: SA11.2995131

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. W. LEE TOWNS

Mailing Address 11608 MORAGA LANE

City

LOS ANGELES

State

CA

Zip Code

90049-1644

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CLEAR VIEW SANITARIUM

Occupation

NURSING HOME DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.3010813

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DAVID A. TREBOUR

Mailing Address P.O. BOX 35046

City

RICHMOND

State

VA

Zip Code

23235-0046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HALEY AUTOMOTIVE

Occupation

AUTO DEALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 8 / 2 0 0 9

Transaction ID: SA11.2982321

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**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 313 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
TIMOTHY TRUSSELL

Mailing Address 1835 DRIVER AVE

City State Zip Code  
LANCASTER PA 17602-4803

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MILLERSVILLE UNIVERSITY

Occupation  
PROFESSOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 0 / 2 0 0 9

Transaction ID: SA11.2973504

Amount of Each Receipt this Period

275.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. CHE S. TSAO

Mailing Address 1213 FORESTWOOD DRIVE

City State Zip Code  
MC LEAN VA 22101-2603

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 / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 0 9

Transaction ID: SA11.2998273

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MR. RICHARD D. TULLO

Mailing Address 58 ROBERTS ROAD

City State Zip Code  
ENGLEWOOD CLIFFS NJ 07632-2212

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
TULLO TRUCK STOP

Occupation  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 7 / 2 0 0 9

Transaction ID: SA11.2975054

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1025.00

**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 314 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. JEAN M. TURNER

Mailing Address 145 POINT OF VIEW LANE

City

REEDVILLE

State

VA

Zip Code

22539-3713

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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 6 / 2 0 0 9

Transaction ID: SA11.2964437

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. JEAN M. TURNER

Mailing Address 145 POINT OF VIEW LANE

City

REEDVILLE

State

VA

Zip Code

22539-3713

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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

Transaction ID: SA11.2996088

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. JEAN M. TURNER

Mailing Address 145 POINT OF VIEW LANE

City

REEDVILLE

State

VA

Zip Code

22539-3713

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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.3005999

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

220.00

**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 315 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. ELINOR F. URSTADT

Mailing Address 6 BEECHWOOD ROAD

City

BRONXVILLE

State

NY

Zip Code

10708-3202

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 / D D / Y Y Y Y Y  
0 7 / 3 0 / 2 0 0 9

Transaction ID: SA11.2971715

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DARRELL VALENTI

Mailing Address 2388 N. E. 30TH COURT

City

LIGHTHOUSE POINT

State

FL

Zip Code

33064-8133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VALENTI MANAGEMENT

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 0 / 2 0 0 9

Transaction ID: SA11.2973447

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. RICARDO VALLE

Mailing Address 2475 LAKELAND DRIVE  
SUITE G.

City

FLOWOOD

State

MS

Zip Code

39232-9505

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
DENTIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 6 / 2 0 0 9

Transaction ID: SA11.2992644

Amount of Each Receipt this Period

205.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

955.00

**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 316 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

FRANCIS VAN ANTWERP

Mailing Address 5429 BIRCHWOOD DR

City

CHEBOYGAN

State

MI

Zip Code

49721-9782

FEC ID number of contributing  
federal political committee.

C

Name of Employer

KOKOSING CONSTRUCTION COM-  
PANY

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 7 / 2 0 0 9

Transaction ID: SA11.2975026

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

V.H. VAN HORN

Mailing Address 6014 GLEN COVE

City

HOUSTON

State

TX

Zip Code

77007-7008

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 / D D / Y Y Y Y Y  
0 7 / 2 3 / 2 0 0 9

Transaction ID: SA11.2969553

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ROY VAN WYCK

Mailing Address 430 GOOLSBY BLVD.

City

DEERFIELD BEACH

State

FL

Zip Code

33442-3019

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DOORMARK, INC.

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 1 / 2 0 0 9

Transaction ID: SA11.2967745

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 317 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT VANDYK

Mailing Address 304 SOUTH VAN DIEN AVENUE

City

RIDGEWOOD

State

NJ

Zip Code

07450-5200

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VAN DYK HEALTH CARE

Occupation

PRESIDENT & C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11.2989966

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. TIMOTHY VANFLEET

Mailing Address 3800 VANDERBILT CIRCLE

City

SPRINGFIELD

State

IL

Zip Code

62711-7343

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ORTHOPEDIC CENTER OF ILLI-  
NOIS

Occupation

SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 9 / 2 0 0 9

Transaction ID: SA11.3003410

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOEL A. VARGAS

Mailing Address P.O. BOX 15584

City

STAMFORD

State

CT

Zip Code

06901-0584

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ALCATEL-LUCENT

Occupation

TELECOMMUNICATIONS TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 0 / 2 0 0 9

Transaction ID: SA11.2973595

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1025.00

**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 318 / 480

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOEL A. VARGAS

Mailing Address P.O. BOX 15584

City

STAMFORD

State

CT

Zip Code

06901-0584

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ALCATEL-LUCENT

Occupation

TELECOMMUNICATIONS TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	3	/	2	0	9	

Transaction ID: SA11.2996023

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. JEFFERY D. VAUGHT

Mailing Address 2049 EAGLE TRACE DRIVE

City

GREENWOOD

State

IN

Zip Code

46143-8252

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 ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	4	/	2	0	9	

Transaction ID: SA11.2978432

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. TINKHAM VEALE, II

Mailing Address P.O. BOX 39

City

GATES MILLS

State

OH

Zip Code

44040-0039

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 ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	8	/	2	0	9	

Transaction ID: SA11.2996635

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

2025.00

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 319 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. MENNO VERMEULEN

Mailing Address 397 S. KENILWORTH AVENUE

City

ELMHURST

State

IL

Zip Code

60126-3926

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
L.S.V. ASSET MANAGEMENT

Occupation

PORTFOLIO MANAGER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 0 9

Transaction ID: SA11.2969955

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RODNEY VILHAUER

Mailing Address 5358 SPICEWOOD LN

City

FRISCO

State

TX

Zip Code

75034-5102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RODMAN COMPANIES

Occupation

CEO

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 4 / 2 0 0 9

Transaction ID: SA11.2972213

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. ROBERT V. VIOLANTE

Mailing Address 1056 UNIVERSITY AVENUE

City

PALO ALTO

State

CA

Zip Code

94301-2236

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 / D D / Y Y Y Y  
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11.2985689

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2250.00

**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 320 / 480

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM K. VOGEL

Mailing Address 300 PASEO TESORO

City

WALNUT

State

CA

Zip Code

91789-2725

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	9	/	2	0	0	9

Transaction ID: SA11.2995367

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

RICHARD WACKER

Mailing Address 119 MAONO PLACE

City

HONOLULU

State

HI

Zip Code

96821-2530

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KOREA EXCHANGE BANKOccupation  
CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	3	/	2	0	0	9

Transaction ID: SA11.2983236

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN E. WADE, II

Mailing Address 1225 2ND STREET

City

NEW ORLEANS

State

LA

Zip Code

70130-5722

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
AUTHOR/INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	0	/	2	0	0	9

Transaction ID: SA11.2995751

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

2500.00

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 321 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

BERNADETTE WALLACE

Mailing Address 3135 JOHNSON AVE APT 4J

City

BRONX

State

NY

Zip Code

10463-3520

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 0 / 2 0 0 9

Transaction ID: SA11.2973549

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. HARRY L. WALLACE

Mailing Address 2204 W CHARTER MALL

City

MEQUON

State

WI

Zip Code

53092-5451

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 9

Transaction ID: SA11.2995800

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. ROBERT R. WALLACH

Mailing Address P.O. BOX 1289

City

HOBBS

State

NM

Zip Code

88241-1289

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WALLACH CONCRETE, INC.Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11.2987998

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

2750.00

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 322 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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 POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. BERL B. WARD

Mailing Address 2351 SOLOMON AVENUE  
APARTMENT 376

City State Zip Code  
BILLINGS MT 59102-7915

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 / D D / Y Y Y Y  
0 8 / 1 8 / 2 0 0 9

Transaction ID: SA11.2976313

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DAN P. WARING, III

Mailing Address P.O. BOX 66

City State Zip Code  
VICKSBURG MS 39181-0066

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WARING OIL COMPANY

Occupation  
PETROLEUM MARKETER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 4 / 2 0 0 9

Transaction ID: SA11.2978590

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. BETTIE RICE WARREN

Mailing Address P.O. BOX 9629

City State Zip Code  
TYLER TX 75711-2629

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 / D D / Y Y Y Y  
1 0 / 0 8 / 2 0 0 9

Transaction ID: SA11.2994024

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 323 / 480

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM J. WARWICK

Mailing Address 1059 OCEAN RIDGE DRIVE

City

WILMINGTON

State

NC

Zip Code

28405-5287

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	3	/	2	0	0	9

Transaction ID: SA11.2965225

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. HELEN G. WATERMAN

Mailing Address 40 LOEFFLER ROAD  
TALCOTT 210

City

BLOOMFIELD

State

CT

Zip Code

06002-2262

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	7	/	2	0	0	9

Transaction ID: SA11.2996550

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

BENJAMIN WEBB

Mailing Address 4207 ALBANS ST

City

HOUSTON

State

TX

Zip Code

77005-1007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WEBB, SHANNON & HAAS, INC.Occupation  
LANDMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	7	/	2	0	0	9

Transaction ID: SA11.2973020

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

2000.00

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 324 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. MAURICE VICTOR WEBB, JR.

Mailing Address 1156 TREYMOUR WAY

City

KNOXVILLE

State

TN

Zip Code

37922-5165

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 5 / 2 0 0 9

Transaction ID: SA11.2972278

Amount of Each Receipt this Period

315.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. MAURICE VICTOR WEBB, JR.

Mailing Address 1156 TREYMOUR WAY

City

KNOXVILLE

State

TN

Zip Code

37922-5165

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

Transaction ID: SA11.3003330

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. WANDA WEBB

Mailing Address 3416 MARQUETTE

City

DALLAS

State

TX

Zip Code

75225-4852

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 4 / 2 0 0 9

Transaction ID: SA11.3001526

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

515.00

**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 325 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. JUDITH M. WEBBER

Mailing Address 6996 CAMINO REVUELTOS

City

SAN DIEGO

State

CA

Zip Code

92111-7642

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WILLIS LEASE FINANCE CORP-  
ORATION

Occupation  
TECHNICAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11.2990121

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. JUDITH M. WEBBER

Mailing Address 6996 CAMINO REVUELTOS

City

SAN DIEGO

State

CA

Zip Code

92111-7642

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WILLIS LEASE FINANCE CORP-  
ORATION

Occupation  
TECHNICAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 9

Transaction ID: SA11.2997563

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. JUDITH M. WEBBER

Mailing Address 6996 CAMINO REVUELTOS

City

SAN DIEGO

State

CA

Zip Code

92111-7642

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WILLIS LEASE FINANCE CORP-  
ORATION

Occupation  
TECHNICAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11.3003527

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: PAGE 326 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. JUDITH M. WEBBER

Mailing Address 6996 CAMINO REVUELTOS

City

SAN DIEGO

State

CA

Zip Code

92111-7642

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WILLIS LEASE FINANCE CORP-  
ORATION

Occupation  
TECHNICAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.3010867

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. JUDITH M. WEBBER

Mailing Address 6996 CAMINO REVUELTOS

City

SAN DIEGO

State

CA

Zip Code

92111-7642

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WILLIS LEASE FINANCE CORP-  
ORATION

Occupation  
TECHNICAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.3010868

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. JANINE WEGNER

Mailing Address 3506 LYNNWOOD DRIVE

City

BELLEVUE

State

NE

Zip Code

68123-2105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THANKSGIVING LUTHERAN

Occupation  
YOUTH AND FAMILY COORDINATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 1 / 2 0 0 9

Transaction ID: SA11.2966813

Amount of Each Receipt this Period

25.00

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: PAGE 327 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. JANINE WEGNER

Mailing Address 3506 LYNNWOOD DRIVE

City

BELLEVUE

State

NE

Zip Code

68123-2105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THANKSGIVING LUTHERAN

Occupation

YOUTH AND FAMILY COORDINATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11.2990139

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. JANINE WEGNER

Mailing Address 3506 LYNNWOOD DRIVE

City

BELLEVUE

State

NE

Zip Code

68123-2105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THANKSGIVING LUTHERAN

Occupation

YOUTH AND FAMILY COORDINATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 9

Transaction ID: SA11.2994792

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. JANINE WEGNER

Mailing Address 3506 LYNNWOOD DRIVE

City

BELLEVUE

State

NE

Zip Code

68123-2105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THANKSGIVING LUTHERAN

Occupation

YOUTH AND FAMILY COORDINATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.3010900

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 328 / 480

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. JANINE WEGNER

Mailing Address 3506 LYNNWOOD DRIVE

City

BELLEVUE

State

NE

Zip Code

68123-2105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THANKSGIVING LUTHERAN

Occupation

YOUTH AND FAMILY COORDINATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11.3015904

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ANDREW Q. WEICKER

Mailing Address 197 NARRAGANSETT AVE.

City

JAMESTOWN

State

RI

Zip Code

02835-1147

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11.3005053

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT WEISSMAN

Mailing Address 9410 RESERVE POINTE COURT

City

BONITA SPRINGS

State

FL

Zip Code

34135-8196

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 9 / 2 0 0 9

Transaction ID: SA11.3003407

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

2025.00

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 329 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ALDEN WEST

Mailing Address 1201 PATRIOTS COLONY DR.

City

WILLIAMSBURG

State

VA

Zip Code

23188-1337

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 / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 0 9

Transaction ID: SA11.2969591

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

JAMES WESTPHAL

Mailing Address 19 AUGUSTA

City

COTO DE CAZA

State

CA

Zip Code

92679-4829

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
US EAGLE CORP.

Occupation  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 4 / 2 0 0 9

Transaction ID: SA11.2978436

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. KURT C. WHEELER

Mailing Address 25487 ADOBE LANE

City

LOS ALTO HILLS

State

CA

Zip Code

94022-4502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CLARUS VENTURES

Occupation  
VENTURE CAPITALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11.2990146

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 330 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. BILLY E. WHITE

Mailing Address 1404 HORRIDGE

City

VINTON

State

LA

Zip Code

70668-4534

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BW SERVICES

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 1 / 2 0 0 9

Transaction ID: SA11.2978307

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. JANIS P. WHITE

Mailing Address 512 HILLCREST CIRCLE

City

BRIDGEPORT

State

WV

Zip Code

26330-1308

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
STEPTOE & JOHNSON, P.L.L.-  
C.

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 0 9

Transaction ID: SA11.2995774

Amount of Each Receipt this Period

600.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

PAUL WHITE

Mailing Address 2297 SPANGLER CIR

City

YORK

State

PA

Zip Code

17406-9793

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INTEGRATED DEFENSE SYSTEM-  
S, INC

Occupation

CHIEF TECHNOLOGY OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 2 / 2 0 0 9

Transaction ID: SA11.2974480

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1100.00

**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 331 / 480

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. WILLIAM WHITE, III

Mailing Address 1350 BATES LANE

City

SMITHFIELD

State

KY

Zip Code

40068-7926

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BAPTIST ANESTHESIA P. S.  
C.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11.2983266

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DAVID A. WHITTON

Mailing Address 1823 OAK FOREST DRIVE

City

EDMOND

State

OK

Zip Code

73025-2531

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 ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 0 9

Transaction ID: SA11.2997596

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DAVID A. WHITTON

Mailing Address 1823 OAK FOREST DRIVE

City

EDMOND

State

OK

Zip Code

73025-2531

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 ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.3010924

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

525.00

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 332 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RICHARD WIATER

Mailing Address 915 REILY ROAD

City

CINCINNATI

State

OH

Zip Code

45215-2552

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 / D D / Y Y Y Y Y  
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11.2983219

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. PETER N. WIGGINS, III

Mailing Address 3532 DARTMOUTH AVENUE

City

DALLAS

State

TX

Zip Code

75205-3237

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
OIL & GAS EXPL.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11.2989780

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MIKE T. WILHITE

Mailing Address P.O. BOX 1810

City

HENDERSON

State

TX

Zip Code

75653-1810

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MUSTANG DRILLING, INC.

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 4 / 2 0 0 9

Transaction ID: SA11.2979705

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2000.00

**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 333 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DEAN WILLIAMS

Mailing Address 647 ELIZABETH RD

City

SAN ANTONIO

State

TX

Zip Code

78209-6134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DOUGLASS W KING CO

Occupation  
SEEDSMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 9

Transaction ID: SA11.3003335

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ED WILLIAMS

Mailing Address P.O. BOX 1443

City

EATON PARK

State

FL

Zip Code

33840-1443

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  
0 8 / 1 9 / 2 0 0 9

Transaction ID: SA11.2976509

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. KENNETH WILLIS

Mailing Address 1620 CHANDLER RD SE

City

HUNTSVILLE

State

AL

Zip Code

35801-1488

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ALABAMA PAIN CENTER

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 4 / 2 0 0 9

Transaction ID: SA11.2974961

Amount of Each Receipt this Period

1050.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1600.00

**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 334 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. MARTHA WILLIAMS

Mailing Address 347 BAYHILL CIRCLE

City

DAYTON

State

NV

Zip Code

89403-8711

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 ▼

825.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11.2999969

Amount of Each Receipt this Period

225.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. MARTHA WILLIAMS

Mailing Address 347 BAYHILL CIRCLE

City

DAYTON

State

NV

Zip Code

89403-8711

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 ▼

825.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11.3000202

Amount of Each Receipt this Period

225.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. MARTHA WILLIAMS

Mailing Address 347 BAYHILL CIRCLE

City

DAYTON

State

NV

Zip Code

89403-8711

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 ▼

825.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.3007296

Amount of Each Receipt this Period

225.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

675.00

**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 335 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT WILLIAMS

Mailing Address 282 W END AVE

City

RIDGEWOOD

State

NJ

Zip Code

07450-4938

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KANEBRIDGE CORP

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 6 / 2 0 0 9

Transaction ID: SA11.2972963

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. BARBARA H. WILSON

Mailing Address 2540 GREEN STREET

City

SAN FRANCISCO

State

CA

Zip Code

94123-4629

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 ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 4 / 2 0 0 9

Transaction ID: SA11.2972111

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. BARBARA H. WILSON

Mailing Address 2540 GREEN STREET

City

SAN FRANCISCO

State

CA

Zip Code

94123-4629

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 ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 9 / 2 0 0 9

Transaction ID: SA11.3003413

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 336 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT L. WILSON

Mailing Address 201 MEADOWLARK COURT

City

MARCO ISLAND

State

FL

Zip Code

34145-3819

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  
1 0 / 2 0 / 2 0 0 9

Transaction ID: SA11.2995615

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

RONALD WILSON

Mailing Address 828 FEDERAL HILL RD

City

STREET

State

MD

Zip Code

21154-1135

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
R. J. WILSON & ASSOCIATES  
LTD

Occupation  
INSURANCE BROKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 7 / 2 0 0 9

Transaction ID: SA11.2973055

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. MARY A. WINTZER

Mailing Address 812 GLYNWOOD ROAD

City

WAPAKONETA

State

OH

Zip Code

45895-1125

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 / D D / Y Y Y Y  
0 7 / 1 4 / 2 0 0 9

Transaction ID: SA11.2965784

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 337 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. MARY A. WINTZER

Mailing Address 812 GLYNWOOD ROAD

City

WAPAKONETA

State

OH

Zip Code

45895-1125

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 / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.3007592

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. THOMAS WISNER

Mailing Address 3439 QUIGGLE AVENUE S.E.

City

ADA

State

MI

Zip Code

49301-9237

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 / D D / Y Y Y Y Y  
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11.3006121

Amount of Each Receipt this Period

1300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. JENNA WOLCOTT

Mailing Address 2002 OXFORD AVENUE

City

LUBBOCK

State

TX

Zip Code

79410-1025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SOUTHWEST REGIONAL WOUND  
CARE CENTER

Occupation  
ACCOUNTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11.3000154

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1700.00

**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 338 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. JENNA WOLCOTT

Mailing Address 2002 OXFORD AVENUE

City

LUBBOCK

State

TX

Zip Code

79410-1025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SOUTHWEST REGIONAL WOUND  
CARE CENTER

Occupation

ACCOUNTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.3007313

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. JOHN STUART WOLF, JR., MD

Mailing Address P.O. BOX 30190

City

FORT LAUDERDALE

State

FL

Zip Code

33303-0190

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 0 9

Transaction ID: SA11.2969873

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ANTHONY WOOD

Mailing Address 11 SOMERSET PL

City

PALO ALTO

State

CA

Zip Code

94301-3059

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ROKU

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11.2990416

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 339 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. JULIANA WOOD SNOWDEN

Mailing Address P.O. BOX 3007

City

NEWBERG

State

OR

Zip Code

97132-5007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

LAND OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 1 / 2 0 0 9

Transaction ID: SA11.2974440

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. LEE E. WOOD

Mailing Address 8240 CLARET COURT

City

SAN JOSE

State

CA

Zip Code

95135-1415

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 3 / 2 0 0 9

Transaction ID: SA11.2989317

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. LEE E. WOOD

Mailing Address 8240 CLARET COURT

City

SAN JOSE

State

CA

Zip Code

95135-1415

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 0 9

Transaction ID: SA11.2996560

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 340 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. LEE E. WOOD

Mailing Address 8240 CLARET COURT

City

SAN JOSE

State

CA

Zip Code

95135-1415

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 9 / 2 0 0 9

Transaction ID: SA11.2999080

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. LEE E. WOOD

Mailing Address 8240 CLARET COURT

City

SAN JOSE

State

CA

Zip Code

95135-1415

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11.3005943

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RICHARD D. WOOD

Mailing Address 5715 SUNSET LANE

City

INDIANAPOLIS

State

IN

Zip Code

46228-1447

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 ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 5 / 2 0 0 9

Transaction ID: SA11.2980303

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1200.00

**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 341 / 480

(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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RICHARD D. WOOD

Mailing Address 5715 SUNSET LANE

City

INDIANAPOLIS

State

IN

Zip Code

46228-1447

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	3	/	2	0	0	9

Transaction ID: SA11.3003117

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM WOODARD

Mailing Address 5400 BELLVIEW AVENUE

City

NEW PORT RICHEY

State

FL

Zip Code

34652-1216

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	4	/	2	0	0	9

Transaction ID: SA11.2978625

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. GAY WOODHOUSE

Mailing Address 13032 STEWART RD

City

CHEYENNE

State

WY

Zip Code

82009-9506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WOODHOUSE RODEN LLCOccupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	3	/	2	0	0	9

Transaction ID: SA11.2968729

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 342 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. R. JAMES WOOLSEY, JR.

Mailing Address 8283 GREENSBORO DR.

City

MCLEAN

State

VA

Zip Code

22102-3830

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BOOZ ALLEN HAMILTON

Occupation

CONSULTANT

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11.3006908

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. TIM D. WORD

Mailing Address P.O. BOX 310330

City

NEW BRAUNFELS

State

TX

Zip Code

78131-0330

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DEAN WORD COMPANY

Occupation

CONTRACTOR

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 2 / 2 0 0 9

Transaction ID: SA11.2968447

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. TIM D. WORD

Mailing Address P.O. BOX 310330

City

NEW BRAUNFELS

State

TX

Zip Code

78131-0330

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DEAN WORD COMPANY

Occupation

CONTRACTOR

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 4 / 2 0 0 9

Transaction ID: SA11.2998317

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 343 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. THOMAS WORTHINGTON

Mailing Address 173 MYSTIC PL NE

City

ATLANTA

State

GA

Zip Code

30342-2520

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TOM WORTHINGTON

Occupation

PROPERTY MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 4 / 2 0 0 9

Transaction ID: SA11.2972125

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JESS H. WRIGHT

Mailing Address 1043 SKYLINE DRIVE

City

BLAIR

State

NE

Zip Code

68008-2319

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 / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 9

Transaction ID: SA11.2965806

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. THOMAS E. WRIGHT

Mailing Address 4315 GALAX TRAIL

City

GREENSBORO

State

NC

Zip Code

27410-8861

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 / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 0 9

Transaction ID: SA11.2995290

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**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 344 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JILL YATES

Mailing Address 424 STATE HIGHWAY 37

City

NOGAL

State

NM

Zip Code

88341-9519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.3011623

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. BRUCE YOUNG, III

Mailing Address 1168 ENCLAVE ROAD

City

CHATTANOOGA

State

TN

Zip Code

37415-5650

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
S.M.P. INDUSTRIES INC.

Occupation

CHIEF EXECUTIVE OFFICER/OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 0 9

Transaction ID: SA11.2977379

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. CHAPMAN YOUNG

Mailing Address P.O. BOX 772129

City

STEAMBOAT SPRINGS

State

CO

Zip Code

80477-2129

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
APPLIED GEODYNAMICS, INC.

Occupation

GEOPHYSICIST - CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 0 9

Transaction ID: SA11.2969516

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**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 345 / 480

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. CHAPMAN YOUNG

Mailing Address P.O. BOX 772129

City

STEAMBOAT SPRINGS

State

CO

Zip Code

80477-2129

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
APPLIED GEODYNAMICS, INC.

Occupation

GEOPHYSICIST - CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 0 9

Transaction ID: SA11.2995164

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. CHAPMAN YOUNG

Mailing Address P.O. BOX 772129

City

STEAMBOAT SPRINGS

State

CO

Zip Code

80477-2129

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
APPLIED GEODYNAMICS, INC.

Occupation

GEOPHYSICIST - CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 0 9

Transaction ID: SA11.2997861

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. SALVATORE F. ZICHICHI

Mailing Address 99 WESTOVER ROAD

City

STAMFORD

State

CT

Zip Code

06902-1917

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MORGAN STANLEY

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 0 9

Transaction ID: SA11.2996792

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1200.00

**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 346 / 480

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. JAMES ZUCHERMAN

Mailing Address 3145 GEARY BLVD. #519

City

SAN FRANCISCO

State

CA

Zip Code

94118-3316

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 ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	2	/	2	0	0	9

Transaction ID: SA11.3006927

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

AMBULATORY ANESTHESIA ASSOCIATES L.L.C.

Mailing Address P.O. BOX 721076

City

NORMAN

State

OK

Zip Code

73070-4828

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	9	/	2	0	0	9

Transaction ID: SA11.3006897

Amount of Each Receipt this Period

500.00

CONTRIBUTION

REFUNDED \$500.00 ON 12/18-  
/2009**C.**

Full Name (Last, First, Middle Initial)

BURBAGE PROPERTIES L.L.C.

Mailing Address 224 S. PLAZA COURT

City

MOUNT PLEASANT

State

SC

Zip Code

29464-6302

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	4	/	2	0	0	9

Transaction ID: SA11.2965906

Amount of Each Receipt this Period

1200.00

CONTRIBUTION

SEE ATTRIBUTION BELOW

SUBTOTAL of Receipts This Page (optional) .....

2200.00

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 347 / 480

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM J. BURBAGE

Mailing Address 15210 PORTSIDE DRIVE  
APARTMENT 203City State Zip Code  
FORT MYERS FL 33908-6825FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	8	/	2	0	0	9

Transaction ID: SA11.3001647

Amount of Each Receipt this Period

1200.00

CONTRIBUTION

**[MEMO ITEM]**

PARTNERSHIP ATTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

K &amp; N SPLITER LTD. PARTNERSHIP

Mailing Address 9502 BAYOU BROOK STREET

City State Zip Code  
HOUSTON TX 77063-1058FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	8	/	2	0	0	9

Transaction ID: SA11.2986186

Amount of Each Receipt this Period

2300.00

CONTRIBUTION

ATTRIBUTION TO PARTNERS  
REQUESTED

SUBTOTAL of Receipts This Page (optional) .....

2300.00

TOTAL This Period (last page this line number only) .....

356405.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 348 / 480

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

AFLAC INC. PAC

Mailing Address 1932 WYNNTON ROAD

City

COLUMBUS

State

GA

Zip Code

31999-0001

FEC ID number of contributing  
federal political committee.

**C**

C00034157

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.3006885

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

ALLSTATE INSURANCE COMPANY

Mailing Address 2775 SANDERS ROAD  
SUITE A5

City

NORTHBROOK

State

IL

Zip Code

60062-6110

FEC ID number of contributing  
federal political committee.

**C**

C00040253

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.3009698

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

AMERICAN DENTAL PAC

Mailing Address 1111 14TH STREET NW  
SUITE 1100

City

WASHINGTON

State

DC

Zip Code

20005-5627

FEC ID number of contributing  
federal political committee.

**C**

C00000729

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11.3009423

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

5000.00

**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 349 / 480

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
AMERICAN HEALTH CARE ASSOCIATION PAC

Mailing Address 1201 L. STREET NW

City State Zip Code  
WASHINGTON DC 20005-4024

FEC ID number of contributing  
federal political committee. **C** C00006080

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11.3009697

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
BLUE CROSS BLUE SHIELD ASSOCIATION PAC

Mailing Address 1310 G STREET NW

City State Zip Code  
WASHINGTON DC 20005-3000

FEC ID number of contributing  
federal political committee. **C** C00194746

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.3006889

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
DLA PIPER LLP PAC

Mailing Address 500 8TH STREET NW  
SUITE 700

City State Zip Code  
WASHINGTON DC 20004-2131

FEC ID number of contributing  
federal political committee. **C** C00151340

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11.3006888

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**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 350 / 480

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
GENERAL DYNAMICS VOLUNTARY

Mailing Address 2941 FAIRVIEW PARK DRIVE #100  
POLITICAL CONTRIBUTION PLAN

City State Zip Code  
FALLS CHURCH VA 22042-4541

FEC ID number of contributing  
federal political committee. **C** C00078451

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 31 2009

Transaction ID: SA11.2970641

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
HEALTH NET INC. PAC

Mailing Address 485 CAPITAL MALL  
SUITE 801

City State Zip Code  
SACRAMENTO CA 95814-4402

FEC ID number of contributing  
federal political committee. **C** C00230789

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 18 2009

Transaction ID: SA11.3006887

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
NAHU PAC

Mailing Address P.O. BOX 20865

City State Zip Code  
INDIANAPOLIS IN 46220-0865

FEC ID number of contributing  
federal political committee. **C** C00283135

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 18 2009

Transaction ID: SA11.3006886

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

10000.00

**TOTAL** This Period (last page this line number only) .....

18000.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 351 / 480

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	--	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MCCAIN LEADERSHIP FUND

Mailing Address PO BOX 16664

City

ARLINGTON

State

VA

Zip Code

22215

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

64413.15

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	0	9

Transaction ID: SA.1000

Amount of Each Receipt this Period

9922.01

TRANSFER FROM JOINT FUNDR-  
AISING COMMITTEE**B.**

Full Name (Last, First, Middle Initial)

MR. RAYMOND T. DALIO

Mailing Address 1 GLENDINNING PLACE

City

WESTPORT

State

CT

Zip Code

06880-1242

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BRIDGEWATER ASSOCIATESOccupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	0	9

Transaction ID: SA12.2992591

Amount of Each Receipt this Period

5000.00

TRANSFER

**[MEMO ITEM]**TRANSFER FROM MCCAIN LEAD-  
ERSHIP FUND**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN A. DETORE

Mailing Address 4 REALTON ROAD

City

WEST ROXBURY

State

MA

Zip Code

02132-1006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RUBIN & RUDMAN L.L.P.Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	0	9

Transaction ID: SA12.2992577

Amount of Each Receipt this Period

200.00

TRANSFER

**[MEMO ITEM]**TRANSFER FROM MCCAIN LEAD-  
ERSHIP FUND

SUBTOTAL of Receipts This Page (optional) .....

9922.01

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 352 / 480

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. PATRICK J. DURKIN

Mailing Address 745 SEVENTH AVENUE

City

NEW YORK

State

NY

Zip Code

10019-6801

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BARCLAYS CAPITAL

Occupation

MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 3 / 2 0 0 9

Transaction ID: SA12.2992576

Amount of Each Receipt this Period

200.00

TRANSFER

**[MEMO ITEM]**

TRANSFER FROM MCCAIN LEAD-  
ERSHIP FUND

**B.**

Full Name (Last, First, Middle Initial)

MR. ANDY J. HONZEL

Mailing Address 12929 FOREST MEADOWS WAY

City

LAKE OSWEGO

State

OR

Zip Code

97034-1593

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 ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 3 / 2 0 0 9

Transaction ID: SA12.2992578

Amount of Each Receipt this Period

200.00

TRANSFER

**[MEMO ITEM]**

TRANSFER FROM MCCAIN LEAD-  
ERSHIP FUND

**C.**

Full Name (Last, First, Middle Initial)

MR. GREGORY B. MAFFEI

Mailing Address 4175 S. HUMBOLDT STREET

City

CHERRY HILLS VILLA

State

CO

Zip Code

80113-4818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LIBERTY MEDIA

Occupation

PRESIDENT & C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 3 / 2 0 0 9

Transaction ID: SA12.2992579

Amount of Each Receipt this Period

200.00

TRANSFER

**[MEMO ITEM]**

TRANSFER FROM MCCAIN LEAD-  
ERSHIP FUND

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**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 353 / 480

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

THE HON. FREDERIC V. MALEK

Mailing Address 1259 CREST LANE

City

MC LEAN

State

VA

Zip Code

22101-1837

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THAYER CAPITAL PARTNERS

Occupation

PRIVATE EQUITY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 3 / 2 0 0 9

Transaction ID: SA12.2992580

Amount of Each Receipt this Period

200.00

TRANSFER

**[MEMO ITEM]**

TRANSFER FROM MCCAIN LEAD-  
ERSHIP FUND

**B.**

Full Name (Last, First, Middle Initial)

MR. ARTHUR J. MARKS

Mailing Address 10836 PLEASANT HILL DRIVE

City

POTOMAC

State

MD

Zip Code

20854-1511

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WEDNESDAY MANAGEMENT

Occupation

FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 3 / 2 0 0 9

Transaction ID: SA12.2992581

Amount of Each Receipt this Period

200.00

TRANSFER

**[MEMO ITEM]**

TRANSFER FROM MCCAIN LEAD-  
ERSHIP FUND

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN A. MORAN

Mailing Address 125 WORTH AVENUE  
SUITE 202

City

PALM BEACH

State

FL

Zip Code

33480-4466

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JOHN A. MORAN & ASSOCIATES

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 3 / 2 0 0 9

Transaction ID: SA12.2992588

Amount of Each Receipt this Period

1200.00

TRANSFER

**[MEMO ITEM]**

TRANSFER FROM MCCAIN LEAD-  
ERSHIP FUND

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**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 354 / 480

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. LINDA A. MURPHY-TAVLERIOS

Mailing Address 15 WRENFIELD LANE

City

DARION

State

CT

Zip Code

06820-2201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 3 / 2 0 0 9

Transaction ID: SA12.2992582

Amount of Each Receipt this Period

200.00

TRANSFER

**[MEMO ITEM]**

TRANSFER FROM MCCAIN LEAD-  
ERSHIP FUND

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN A. REGIS, JR.

Mailing Address 70 KINGS COURT  
APARTMENT 19A

City

SAN FURCE

State

PR

Zip Code

00911-1663

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

FAST FOOD MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 3 / 2 0 0 9

Transaction ID: SA12.2992583

Amount of Each Receipt this Period

200.00

TRANSFER

**[MEMO ITEM]**

TRANSFER FROM MCCAIN LEAD-  
ERSHIP FUND

**C.**

Full Name (Last, First, Middle Initial)

MR. BARRY F. SCHWARTZ

Mailing Address 35 E. 62ND STREET

City

NEW YORK

State

NY

Zip Code

10065-8014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MACANDREW & FORBES HOLDIN-  
GS

Occupation

EXECUTIVE VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 3 / 2 0 0 9

Transaction ID: SA12.2992584

Amount of Each Receipt this Period

200.00

TRANSFER

**[MEMO ITEM]**

TRANSFER FROM MCCAIN LEAD-  
ERSHIP FUND

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**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 355 / 480

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN P. TAVLARIOS

Mailing Address 15 WRENFIELD LANE

City

DARIEN

State

CT

Zip Code

06820-2201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENERAL MARITIME MANAGEME-  
NT CORPORATIOOccupation  
SHIPPING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 3 / 2 0 0 9

Transaction ID: SA12.2992585

Amount of Each Receipt this Period

200.00

TRANSFER

**[MEMO ITEM]**TRANSFER FROM MCCAIN LEAD-  
ERSHIP FUND**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN C. WHITEHEAD

Mailing Address 55E E 52ND ST

City

NEW YORK

State

NY

Zip Code

10055-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 3 / 2 0 0 9

Transaction ID: SA12.2992589

Amount of Each Receipt this Period

1900.00

TRANSFER

**[MEMO ITEM]**TRANSFER FROM MCCAIN LEAD-  
ERSHIP FUND**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN C. WHITEHEAD

Mailing Address 55E E 52ND ST

City

NEW YORK

State

NY

Zip Code

10055-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 3 / 2 0 0 9

Transaction ID: SA12.2992590

Amount of Each Receipt this Period

2100.00

TRANSFER

**[MEMO ITEM]**TRANSFER FROM MCCAIN LEAD-  
ERSHIP FUND

SUBTOTAL of Receipts This Page (optional) .....

0.00

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 356 / 480

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

WILEY REIN LLP

Mailing Address 1776 K. STREET NW

City

WASHINGTON

State

DC

Zip Code

20006-2304

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 3 / 2 0 0 9

Transaction ID: SA12.2992586

Amount of Each Receipt this Period

500.00

TRANSFER

**[MEMO ITEM]**

TRANSFER FROM MCCAIN LEAD-  
ERSHIP FUND

**B.**

Full Name (Last, First, Middle Initial)

WILEY REIN LLP

Mailing Address 1776 K. STREET NW

City

WASHINGTON

State

DC

Zip Code

20006-2304

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 3 / 2 0 0 9

Transaction ID: SA12.2992587

Amount of Each Receipt this Period

1200.00

TRANSFER

**[MEMO ITEM]**

TRANSFER FROM MCCAIN LEAD-  
ERSHIP FUND

**C.**

Full Name (Last, First, Middle Initial)

MCCAIN LEADERSHIP FUND

Mailing Address PO BOX 16664

City

ARLINGTON

State

VA

Zip Code

22215

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

74274.66

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA.1001

Amount of Each Receipt this Period

9861.51

TRANSFER FROM JOINT FUNDR-  
AISING COMMITTEE

**SUBTOTAL** of Receipts This Page (optional) .....

9861.51

**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 357 / 480

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES H. CLICK, JR.

Mailing Address 6725 E CAMINO PRINCIPAL

City

TUCSON

State

AZ

Zip Code

85715-3905

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JIM CLICK AUTOMOTIVE

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA12.3009501

Amount of Each Receipt this Period

2400.00

TRANSFER

**[MEMO ITEM]**

TRANSFER FROM MCCAIN LEAD-  
ERSHIP FUND

**B.**

Full Name (Last, First, Middle Initial)

MRS. VICKI M. CLICK

Mailing Address 6403 E. MIRAMAR DRIVE

City

TUCSON

State

AZ

Zip Code

85715-3118

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA12.3009502

Amount of Each Receipt this Period

2400.00

TRANSFER

**[MEMO ITEM]**

TRANSFER FROM MCCAIN LEAD-  
ERSHIP FUND

**C.**

Full Name (Last, First, Middle Initial)

MRS. JUDITH ANN EISENBERG

Mailing Address 3165 HAMMOCK WAY

City

VERO BEACH

State

FL

Zip Code

32963-4769

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA12.3009493

Amount of Each Receipt this Period

200.00

TRANSFER

**[MEMO ITEM]**

TRANSFER FROM MCCAIN LEAD-  
ERSHIP FUND

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**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 358 / 480

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RUSS D. GERSON

Mailing Address 70 E 55TH ST FL 21

City

NEW YORK

State

NY

Zip Code

10022-3379

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THE GERSON GROUP

Occupation  
C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA12.3009494

Amount of Each Receipt this Period

200.00

TRANSFER

**[MEMO ITEM]**

TRANSFER FROM MCCAIN LEAD-  
ERSHIP FUND

**B.**

Full Name (Last, First, Middle Initial)

MRS. VIRGINIA C. KNOTT

Mailing Address 232 CLEFT ROAD

City

MILL NECK

State

NY

Zip Code

11765-1001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA12.3009498

Amount of Each Receipt this Period

400.00

TRANSFER

**[MEMO ITEM]**

TRANSFER FROM MCCAIN LEAD-  
ERSHIP FUND

**C.**

Full Name (Last, First, Middle Initial)

MRS. SHARON MAFFEI

Mailing Address 4175 S. HUMBOLDT STREET

City

CHERRY HILLS VILLA

State

CO

Zip Code

80113-4818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

534.59

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA12.3009499

Amount of Each Receipt this Period

534.59

TRANSFER

**[MEMO ITEM]**

TRANSFER FROM MCCAIN LEAD-  
ERSHIP FUND

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**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 359 / 480

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JONATHAN REYNOLDS

Mailing Address P.O. BOX 130

City

GARRISON

State

NY

Zip Code

10524-0130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
WRITER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA12.3009495

Amount of Each Receipt this Period

200.00

TRANSFER

**[MEMO ITEM]**

TRANSFER FROM MCCAIN LEAD-  
ERSHIP FUND

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN ROONEY

Mailing Address 311 DAVIS COURT

City

WHEATON

State

IL

Zip Code

60189-8198

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
U.S. CELLUAR CORP.

Occupation  
CORPORATE C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA12.3009496

Amount of Each Receipt this Period

200.00

TRANSFER

**[MEMO ITEM]**

TRANSFER FROM MCCAIN LEAD-  
ERSHIP FUND

**C.**

Full Name (Last, First, Middle Initial)

MR. PAUL D. SCHRAGE

Mailing Address 42237 N. 112TH PLACE

City

SCOTTSDALE

State

AZ

Zip Code

85262-3253

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 ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA12.3009500

Amount of Each Receipt this Period

1100.00

TRANSFER

**[MEMO ITEM]**

TRANSFER FROM MCCAIN LEAD-  
ERSHIP FUND

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**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 360 / 480

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. FRED L. TURNER

Mailing Address 1570 WOODVALE AVENUE

City

DEERFIELD

State

IL

Zip Code

60015-2351

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 ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA12.3009497

Amount of Each Receipt this Period

200.00

TRANSFER

**[MEMO ITEM]**

TRANSFER FROM MCCAIN LEAD-  
ERSHIP FUND

**B.**

Full Name (Last, First, Middle Initial)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS PAC

Mailing Address 520 N. NORTHWEST HIGHWAY

City

PARK RIDGE

State

IL

Zip Code

60068-2538

FEC ID number of contributing  
federal political committee.

C

C00255752

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA12.3009503

Amount of Each Receipt this Period

5000.00

TRANSFER

**[MEMO ITEM]**

TRANSFER FROM MCCAIN LEAD-  
ERSHIP FUND

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

19783.52



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 361 / 480

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

FRIENDS OF JOHN MCCAIN

Mailing Address PO BOX 16664

City

ARLINGTON

State

VA

Zip Code

22215

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25990.27

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 8 / 2 0 0 9

Transaction ID: SA.1013

Amount of Each Receipt this Period

25990.27

REIMBURSEMENT-LIST RENTAL

**B.**

Full Name (Last, First, Middle Initial)

JOSEPH CAO FOR CONGRESS

Mailing Address PO BOX 56156

City

NEW ORLEANS

State

LA

Zip Code

70156

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

392.44

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 5 / 2 0 0 9

Transaction ID: SA.1003

Amount of Each Receipt this Period

392.44

REIMBURSEMENT-LIST RENTAL

**C.**

Full Name (Last, First, Middle Initial)

MORAN FOR KANSAS

Mailing Address PO BOX 1151

City

HAYS

State

KS

Zip Code

67601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1181.20

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 0 / 2 0 0 9

Transaction ID: SA.1004

Amount of Each Receipt this Period

1073.50

REIMBURSEMENT-LIST RENTAL

**SUBTOTAL** of Receipts This Page (optional) .....

27456.21

**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 362 / 480

(check only one)

<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 POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MORAN FOR KANSAS

Mailing Address PO BOX 1151

City

HAYS

State

KS

Zip Code

67601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1181.20

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	0		2	0	0	9

Transaction ID: SA.1005

Amount of Each Receipt this Period

107.70

REIMBURSEMENT-LIST RENTAL

SUBTOTAL of Receipts This Page (optional) .....

107.70

TOTAL This Period (last page this line number only) .....

27563.91

# **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)

PAGE 363 / 480

<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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
MCCAIN-PALIN COMPLIANCE 2008

Mailing Address PO BOX 16118

City ARLINGTON State VA Zip Code 22215

Purpose of Disbursement  
LIST RENTAL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.329

Date of Disbursement

/   /

Amount of Each Disbursement this Period

10288.00

**B.** Full Name (Last, First, Middle Initial)  
MCCAIN-PALIN COMPLIANCE 2008

Mailing Address PO BOX 16118

City ARLINGTON State VA Zip Code 22215

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.452

Date of Disbursement

/   /

Amount of Each Disbursement this Period

11753.98

**C.** Full Name (Last, First, Middle Initial)  
PHIL ADAMS

Mailing Address PO BOX 16118

City ARLINGTON State VA Zip Code 22215

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.337

Date of Disbursement

/   /

Amount of Each Disbursement this Period

311.40

**SUBTOTAL** of Disbursements This Page (optional) .....

22353.38

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 364 / 480

<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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

PHIL ADAMS

Mailing Address PO BOX 16118

City  
ARLINGTON

State  
VA

Zip Code  
22215

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.346

Date of Disbursement

08 / 14 / 2009

Amount of Each Disbursement this Period

521.89

B.

Full Name (Last, First, Middle Initial)

PHIL ADAMS

Mailing Address PO BOX 16118

City  
ARLINGTON

State  
VA

Zip Code  
22215

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.363

Date of Disbursement

10 / 15 / 2009

Amount of Each Disbursement this Period

103.72

C.

Full Name (Last, First, Middle Initial)

SOFIA AMAYA

Mailing Address PO BOX 16118

City  
ARLINGTON

State  
VA

Zip Code  
22215

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.339

Date of Disbursement

07 / 15 / 2009

Amount of Each Disbursement this Period

229.97

**SUBTOTAL** of Disbursements This Page (optional) .....

855.58

**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)

PAGE 365 / 480

<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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

SOFIA AMAYA

Mailing Address PO BOX 16118

City  
ARLINGTON

State  
VA

Zip Code  
22215

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.348

Date of Disbursement

08 / 14 / 2009

Amount of Each Disbursement this Period

266.58

B.

Full Name (Last, First, Middle Initial)

SOFIA AMAYA

Mailing Address PO BOX 16118

City  
ARLINGTON

State  
VA

Zip Code  
22215

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.356

Date of Disbursement

09 / 15 / 2009

Amount of Each Disbursement this Period

171.23

C.

Full Name (Last, First, Middle Initial)

SOFIA AMAYA

Mailing Address PO BOX 16118

City  
ARLINGTON

State  
VA

Zip Code  
22215

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.365

Date of Disbursement

10 / 15 / 2009

Amount of Each Disbursement this Period

279.24

SUBTOTAL of Disbursements This Page (optional) .....

717.05

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)

PAGE 366 / 480

<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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

SOFIA AMAYA

Mailing Address PO BOX 16118

City  
ARLINGTON

State  
VA

Zip Code  
22215

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.373

Date of Disbursement

/   /

Amount of Each Disbursement this Period

244.02

B.

Full Name (Last, First, Middle Initial)

SOFIA AMAYA

Mailing Address PO BOX 16118

City  
ARLINGTON

State  
VA

Zip Code  
22215

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.379

Date of Disbursement

/   /

Amount of Each Disbursement this Period

152.99

C.

Full Name (Last, First, Middle Initial)

WHITNEY CLARK

Mailing Address PO BOX 16118

City  
ARLINGTON

State  
VA

Zip Code  
22215

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.340

Date of Disbursement

/   /

Amount of Each Disbursement this Period

743.85

**SUBTOTAL** of Disbursements This Page (optional) .....

1140.86

**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)

PAGE 367 / 480

<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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

WHITNEY CLARK

Mailing Address PO BOX 16118

City  
ARLINGTON

State  
VA

Zip Code  
22215

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.343

Date of Disbursement

/   /

Amount of Each Disbursement this Period

743.85

B.

Full Name (Last, First, Middle Initial)

WHITNEY CLARK

Mailing Address PO BOX 16118

City  
ARLINGTON

State  
VA

Zip Code  
22215

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.349

Date of Disbursement

/   /

Amount of Each Disbursement this Period

743.85

C.

Full Name (Last, First, Middle Initial)

WHITNEY CLARK

Mailing Address PO BOX 16118

City  
ARLINGTON

State  
VA

Zip Code  
22215

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.352

Date of Disbursement

/   /

Amount of Each Disbursement this Period

743.85

**SUBTOTAL** of Disbursements This Page (optional) .....

2231.55

**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)

PAGE 368 / 480

<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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

WHITNEY CLARK

Mailing Address PO BOX 16118

City  
ARLINGTON

State  
VA

Zip Code  
22215

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.357

Date of Disbursement

09 / 15 / 2009

Amount of Each Disbursement this Period

743.85

B.

Full Name (Last, First, Middle Initial)

WHITNEY CLARK

Mailing Address PO BOX 16118

City  
ARLINGTON

State  
VA

Zip Code  
22215

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.360

Date of Disbursement

09 / 30 / 2009

Amount of Each Disbursement this Period

743.85

C.

Full Name (Last, First, Middle Initial)

WHITNEY CLARK

Mailing Address PO BOX 16118

City  
ARLINGTON

State  
VA

Zip Code  
22215

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.366

Date of Disbursement

10 / 15 / 2009

Amount of Each Disbursement this Period

869.15

SUBTOTAL of Disbursements This Page (optional) .....

2356.85

TOTAL This Period (last page this line number only) .....



X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

COUNTRY FIRST POLITICAL ACTION COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **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)

PAGE 370 / 480

<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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

WHITNEY CLARK

Mailing Address PO BOX 16118

City  
ARLINGTON

State  
VA

Zip Code  
22215

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.380

Date of Disbursement

/   /

Amount of Each Disbursement this Period

869.15

B.

Full Name (Last, First, Middle Initial)

WHITNEY CLARK

Mailing Address PO BOX 16118

City  
ARLINGTON

State  
VA

Zip Code  
22215

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.382

Date of Disbursement

/   /

Amount of Each Disbursement this Period

869.15

C.

Full Name (Last, First, Middle Initial)

WHITNEY CLARK

Mailing Address PO BOX 16118

City  
ARLINGTON

State  
VA

Zip Code  
22202

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.457

Date of Disbursement

/   /

Amount of Each Disbursement this Period

220.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1958.30

**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)

PAGE 371 / 480

<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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

BRIAN HALEY

Mailing Address PO BOX 16118

City  
ARLINGTON

State  
VA

Zip Code  
22215

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.336

Date of Disbursement

07 / 15 / 2009

Amount of Each Disbursement this Period

1075.17

B.

Full Name (Last, First, Middle Initial)

BRIAN HALEY

Mailing Address PO BOX 16118

City  
ARLINGTON

State  
VA

Zip Code  
22215

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.342

Date of Disbursement

07 / 31 / 2009

Amount of Each Disbursement this Period

1075.17

C.

Full Name (Last, First, Middle Initial)

BRIAN HALEY

Mailing Address PO BOX 16118

City  
ARLINGTON

State  
VA

Zip Code  
22215

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.345

Date of Disbursement

08 / 14 / 2009

Amount of Each Disbursement this Period

1075.17

SUBTOTAL of Disbursements This Page (optional) .....

3225.51

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 372 / 480

<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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

BRIAN HALEY

Mailing Address PO BOX 16118

City  
ARLINGTON

State  
VA

Zip Code  
22215

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.351

Date of Disbursement

08 / 31 / 2009

Amount of Each Disbursement this Period

1137.96

B.

Full Name (Last, First, Middle Initial)

BRIAN HALEY

Mailing Address PO BOX 16118

City  
ARLINGTON

State  
VA

Zip Code  
22215

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.354

Date of Disbursement

09 / 15 / 2009

Amount of Each Disbursement this Period

1137.96

C.

Full Name (Last, First, Middle Initial)

BRIAN HALEY

Mailing Address PO BOX 16118

City  
ARLINGTON

State  
VA

Zip Code  
22215

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.359

Date of Disbursement

09 / 30 / 2009

Amount of Each Disbursement this Period

1137.96

SUBTOTAL of Disbursements This Page (optional) .....

3413.88

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)

PAGE 373 / 480

<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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

BRIAN HALEY

Mailing Address PO BOX 16118

City  
ARLINGTON

State  
VA

Zip Code  
22215

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.362

Date of Disbursement

10 / 15 / 2009

Amount of Each Disbursement this Period

1137.96

B.

Full Name (Last, First, Middle Initial)

BRIAN HALEY

Mailing Address PO BOX 16118

City  
ARLINGTON

State  
VA

Zip Code  
22215

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.368

Date of Disbursement

10 / 30 / 2009

Amount of Each Disbursement this Period

1137.96

C.

Full Name (Last, First, Middle Initial)

BRIAN HALEY

Mailing Address PO BOX 16118

City  
ARLINGTON

State  
VA

Zip Code  
22215

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.371

Date of Disbursement

11 / 13 / 2009

Amount of Each Disbursement this Period

1137.96

SUBTOTAL of Disbursements This Page (optional) .....

3413.88

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)

PAGE 374 / 480

<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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

BRIAN HALEY

Mailing Address PO BOX 16118

City  
ARLINGTON

State  
VA

Zip Code  
22215

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.376

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1137.96

B.

Full Name (Last, First, Middle Initial)

AMBER JOHNSON

Mailing Address PO BOX 16118

City  
ARLINGTON

State  
VA

Zip Code  
22216

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.335

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2454.87

C.

Full Name (Last, First, Middle Initial)

AMBER JOHNSON

Mailing Address PO BOX 16118

City  
ARLINGTON

State  
VA

Zip Code  
22216

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.341

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2454.87

**SUBTOTAL** of Disbursements This Page (optional) .....

6047.70

**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)

PAGE 375 / 480

<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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

AMBER JOHNSON

Mailing Address PO BOX 16118

City

ARLINGTON

State

VA

Zip Code

22216

Purpose of Disbursement

PAYROLL

Candidate Name

Category/  
Type

Office Sought:

☐ House

☐ Senate

☐ President

State:

District:

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

Transaction ID: SB.344

Date of Disbursement

08 / 14 / 2009

Amount of Each Disbursement this Period

2454.87

B.

Full Name (Last, First, Middle Initial)

AMBER JOHNSON

Mailing Address PO BOX 16118

City

ARLINGTON

State

VA

Zip Code

22216

Purpose of Disbursement

PAYROLL

Candidate Name

Category/  
Type

Office Sought:

☐ House

☐ Senate

☐ President

State:

District:

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

Transaction ID: SB.350

Date of Disbursement

08 / 31 / 2009

Amount of Each Disbursement this Period

2454.87

C.

Full Name (Last, First, Middle Initial)

AMBER JOHNSON

Mailing Address PO BOX 16118

City

ARLINGTON

State

VA

Zip Code

22216

Purpose of Disbursement

PAYROLL

Candidate Name

Category/  
Type

Office Sought:

☐ House

☐ Senate

☐ President

State:

District:

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

Transaction ID: SB.353

Date of Disbursement

09 / 15 / 2009

Amount of Each Disbursement this Period

2454.87

SUBTOTAL of Disbursements This Page (optional) .....

7364.61

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)

PAGE 376 / 480

<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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

AMBER JOHNSON

Mailing Address PO BOX 16118

City  
ARLINGTON

State  
VA

Zip Code  
22216

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.358

Date of Disbursement

09 / 30 / 2009

Amount of Each Disbursement this Period

2454.87

B.

Full Name (Last, First, Middle Initial)

AMBER JOHNSON

Mailing Address PO BOX 16118

City  
ARLINGTON

State  
VA

Zip Code  
22216

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.361

Date of Disbursement

10 / 15 / 2009

Amount of Each Disbursement this Period

2454.87

C.

Full Name (Last, First, Middle Initial)

AMBER JOHNSON

Mailing Address PO BOX 16118

City  
ARLINGTON

State  
VA

Zip Code  
22216

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.367

Date of Disbursement

10 / 30 / 2009

Amount of Each Disbursement this Period

2454.87

SUBTOTAL of Disbursements This Page (optional) .....

7364.61

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)

PAGE 377 / 480

<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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

AMBER JOHNSON

Mailing Address PO BOX 16118

City  
ARLINGTON

State  
VA

Zip Code  
22216

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.370

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2454.87

B.

Full Name (Last, First, Middle Initial)

AMBER JOHNSON

Mailing Address PO BOX 16118

City  
ARLINGTON

State  
VA

Zip Code  
22216

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.375

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2454.87

C.

Full Name (Last, First, Middle Initial)

AMBER JOHNSON

Mailing Address PO BOX 16118

City  
ARLINGTON

State  
VA

Zip Code  
22216

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.378

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2454.87

SUBTOTAL of Disbursements This Page (optional) .....

7364.61

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)

PAGE 378 / 480

<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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

AMBER JOHNSON

Mailing Address PO BOX 16118

City  
ARLINGTON

State  
VA

Zip Code  
22216

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.381

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2454.87

B.

Full Name (Last, First, Middle Initial)

SALVATORE PURPURA

Mailing Address PO BOX 16118

City  
ARLINGTON

State  
VA

Zip Code  
22215

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.338

Date of Disbursement

/   /

Amount of Each Disbursement this Period

444.37

C.

Full Name (Last, First, Middle Initial)

SALVATORE PURPURA

Mailing Address PO BOX 16118

City  
ARLINGTON

State  
VA

Zip Code  
22215

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.347

Date of Disbursement

/   /

Amount of Each Disbursement this Period

392.82

SUBTOTAL of Disbursements This Page (optional) .....

3292.06

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)

PAGE 379 / 480

<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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

SALVATORE PURPURA

Mailing Address PO BOX 16118

City  
ARLINGTON

State  
VA

Zip Code  
22215

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.355

Date of Disbursement

/   /

Amount of Each Disbursement this Period

358.45

B.

Full Name (Last, First, Middle Initial)

SALVATORE PURPURA

Mailing Address PO BOX 16118

City  
ARLINGTON

State  
VA

Zip Code  
22215

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.364

Date of Disbursement

/   /

Amount of Each Disbursement this Period

358.45

C.

Full Name (Last, First, Middle Initial)

SALVATORE PURPURA

Mailing Address PO BOX 16118

City  
ARLINGTON

State  
VA

Zip Code  
22215

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.372

Date of Disbursement

/   /

Amount of Each Disbursement this Period

363.10

**SUBTOTAL** of Disbursements This Page (optional) .....

1080.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 380 / 480

<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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DERBY H. WATKINS

Mailing Address 3232 WELLINGTON RD

City  
ALEXANDRIA

State  
VA

Zip Code  
22302

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.304

Date of Disbursement

/   /

Amount of Each Disbursement this Period

14449.24

B.

Full Name (Last, First, Middle Initial)

DERBY H. WATKINS

Mailing Address 3232 WELLINGTON RD

City  
ALEXANDRIA

State  
VA

Zip Code  
22302

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.307

Date of Disbursement

/   /

Amount of Each Disbursement this Period

6224.04

C.

Full Name (Last, First, Middle Initial)

DERBY H. WATKINS

Mailing Address 3232 WELLINGTON RD

City  
ALEXANDRIA

State  
VA

Zip Code  
22302

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.309

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5843.48

SUBTOTAL of Disbursements This Page (optional) .....

26516.76

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)

PAGE 381 / 480

<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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DERBY H. WATKINS

Mailing Address 3232 WELLINGTON RD

City  
ALEXANDRIA

State  
VA

Zip Code  
22302

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.311

Date of Disbursement

10 / 08 / 2009

Amount of Each Disbursement this Period

3000.00

B.

Full Name (Last, First, Middle Initial)

DERBY H. WATKINS

Mailing Address 3232 WELLINGTON RD

City  
ALEXANDRIA

State  
VA

Zip Code  
22302

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.314

Date of Disbursement

11 / 02 / 2009

Amount of Each Disbursement this Period

3942.76

C.

Full Name (Last, First, Middle Initial)

3EDC LLC

Mailing Address 211 N UNION ST STE 200

City  
ALEXANDRIA

State  
VA

Zip Code  
22314

Purpose of Disbursement  
UTILITIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.477

Date of Disbursement

12 / 07 / 2009

Amount of Each Disbursement this Period

259.48

SUBTOTAL of Disbursements This Page (optional) .....

7202.24

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)

PAGE 382 / 480

<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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) ADMINISTAFF	<b>Transaction ID:</b> SB.383 <b>Date of Disbursement</b>																				
Mailing Address 19001 CRESCENT SPRINGS DR	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		1	5		2	0	0	9												
City KINGWOOD State TX Zip Code 77339	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL SVC-INSUR	<table border="1"> <tr> <td colspan="10">1099.80</td> </tr> </table>	1099.80																			
1099.80																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) ADMINISTAFF	<b>Transaction ID:</b> SB.384 <b>Date of Disbursement</b>																				
Mailing Address 19001 CRESCENT SPRINGS DR	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		3	1		2	0	0	9												
City KINGWOOD State TX Zip Code 77339	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL SVC-INSUR	<table border="1"> <tr> <td colspan="10">942.67</td> </tr> </table>	942.67																			
942.67																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) ADMINISTAFF	<b>Transaction ID:</b> SB.385 <b>Date of Disbursement</b>																				
Mailing Address 19001 CRESCENT SPRINGS DR	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	4		2	0	0	9												
City KINGWOOD State TX Zip Code 77339	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL SVC-INSUR	<table border="1"> <tr> <td colspan="10">1128.61</td> </tr> </table>	1128.61																			
1128.61																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**3171.08**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 383 / 480

<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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ADMINISTAFF

Mailing Address 19001 CRESCENT SPRINGS DR

City KINGWOOD State TX Zip Code 77339

Purpose of Disbursement  
PAYROLL SVC-INSUR

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB.386

Date of Disbursement

08 / 31 / 2009

Amount of Each Disbursement this Period

942.65

**B.**

Full Name (Last, First, Middle Initial)

ADMINISTAFF

Mailing Address 19001 CRESCENT SPRINGS DR

City KINGWOOD State TX Zip Code 77339

Purpose of Disbursement  
PAYROLL SVC-INSUR

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB.387

Date of Disbursement

09 / 15 / 2009

Amount of Each Disbursement this Period

1048.86

**C.**

Full Name (Last, First, Middle Initial)

ADMINISTAFF

Mailing Address 19001 CRESCENT SPRINGS DR

City KINGWOOD State TX Zip Code 77339

Purpose of Disbursement  
PAYROLL SVC-INSUR

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB.388

Date of Disbursement

09 / 30 / 2009

Amount of Each Disbursement this Period

895.53

**SUBTOTAL** of Disbursements This Page (optional) .....

2887.04

**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)

PAGE 384 / 480

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ADMINISTAFF

Mailing Address 19001 CRESCENT SPRINGS DR

City State Zip Code  
 KINGWOOD TX 77339

Purpose of Disbursement  
 PAYROLL SVC-INSUR

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB.389

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1112.37

**B.**

Full Name (Last, First, Middle Initial)

ADMINISTAFF

Mailing Address 19001 CRESCENT SPRINGS DR

City State Zip Code  
 KINGWOOD TX 77339

Purpose of Disbursement  
 PAYROLL SVC-INSUR

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB.390

Date of Disbursement

/   /

Amount of Each Disbursement this Period

945.90

**C.**

Full Name (Last, First, Middle Initial)

ADMINISTAFF

Mailing Address 19001 CRESCENT SPRINGS DR

City State Zip Code  
 KINGWOOD TX 77339

Purpose of Disbursement  
 PAYROLL SVC-INSUR

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB.391

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1052.72

**SUBTOTAL** of Disbursements This Page (optional) .....

3110.99

**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)

PAGE 385 / 480

<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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ADMINISTAFF

Mailing Address 19001 CRESCENT SPRINGS DR

City KINGWOOD State TX Zip Code 77339

Purpose of Disbursement  
PAYROLL SVC-INSUR

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.392

Date of Disbursement

11 / 30 / 2009

Amount of Each Disbursement this Period

873.55

B.

Full Name (Last, First, Middle Initial)

ADMINISTAFF

Mailing Address 19001 CRESCENT SPRINGS DR

City KINGWOOD State TX Zip Code 77339

Purpose of Disbursement  
PAYROLL SVC-INSUR

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.393

Date of Disbursement

12 / 15 / 2009

Amount of Each Disbursement this Period

869.93

C.

Full Name (Last, First, Middle Initial)

ADMINISTAFF

Mailing Address 19001 CRESCENT SPRINGS DR

City KINGWOOD State TX Zip Code 77339

Purpose of Disbursement  
PAYROLL SVC-INSUR

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.394

Date of Disbursement

12 / 31 / 2009

Amount of Each Disbursement this Period

822.81

SUBTOTAL of Disbursements This Page (optional) .....

2566.29

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)

PAGE 386 / 480

<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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ALABAMA DEPARTMENT OF REVENUE

Mailing Address 50 N RIPLEY ST

City MONTGOMERY State AL Zip Code 36132

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB.403

Date of Disbursement

08 / 14 / 2009

Amount of Each Disbursement this Period

22.80

**B.**

Full Name (Last, First, Middle Initial)

ALABAMA DEPARTMENT OF REVENUE

Mailing Address 50 N RIPLEY ST

City MONTGOMERY State AL Zip Code 36132

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB.417

Date of Disbursement

10 / 15 / 2009

Amount of Each Disbursement this Period

0.17

**C.**

Full Name (Last, First, Middle Initial)

ALPHAGRAPHS

Mailing Address 1001 N FAIRFAX ST STE 100

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PRINTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB.462

Date of Disbursement

09 / 04 / 2009

Amount of Each Disbursement this Period

3554.29

**SUBTOTAL** of Disbursements This Page (optional) .....

3577.26

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 387 / 480

<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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ALPHAGRAPHS

Mailing Address 1001 N FAIRFAX ST STE 100

City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
PRINTING

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.469

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Amount of Each Disbursement this Period

3554.29

**B.**

Full Name (Last, First, Middle Initial)

AMERICAN EXPRESS

Mailing Address PO BOX 1270

City  
NEWARKState  
NJZip Code  
07101Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.260

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	6	/	2	0	0	9

Amount of Each Disbursement this Period

1.16

**C.**

Full Name (Last, First, Middle Initial)

AMERICAN EXPRESS

Mailing Address PO BOX 1270

City  
NEWARKState  
NJZip Code  
07101Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.265

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	5	/	2	0	0	9

Amount of Each Disbursement this Period

58.68

SUBTOTAL of Disbursements This Page (optional) .....

3614.13

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)

PAGE 388 / 480

<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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

AMERICAN EXPRESS

Mailing Address PO BOX 1270

City  
NEWARK

State  
NJ

Zip Code  
07101

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.268

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1229.94

B.

Full Name (Last, First, Middle Initial)

AMERICAN EXPRESS

Mailing Address PO BOX 1270

City  
NEWARK

State  
NJ

Zip Code  
07101

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.270

Date of Disbursement

/   /

Amount of Each Disbursement this Period

68.45

C.

Full Name (Last, First, Middle Initial)

AMERICAN EXPRESS

Mailing Address PO BOX 1270

City  
NEWARK

State  
NJ

Zip Code  
07101

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.272

Date of Disbursement

/   /

Amount of Each Disbursement this Period

4.95

**SUBTOTAL** of Disbursements This Page (optional) .....

1303.34

**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)

PAGE 389 / 480

<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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

AMERICAN EXPRESS

Mailing Address PO BOX 1270

City  
NEWARK

State  
NJ

Zip Code  
07101

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.275

Date of Disbursement

/   /

Amount of Each Disbursement this Period

4.95

B.

Full Name (Last, First, Middle Initial)

AMERICAN EXPRESS

Mailing Address PO BOX 1270

City  
NEWARK

State  
NJ

Zip Code  
07101

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.278

Date of Disbursement

/   /

Amount of Each Disbursement this Period

4.95

C.

Full Name (Last, First, Middle Initial)

AMERICAN EXPRESS

Mailing Address PO BOX 1270

City  
NEWARK

State  
NJ

Zip Code  
07101

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.280

Date of Disbursement

/   /

Amount of Each Disbursement this Period

38.15

**SUBTOTAL** of Disbursements This Page (optional) .....

48.05

**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)

PAGE 390 / 480

<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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

AMERICAN EXPRESS

Mailing Address PO BOX 1270

City  
NEWARK

State  
NJ

Zip Code  
07101

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.282

Date of Disbursement

/   /

Amount of Each Disbursement this Period

124.65

B.

Full Name (Last, First, Middle Initial)

AON RISK SERVICES INC

Mailing Address PO BOX 7247-7389

City  
PHILADELPHIA

State  
PA

Zip Code  
19170

Purpose of Disbursement  
INSURANCE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.317

Date of Disbursement

/   /

Amount of Each Disbursement this Period

150.00

C.

Full Name (Last, First, Middle Initial)

ARIZONA BUSINESS GAZETTE

Mailing Address PO BOX 194

City  
PHOENIX

State  
AZ

Zip Code  
85001

Purpose of Disbursement  
PRINTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.470

Date of Disbursement

/   /

Amount of Each Disbursement this Period

150.00

**SUBTOTAL** of Disbursements This Page (optional) .....

424.65

**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)

PAGE 391 / 480

<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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

BB&T

Mailing Address 300 SOUTH WASHINGTON ST

City  
ALEXANDRIA

State  
VA

Zip Code  
22314

Purpose of Disbursement  
BANK FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB.228

Date of Disbursement

/   /

Amount of Each Disbursement this Period

87.36

**B.**

Full Name (Last, First, Middle Initial)

BB&T

Mailing Address 300 SOUTH WASHINGTON ST

City  
ALEXANDRIA

State  
VA

Zip Code  
22314

Purpose of Disbursement  
BANK FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB.232

Date of Disbursement

/   /

Amount of Each Disbursement this Period

117.31

**C.**

Full Name (Last, First, Middle Initial)

BB&T

Mailing Address 300 SOUTH WASHINGTON ST

City  
ALEXANDRIA

State  
VA

Zip Code  
22314

Purpose of Disbursement  
BANK FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB.234

Date of Disbursement

/   /

Amount of Each Disbursement this Period

63.48

**SUBTOTAL** of Disbursements This Page (optional) .....

268.15

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 392 / 480

<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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

BB&amp;T

Mailing Address 300 SOUTH WASHINGTON ST

City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
BANK FEE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.240

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	1	/	2	0	0	9

Amount of Each Disbursement this Period

64.33

**B.**

Full Name (Last, First, Middle Initial)

BB&amp;T

Mailing Address 300 SOUTH WASHINGTON ST

City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
BANK FEE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.243

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	3	/	2	0	0	9

Amount of Each Disbursement this Period

78.17

**C.**

Full Name (Last, First, Middle Initial)

BB&amp;T

Mailing Address 300 SOUTH WASHINGTON ST

City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
BANK FEE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.245

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	1	/	2	0	0	9

Amount of Each Disbursement this Period

52.78

SUBTOTAL of Disbursements This Page (optional) ..... ►

195.28

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)

PAGE 393 / 480

<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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

CAMPAIGN SOLUTIONS

Mailing Address 118 N ST ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement

WEB SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB.478

Date of Disbursement

07 / 01 / 2009

Amount of Each Disbursement this Period

1350.00

**B.**

Full Name (Last, First, Middle Initial)

CAMPAIGN SOLUTIONS

Mailing Address 118 N ST ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement

WEB SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB.480

Date of Disbursement

07 / 17 / 2009

Amount of Each Disbursement this Period

5840.50

**C.**

Full Name (Last, First, Middle Initial)

CAMPAIGN SOLUTIONS

Mailing Address 118 N ST ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement

WEB SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB.482

Date of Disbursement

08 / 17 / 2009

Amount of Each Disbursement this Period

5597.69

**SUBTOTAL** of Disbursements This Page (optional) .....

12788.19

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 394 / 480

<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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) CAMPAIGN SOLUTIONS</p> <p>Mailing Address 118 N ST ASAPH ST</p> <p>City ALEXANDRIA State VA Zip Code 22314</p> <p>Purpose of Disbursement WEB SERVICE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB.485</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3116.34"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) CAMPAIGN SOLUTIONS</p> <p>Mailing Address 118 N ST ASAPH ST</p> <p>City ALEXANDRIA State VA Zip Code 22314</p> <p>Purpose of Disbursement WEB SERVICE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB.487</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="4778.78"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) CAMPAIGN SOLUTIONS</p> <p>Mailing Address 118 N ST ASAPH ST</p> <p>City ALEXANDRIA State VA Zip Code 22314</p> <p>Purpose of Disbursement WEB SERVICE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB.488</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1350.00"/></p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**9245.12**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 395 / 480

<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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

CAMPAIGN SOLUTIONS

Mailing Address 118 N ST ASAPH ST

City  
ALEXANDRIA

State  
VA

Zip Code  
22314

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB.490

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1851.71

**B.**

Full Name (Last, First, Middle Initial)

CAPLIN & DRYSDALE

Mailing Address ONE THOMAS CIR NW STE 1100

City  
WASHINGTON

State  
DC

Zip Code  
20005

Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB.322

Date of Disbursement

/   /

Amount of Each Disbursement this Period

6000.00

**C.**

Full Name (Last, First, Middle Initial)

CAPLIN & DRYSDALE

Mailing Address ONE THOMAS CIR NW STE 1100

City  
WASHINGTON

State  
DC

Zip Code  
20005

Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB.324

Date of Disbursement

/   /

Amount of Each Disbursement this Period

6000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

13851.71

**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)

PAGE 396 / 480

<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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CAPLIN & DRYSDALE

Mailing Address ONE THOMAS CIR NW STE 1100

City  
WASHINGTON

State  
DC

Zip Code  
20005

Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.325

Date of Disbursement

09 / 16 / 2009

Amount of Each Disbursement this Period

3000.00

B.

Full Name (Last, First, Middle Initial)

CAPLIN & DRYSDALE

Mailing Address ONE THOMAS CIR NW STE 1100

City  
WASHINGTON

State  
DC

Zip Code  
20005

Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.326

Date of Disbursement

10 / 08 / 2009

Amount of Each Disbursement this Period

6000.00

C.

Full Name (Last, First, Middle Initial)

CAREFREE OFFICE TECHNOLOGIES INC

Mailing Address 7000 INFANTRY RIDGE RD STE 100

City  
MANASSAS

State  
VA

Zip Code  
20109

Purpose of Disbursement  
PERSONNEL SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.436

Date of Disbursement

12 / 07 / 2009

Amount of Each Disbursement this Period

421.85

SUBTOTAL of Disbursements This Page (optional) .....

9421.85

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 397 / 480

<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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CD INC

Mailing Address PO BOX 1877

City  
ALEXANDRIA

State  
VA

Zip Code  
22313

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.479

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1339.47

B.

Full Name (Last, First, Middle Initial)

CD INC

Mailing Address PO BOX 1877

City  
ALEXANDRIA

State  
VA

Zip Code  
22313

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.481

Date of Disbursement

/   /

Amount of Each Disbursement this Period

867.63

C.

Full Name (Last, First, Middle Initial)

CD INC

Mailing Address PO BOX 1877

City  
ALEXANDRIA

State  
VA

Zip Code  
22313

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.483

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1580.23

**SUBTOTAL** of Disbursements This Page (optional) .....

3787.33

**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)

PAGE 398 / 480

<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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

CD INC

Mailing Address PO BOX 1877

City  
ALEXANDRIA

State  
VA

Zip Code  
22313

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB.484

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1117.52

**B.**

Full Name (Last, First, Middle Initial)

CD INC

Mailing Address PO BOX 1877

City  
ALEXANDRIA

State  
VA

Zip Code  
22313

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB.486

Date of Disbursement

/   /

Amount of Each Disbursement this Period

889.08

**C.**

Full Name (Last, First, Middle Initial)

CD INC

Mailing Address PO BOX 1877

City  
ALEXANDRIA

State  
VA

Zip Code  
22313

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB.489

Date of Disbursement

/   /

Amount of Each Disbursement this Period

973.99

**SUBTOTAL** of Disbursements This Page (optional) .....

2980.59

**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)

PAGE 399 / 480

<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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CD INC

Mailing Address PO BOX 1877

City  
ALEXANDRIA

State  
VA

Zip Code  
22313

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.491

Date of Disbursement

/   /

Amount of Each Disbursement this Period

896.94

B.

Full Name (Last, First, Middle Initial)

CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement  
BANK FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.227

Date of Disbursement

/   /

Amount of Each Disbursement this Period

118.28

C.

Full Name (Last, First, Middle Initial)

CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement  
BANK FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.229

Date of Disbursement

/   /

Amount of Each Disbursement this Period

133.61

**SUBTOTAL** of Disbursements This Page (optional) .....

1148.83

**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)

PAGE 400 / 480

<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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement  
BANK FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.230

Date of Disbursement

08 / 14 / 2009

Amount of Each Disbursement this Period

282.25

B.

Full Name (Last, First, Middle Initial)

CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement  
BANK FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.231

Date of Disbursement

08 / 31 / 2009

Amount of Each Disbursement this Period

60.00

C.

Full Name (Last, First, Middle Initial)

CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement  
BANK FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.233

Date of Disbursement

09 / 15 / 2009

Amount of Each Disbursement this Period

457.26

SUBTOTAL of Disbursements This Page (optional) .....

799.51

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 401 / 480

<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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement  
BANK FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.235

Date of Disbursement

/   /

Amount of Each Disbursement this Period

15.00

B.

Full Name (Last, First, Middle Initial)

CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement  
BANK FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.236

Date of Disbursement

/   /

Amount of Each Disbursement this Period

15.00

C.

Full Name (Last, First, Middle Initial)

CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement  
BANK FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.237

Date of Disbursement

/   /

Amount of Each Disbursement this Period

15.00

**SUBTOTAL** of Disbursements This Page (optional) .....

45.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 402 / 480

<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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement  
BANK FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.238

Date of Disbursement

10 / 14 / 2009

Amount of Each Disbursement this Period

15.00

B.

Full Name (Last, First, Middle Initial)

CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement  
BANK FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.239

Date of Disbursement

10 / 15 / 2009

Amount of Each Disbursement this Period

403.47

C.

Full Name (Last, First, Middle Initial)

CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement  
BANK FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.241

Date of Disbursement

11 / 06 / 2009

Amount of Each Disbursement this Period

5.00

SUBTOTAL of Disbursements This Page (optional) .....

423.47

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)

PAGE 403 / 480

<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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement  
BANK FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.242

Date of Disbursement

/   /

Amount of Each Disbursement this Period

299.88

B.

Full Name (Last, First, Middle Initial)

CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement  
BANK FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.244

Date of Disbursement

/   /

Amount of Each Disbursement this Period

247.96

C.

Full Name (Last, First, Middle Initial)

CMDI

Mailing Address 7704 LEESBURG PKE

City  
FALLS CHURCH

State  
VA

Zip Code  
22043

Purpose of Disbursement  
DATA ENTRY SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.283

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1853.51

SUBTOTAL of Disbursements This Page (optional) .....

2401.35

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)

PAGE 404 / 480

<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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CMDI

Mailing Address 7704 LEESBURG PKE

City  
FALLS CHURCH

State  
VA

Zip Code  
22043

Purpose of Disbursement  
DATA ENTRY SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.284

Date of Disbursement

09 / 16 / 2009

Amount of Each Disbursement this Period

4122.70

B.

Full Name (Last, First, Middle Initial)

CMDI

Mailing Address 7704 LEESBURG PKE

City  
FALLS CHURCH

State  
VA

Zip Code  
22043

Purpose of Disbursement  
DATA ENTRY SERVICE/LIST MANAGEMENT SERVI

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.285

Date of Disbursement

07 / 17 / 2009

Amount of Each Disbursement this Period

5313.46

C.

Full Name (Last, First, Middle Initial)

CMDI

Mailing Address 7704 LEESBURG PKE

City  
FALLS CHURCH

State  
VA

Zip Code  
22043

Purpose of Disbursement  
DATA ENTRY SERVICE/LIST MANAGEMENT SERVI

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.286

Date of Disbursement

09 / 04 / 2009

Amount of Each Disbursement this Period

10119.18

SUBTOTAL of Disbursements This Page (optional) .....

19555.34

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)

PAGE 405 / 480

<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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CMDI

Mailing Address 7704 LEESBURG PKE

City  
FALLS CHURCH

State  
VA

Zip Code  
22043

Purpose of Disbursement  
DATA ENTRY SVC

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.287

Date of Disbursement

08 / 25 / 2009

Amount of Each Disbursement this Period

524.79

B.

Full Name (Last, First, Middle Initial)

CMDI

Mailing Address 7704 LEESBURG PKE

City  
FALLS CHURCH

State  
VA

Zip Code  
22043

Purpose of Disbursement  
DATA ENTRY SVC

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.288

Date of Disbursement

10 / 15 / 2009

Amount of Each Disbursement this Period

1589.39

C.

Full Name (Last, First, Middle Initial)

CMDI

Mailing Address 7704 LEESBURG PKE

City  
FALLS CHURCH

State  
VA

Zip Code  
22043

Purpose of Disbursement  
DATA ENTRY SVC/LIST MANAGEMENT SVC

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.289

Date of Disbursement

08 / 06 / 2009

Amount of Each Disbursement this Period

11271.75

SUBTOTAL of Disbursements This Page (optional) .....

13385.93

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 406 / 480

<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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CMDI

Mailing Address 7704 LEESBURG PKE

City  
FALLS CHURCH

State  
VA

Zip Code  
22043

Purpose of Disbursement  
DATA ENTRY SVC/LIST MANAGEMENT SVC

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.290

Date of Disbursement

11 / 10 / 2009

Amount of Each Disbursement this Period

7877.89

B.

Full Name (Last, First, Middle Initial)

CMDI

Mailing Address 7704 LEESBURG PKE

City  
FALLS CHURCH

State  
VA

Zip Code  
22043

Purpose of Disbursement  
DATA ENTRY SVC/LIST MANAGEMENT SVC

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.291

Date of Disbursement

12 / 18 / 2009

Amount of Each Disbursement this Period

6400.05

C.

Full Name (Last, First, Middle Initial)

CMDI

Mailing Address 7704 LEESBURG PKE

City  
FALLS CHURCH

State  
VA

Zip Code  
22043

Purpose of Disbursement  
DATA ENTRY SVC/LIST MANAGEMENT SVC

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.292

Date of Disbursement

10 / 08 / 2009

Amount of Each Disbursement this Period

10306.72

SUBTOTAL of Disbursements This Page (optional) .....

24584.66

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)

PAGE 407 / 480

<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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CMDI

Mailing Address 7704 LEESBURG PKE

City  
FALLS CHURCH

State  
VA

Zip Code  
22043

Purpose of Disbursement  
LIST MANAGEMENT SERVICE/DATA ENTRY SERVI

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.327

Date of Disbursement

07 / 01 / 2009

Amount of Each Disbursement this Period

8537.29

B.

Full Name (Last, First, Middle Initial)

CT CORPORATION

Mailing Address PO BOX 4349

City  
CAROL STREAM

State  
IL

Zip Code  
60197

Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.323

Date of Disbursement

08 / 05 / 2009

Amount of Each Disbursement this Period

197.10

C.

Full Name (Last, First, Middle Initial)

DAVIS MANAFORT INC

Mailing Address 211 N UNION ST STE 250

City  
ALEXANDRIA

State  
VA

Zip Code  
22314

Purpose of Disbursement  
RENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.471

Date of Disbursement

07 / 01 / 2009

Amount of Each Disbursement this Period

1813.45

SUBTOTAL of Disbursements This Page (optional) .....

10547.84

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)

PAGE 408 / 480

<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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) DAVIS MANAFORT INC	<b>Transaction ID:</b> SB.472 <b>Date of Disbursement</b>																				
Mailing Address 211 N UNION ST STE 250	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	6		2	0	0	9												
City ALEXANDRIA State VA Zip Code 22314	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement RENT	<table border="1"> <tr> <td>1</td><td>7</td><td>7</td><td>3</td><td>.</td><td>9</td><td>9</td> </tr> </table>	1	7	7	3	.	9	9													
1	7	7	3	.	9	9															
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) DAVIS MANAFORT INC	<b>Transaction ID:</b> SB.473 <b>Date of Disbursement</b>																				
Mailing Address 211 N UNION ST STE 250	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	6		2	0	0	9												
City ALEXANDRIA State VA Zip Code 22314	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement RENT	<table border="1"> <tr> <td>1</td><td>4</td><td>6</td><td>6</td><td>.</td><td>9</td><td>0</td> </tr> </table>	1	4	6	6	.	9	0													
1	4	6	6	.	9	0															
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) DAVIS MANAFORT INC	<b>Transaction ID:</b> SB.474 <b>Date of Disbursement</b>																				
Mailing Address 211 N UNION ST STE 250	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	8		2	0	0	9												
City ALEXANDRIA State VA Zip Code 22314	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement RENT	<table border="1"> <tr> <td>1</td><td>5</td><td>0</td><td>0</td><td>.</td><td>3</td><td>6</td> </tr> </table>	1	5	0	0	.	3	6													
1	5	0	0	.	3	6															
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**4741.25**

**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)

PAGE 409 / 480

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) DAVIS MANAFORT INC	<b>Transaction ID:</b> SB.475 <b>Date of Disbursement</b>
Mailing Address 211 N UNION ST STE 250	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 8 / 2 0 0 9</div> </div>
City ALEXANDRIA State VA Zip Code 22314	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement RENT	<div>1466.90</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) DAVIS MANAFORT INC	<b>Transaction ID:</b> SB.476 <b>Date of Disbursement</b>
Mailing Address 211 N UNION ST STE 250	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 7 / 2 0 0 9</div> </div>
City ALEXANDRIA State VA Zip Code 22314	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement RENT	<div>1466.90</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) DC OFFICE OF TAX AND REVENUE	<b>Transaction ID:</b> SB.395 <b>Date of Disbursement</b>
Mailing Address 941 N CAPITOL ST NE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 5 / 2 0 0 9</div> </div>
City WASHINGTON State DC Zip Code 20002	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement PAYROLL TAXES	<div>65.89</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

2999.69

**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)

PAGE 410 / 480

<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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DC OFFICE OF TAX AND REVENUE

Mailing Address 941 N CAPITOL ST NE

City  
WASHINGTON

State  
DC

Zip Code  
20002

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.399

Date of Disbursement

07 / 31 / 2009

Amount of Each Disbursement this Period

62.79

B.

Full Name (Last, First, Middle Initial)

DC OFFICE OF TAX AND REVENUE

Mailing Address 941 N CAPITOL ST NE

City  
WASHINGTON

State  
DC

Zip Code  
20002

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.404

Date of Disbursement

08 / 14 / 2009

Amount of Each Disbursement this Period

62.79

C.

Full Name (Last, First, Middle Initial)

EDONATION

Mailing Address 118 NORTH ST ASAPH ST

City  
ALEXANDRIA

State  
VA

Zip Code  
22314

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.261

Date of Disbursement

07 / 17 / 2009

Amount of Each Disbursement this Period

3518.82

SUBTOTAL of Disbursements This Page (optional) .....

3644.40

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)

PAGE 411 / 480

<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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

EDONATION

Mailing Address 118 NORTH ST ASAPH ST

City  
ALEXANDRIA

State  
VA

Zip Code  
22314

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB.262

Date of Disbursement

/   /

Amount of Each Disbursement this Period

959.12

**B.**

Full Name (Last, First, Middle Initial)

EDONATION

Mailing Address 118 NORTH ST ASAPH ST

City  
ALEXANDRIA

State  
VA

Zip Code  
22314

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB.264

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3377.13

**C.**

Full Name (Last, First, Middle Initial)

EDONATION

Mailing Address 118 NORTH ST ASAPH ST

City  
ALEXANDRIA

State  
VA

Zip Code  
22314

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB.267

Date of Disbursement

/   /

Amount of Each Disbursement this Period

765.60

**SUBTOTAL** of Disbursements This Page (optional) .....

5101.85

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 412 / 480

<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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

EDONATION

Mailing Address 118 NORTH ST ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB.269

Date of Disbursement

/   /

Amount of Each Disbursement this Period

922.92

**B.**

Full Name (Last, First, Middle Initial)

EDONATION

Mailing Address 118 NORTH ST ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB.273

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1206.51

**C.**

Full Name (Last, First, Middle Initial)

EDONATION

Mailing Address 118 NORTH ST ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB.274

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1647.73

**SUBTOTAL** of Disbursements This Page (optional) .....

3777.16

**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)

PAGE 413 / 480

<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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

EDONATION

Mailing Address 118 NORTH ST ASAPH ST

City  
ALEXANDRIA

State  
VA

Zip Code  
22314

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB.277

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1470.09

**B.**

Full Name (Last, First, Middle Initial)

EDONATION

Mailing Address 118 NORTH ST ASAPH ST

City  
ALEXANDRIA

State  
VA

Zip Code  
22314

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB.281

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3029.11

**C.**

Full Name (Last, First, Middle Initial)

EH MURRAY GROUP LLC

Mailing Address 6510 ANNA MARIA CRT

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB.312

Date of Disbursement

/   /

Amount of Each Disbursement this Period

50.00

**SUBTOTAL** of Disbursements This Page (optional) .....

4549.20

**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)

PAGE 414 / 480

<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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

EUDY COMPANY

Mailing Address 211 N UNION ST STE 200

City  
ALEXANDRIA

State  
VA

Zip Code  
22314

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB.303

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.**

Full Name (Last, First, Middle Initial)

EUDY COMPANY

Mailing Address 211 N UNION ST STE 200

City  
ALEXANDRIA

State  
VA

Zip Code  
22314

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB.305

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

EUDY COMPANY

Mailing Address 211 N UNION ST STE 200

City  
ALEXANDRIA

State  
VA

Zip Code  
22314

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB.306

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional) .....

**21000.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 415 / 480

<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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

EUDY COMPANY

Mailing Address 211 N UNION ST STE 200

City  
ALEXANDRIA

State  
VA

Zip Code  
22314

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.310

Date of Disbursement

10 / 01 / 2009

Amount of Each Disbursement this Period

7000.00

B.

Full Name (Last, First, Middle Initial)

EUDY COMPANY

Mailing Address 211 N UNION ST STE 200

City  
ALEXANDRIA

State  
VA

Zip Code  
22314

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.313

Date of Disbursement

10 / 26 / 2009

Amount of Each Disbursement this Period

7000.00

C.

Full Name (Last, First, Middle Initial)

EUDY COMPANY

Mailing Address 211 N UNION ST STE 200

City  
ALEXANDRIA

State  
VA

Zip Code  
22314

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.315

Date of Disbursement

11 / 23 / 2009

Amount of Each Disbursement this Period

7000.00

SUBTOTAL of Disbursements This Page (optional) .....

21000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 416 / 480

<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

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 POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

FEDEX

Mailing Address PO BOX 371461

City  
PITTSBURGH

State  
PA

Zip Code  
15250

Purpose of Disbursement  
DELIVERY

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.293

Date of Disbursement

/   /

Amount of Each Disbursement this Period

15.95

B.

Full Name (Last, First, Middle Initial)

FEDEX

Mailing Address PO BOX 371461

City  
PITTSBURGH

State  
PA

Zip Code  
15250

Purpose of Disbursement  
DELIVERY

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.294

Date of Disbursement

/   /

Amount of Each Disbursement this Period

77.98

C.

Full Name (Last, First, Middle Initial)

FEDEX

Mailing Address PO BOX 371461

City  
PITTSBURGH

State  
PA

Zip Code  
15250

Purpose of Disbursement  
DELIVERY

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.295

Date of Disbursement

/   /

Amount of Each Disbursement this Period

13.25

**SUBTOTAL** of Disbursements This Page (optional) .....

107.18

**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)

PAGE 417 / 480

<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

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 POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

FEDEX

Mailing Address PO BOX 371461

City  
PITTSBURGH

State  
PA

Zip Code  
15250

Purpose of Disbursement  
DELIVERY

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.296

Date of Disbursement

/   /

Amount of Each Disbursement this Period

76.62

B.

Full Name (Last, First, Middle Initial)

FEDEX

Mailing Address PO BOX 371461

City  
PITTSBURGH

State  
PA

Zip Code  
15250

Purpose of Disbursement  
DELIVERY

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.297

Date of Disbursement

/   /

Amount of Each Disbursement this Period

30.83

C.

Full Name (Last, First, Middle Initial)

FEDEX

Mailing Address PO BOX 371461

City  
PITTSBURGH

State  
PA

Zip Code  
15250

Purpose of Disbursement  
DELIVERY

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.298

Date of Disbursement

/   /

Amount of Each Disbursement this Period

24.65

**SUBTOTAL** of Disbursements This Page (optional) .....

132.10

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 418 / 480

<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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

FEDEX

Mailing Address PO BOX 371461

City  
PITTSBURGH

State  
PA

Zip Code  
15250

Purpose of Disbursement  
DELIVERY

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.299

Date of Disbursement

09 / 16 / 2009

Amount of Each Disbursement this Period

22.02

B.

Full Name (Last, First, Middle Initial)

FEDEX

Mailing Address PO BOX 371461

City  
PITTSBURGH

State  
PA

Zip Code  
15250

Purpose of Disbursement  
DELIVERY

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.300

Date of Disbursement

10 / 15 / 2009

Amount of Each Disbursement this Period

113.58

C.

Full Name (Last, First, Middle Initial)

FEDEX

Mailing Address PO BOX 371461

City  
PITTSBURGH

State  
PA

Zip Code  
15250

Purpose of Disbursement  
DELIVERY

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.301

Date of Disbursement

12 / 18 / 2009

Amount of Each Disbursement this Period

17.33

SUBTOTAL of Disbursements This Page (optional) .....

152.93

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 419 / 480

<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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

FEDEX

Mailing Address PO BOX 371461

City  
PITTSBURGH

State  
PA

Zip Code  
15250

Purpose of Disbursement  
DELIVERY

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.302

Date of Disbursement

/   /

Amount of Each Disbursement this Period

37.95

B.

Full Name (Last, First, Middle Initial)

FGP CONSULTING LLC

Mailing Address 211 N UNION ST STE 200

City  
ALEXANDRIA

State  
VA

Zip Code  
22314

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.442

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

FGP CONSULTING LLC

Mailing Address 211 N UNION ST STE 200

City  
ALEXANDRIA

State  
VA

Zip Code  
22314

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.443

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) .....

4037.95

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)

PAGE 420 / 480

<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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

FGP CONSULTING LLC

Mailing Address 211 N UNION ST STE 200

City  
ALEXANDRIA

State  
VA

Zip Code  
22314

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.444

Date of Disbursement

09 / 04 / 2009

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

FGP CONSULTING LLC

Mailing Address 211 N UNION ST STE 200

City  
ALEXANDRIA

State  
VA

Zip Code  
22314

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.445

Date of Disbursement

10 / 04 / 2009

Amount of Each Disbursement this Period

7500.00

C.

Full Name (Last, First, Middle Initial)

FGP CONSULTING LLC

Mailing Address 211 N UNION ST STE 200

City  
ALEXANDRIA

State  
VA

Zip Code  
22314

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.446

Date of Disbursement

11 / 04 / 2009

Amount of Each Disbursement this Period

7500.00

SUBTOTAL of Disbursements This Page (optional) .....

17000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 421 / 480

<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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

FGP CONSULTING LLC

Mailing Address 211 N UNION ST STE 200

City  
ALEXANDRIA

State  
VA

Zip Code  
22314

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.447

Date of Disbursement

/   /

Amount of Each Disbursement this Period

7500.00

B.

Full Name (Last, First, Middle Initial)

HOON DESIGNS LLC

Mailing Address 2800 SHIRLINGTON RD STE 920

City  
ARLINGTON

State  
VA

Zip Code  
22206

Purpose of Disbursement  
PRINTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.461

Date of Disbursement

/   /

Amount of Each Disbursement this Period

850.00

C.

Full Name (Last, First, Middle Initial)

HOON DESIGNS LLC

Mailing Address 2800 SHIRLINGTON RD STE 920

City  
ARLINGTON

State  
VA

Zip Code  
22206

Purpose of Disbursement  
PRINTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.466

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1250.00

**SUBTOTAL** of Disbursements This Page (optional) .....

9600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 422 / 480

<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

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 POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

HUCKABY DAVIS LISKER

Mailing Address 228 S WASHINGTON ST STE 115

City  
ALEXANDRIA

State  
VA

Zip Code  
22314

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.246

Date of Disbursement

/   /

Amount of Each Disbursement this Period

10018.48

B.

Full Name (Last, First, Middle Initial)

HUCKABY DAVIS LISKER

Mailing Address 228 S WASHINGTON ST STE 115

City  
ALEXANDRIA

State  
VA

Zip Code  
22314

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.248

Date of Disbursement

/   /

Amount of Each Disbursement this Period

687.50

C.

Full Name (Last, First, Middle Initial)

HUCKABY DAVIS LISKER

Mailing Address 228 S WASHINGTON ST STE 115

City  
ALEXANDRIA

State  
VA

Zip Code  
22314

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.249

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2080.63

**SUBTOTAL** of Disbursements This Page (optional) .....

12786.61

**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)

PAGE 423 / 480

<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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) HUCKABY DAVIS LISKER	<b>Transaction ID:</b> SB.250 <b>Date of Disbursement</b>																				
Mailing Address 228 S WASHINGTON ST STE 115	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	0		2	0	0	9												
City ALEXANDRIA State VA Zip Code 22314	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement COMPLIANCE CONSULTING	<table border="1"> <tr> <td>6</td><td>8</td><td>7</td><td>.</td><td>5</td><td>0</td> </tr> </table>	6	8	7	.	5	0														
6	8	7	.	5	0																
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) ICS CORPORATION	<b>Transaction ID:</b> SB.458 <b>Date of Disbursement</b>																				
Mailing Address 2225 RICHMOND ST	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		0	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		0	1		2	0	0	9												
City PHILADELPHIA State PA Zip Code 19125	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PRINTING	<table border="1"> <tr> <td>4</td><td>5</td><td>9</td><td>.</td><td>4</td><td>8</td> </tr> </table>	4	5	9	.	4	8														
4	5	9	.	4	8																
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) ICS CORPORATION	<b>Transaction ID:</b> SB.459 <b>Date of Disbursement</b>																				
Mailing Address 2225 RICHMOND ST	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		1	7		2	0	0	9												
City PHILADELPHIA State PA Zip Code 19125	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PRINTING	<table border="1"> <tr> <td>1</td><td>7</td><td>3</td><td>.</td><td>0</td><td>1</td><td>.</td><td>9</td><td>0</td> </tr> </table>	1	7	3	.	0	1	.	9	0											
1	7	3	.	0	1	.	9	0													
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**22583.48**

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 424 / 480

<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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ICS CORPORATION

Mailing Address 2225 RICHMOND ST

City  
PHILADELPHIAState  
PAZip Code  
19125Purpose of Disbursement  
PRINTING

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.463

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	4		2	0	0	9

Amount of Each Disbursement this Period

4299.73

**B.**

Full Name (Last, First, Middle Initial)

INTEGRAM

Mailing Address 8421 HILLTOP RD

City  
FAIRFAXState  
VAZip Code  
22031Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.456

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	7		2	0	0	9

Amount of Each Disbursement this Period

18349.04

**C.**

Full Name (Last, First, Middle Initial)

INTERNAL REVENUE SERVICE

Mailing Address 400 N EIGHTH ST

City  
RICHMONDState  
VAZip Code  
23219Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.396

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	0	9

Amount of Each Disbursement this Period

1523.12

SUBTOTAL of Disbursements This Page (optional) .....

24171.89

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)

PAGE 425 / 480

<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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
INTERNAL REVENUE SERVICE

Mailing Address 400 N EIGHTH ST

City RICHMOND State VA Zip Code 23219

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.400

Date of Disbursement

/   /

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)  
INTERNAL REVENUE SERVICE

Mailing Address 400 N EIGHTH ST

City RICHMOND State VA Zip Code 23219

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.405

Date of Disbursement

/   /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)  
INTERNAL REVENUE SERVICE

Mailing Address 400 N EIGHTH ST

City RICHMOND State VA Zip Code 23219

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.408

Date of Disbursement

/   /

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)

PAGE 426 / 480

<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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
INTERNAL REVENUE SERVICE

Mailing Address 400 N EIGHTH ST

City State Zip Code  
RICHMOND VA 23219

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.411

Date of Disbursement

/   /

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)  
INTERNAL REVENUE SERVICE

Mailing Address 400 N EIGHTH ST

City State Zip Code  
RICHMOND VA 23219

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.414

Date of Disbursement

/   /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)  
INTERNAL REVENUE SERVICE

Mailing Address 400 N EIGHTH ST

City State Zip Code  
RICHMOND VA 23219

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.418

Date of Disbursement

/   /

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)

PAGE 427 / 480

<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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
INTERNAL REVENUE SERVICE

Mailing Address 400 N EIGHTH ST

City RICHMOND State VA Zip Code 23219

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.421

Date of Disbursement

10 / 30 / 2009

Amount of Each Disbursement this Period

1321.13

**B.**

Full Name (Last, First, Middle Initial)  
INTERNAL REVENUE SERVICE

Mailing Address 400 N EIGHTH ST

City RICHMOND State VA Zip Code 23219

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.424

Date of Disbursement

11 / 13 / 2009

Amount of Each Disbursement this Period

1685.79

**C.**

Full Name (Last, First, Middle Initial)  
INTERNAL REVENUE SERVICE

Mailing Address 400 N EIGHTH ST

City RICHMOND State VA Zip Code 23219

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.427

Date of Disbursement

11 / 30 / 2009

Amount of Each Disbursement this Period

1321.13

**SUBTOTAL** of Disbursements This Page (optional) .....

4328.05

**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)

PAGE 428 / 480

<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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
INTERNAL REVENUE SERVICE

Mailing Address 400 N EIGHTH ST

City State Zip Code  
RICHMOND VA 23219

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB.430

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1004.40

**B.**

Full Name (Last, First, Middle Initial)  
INTERNAL REVENUE SERVICE

Mailing Address 400 N EIGHTH ST

City State Zip Code  
RICHMOND VA 23219

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB.433

Date of Disbursement

/   /

Amount of Each Disbursement this Period

978.90

**C.**

Full Name (Last, First, Middle Initial)  
LOCKART ATCHLEY & ASSOCIATES LLP

Mailing Address 6850 AUSTIN CTR BLVD STE 180

City State Zip Code  
AUSTIN TX 78731

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB.247

Date of Disbursement

/   /

Amount of Each Disbursement this Period

271.60

**SUBTOTAL** of Disbursements This Page (optional) .....

2254.90

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 429 / 480

<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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

LOCKART ATCHLEY &amp; ASSOCIATES LLP

Mailing Address 6850 AUSTIN CTR BLVD STE 180

City State Zip Code  
AUSTIN TX 78731Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.251

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	0	9

Amount of Each Disbursement this Period

871.40

B.

Full Name (Last, First, Middle Initial)

MAIL AMERICA COMMUNICATIONS

Mailing Address 1174 ELKTON FARM RD

City State Zip Code  
FOREST VA 24551Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.453

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	8	/	2	0	0	9

Amount of Each Disbursement this Period

14047.56

C.

Full Name (Last, First, Middle Initial)

MAIL AMERICA COMMUNICATIONS

Mailing Address 1174 ELKTON FARM RD

City State Zip Code  
FOREST VA 24551Purpose of Disbursement  
PRINTING

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.468

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	6	/	2	0	0	9

Amount of Each Disbursement this Period

12037.27

SUBTOTAL of Disbursements This Page (optional) ▶

26956.23

TOTAL This Period (last page this line number only) ▶

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 430 / 480

<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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
MD STATE DEPARTMENT OF TAXATION

Mailing Address 301 W PRESTON ST

City BALTIMORE State MD Zip Code 21201

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.397

Date of Disbursement

/   /

Amount of Each Disbursement this Period

218.34

**B.** Full Name (Last, First, Middle Initial)  
MD STATE DEPARTMENT OF TAXATION

Mailing Address 301 W PRESTON ST

City BALTIMORE State MD Zip Code 21201

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.401

Date of Disbursement

/   /

Amount of Each Disbursement this Period

218.34

**C.** Full Name (Last, First, Middle Initial)  
MD STATE DEPARTMENT OF TAXATION

Mailing Address 301 W PRESTON ST

City BALTIMORE State MD Zip Code 21201

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.406

Date of Disbursement

/   /

Amount of Each Disbursement this Period

218.34

**SUBTOTAL** of Disbursements This Page (optional) .....

655.02

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 431 / 480

<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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
MD STATE DEPARTMENT OF TAXATION

Mailing Address 301 W PRESTON ST

City Baltimore State MD Zip Code 21201

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.409

Date of Disbursement

08 / 31 / 2009

Amount of Each Disbursement this Period

218.34

**B.** Full Name (Last, First, Middle Initial)  
MD STATE DEPARTMENT OF TAXATION

Mailing Address 301 W PRESTON ST

City Baltimore State MD Zip Code 21201

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.412

Date of Disbursement

09 / 15 / 2009

Amount of Each Disbursement this Period

218.34

**C.** Full Name (Last, First, Middle Initial)  
MD STATE DEPARTMENT OF TAXATION

Mailing Address 301 W PRESTON ST

City Baltimore State MD Zip Code 21201

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.415

Date of Disbursement

09 / 30 / 2009

Amount of Each Disbursement this Period

218.34

**SUBTOTAL** of Disbursements This Page (optional) .....

655.02

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 432 / 480

<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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MD STATE DEPARTMENT OF TAXATION

Mailing Address 301 W PRESTON ST

City Baltimore State MD Zip Code 21201

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB.419

Date of Disbursement

10 / 15 / 2009

Amount of Each Disbursement this Period

218.34

**B.**

Full Name (Last, First, Middle Initial)

MD STATE DEPARTMENT OF TAXATION

Mailing Address 301 W PRESTON ST

City Baltimore State MD Zip Code 21201

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB.422

Date of Disbursement

10 / 30 / 2009

Amount of Each Disbursement this Period

218.34

**C.**

Full Name (Last, First, Middle Initial)

MD STATE DEPARTMENT OF TAXATION

Mailing Address 301 W PRESTON ST

City Baltimore State MD Zip Code 21201

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB.425

Date of Disbursement

11 / 13 / 2009

Amount of Each Disbursement this Period

218.34

**SUBTOTAL** of Disbursements This Page (optional) .....

655.02

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 433 / 480

<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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
MD STATE DEPARTMENT OF TAXATION

Mailing Address 301 W PRESTON ST

City Baltimore State MD Zip Code 21201

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.428

Date of Disbursement

11 / 30 / 2009

Amount of Each Disbursement this Period

218.34

**B.** Full Name (Last, First, Middle Initial)  
MD STATE DEPARTMENT OF TAXATION

Mailing Address 301 W PRESTON ST

City Baltimore State MD Zip Code 21201

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.431

Date of Disbursement

12 / 15 / 2009

Amount of Each Disbursement this Period

218.34

**C.** Full Name (Last, First, Middle Initial)  
MD STATE DEPARTMENT OF TAXATION

Mailing Address 301 W PRESTON ST

City Baltimore State MD Zip Code 21201

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.434

Date of Disbursement

12 / 31 / 2009

Amount of Each Disbursement this Period

218.34

**SUBTOTAL** of Disbursements This Page (optional) .....

655.02

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 434 / 480

<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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

NOVA

Mailing Address 7300 CHAPMAN HWY

City KNOXVILLE State TN Zip Code 37920

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB.259

Date of Disbursement

/   /

Amount of Each Disbursement this Period

50.45

**B.**

Full Name (Last, First, Middle Initial)

NOVA

Mailing Address 7300 CHAPMAN HWY

City KNOXVILLE State TN Zip Code 37920

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB.263

Date of Disbursement

/   /

Amount of Each Disbursement this Period

339.08

**C.**

Full Name (Last, First, Middle Initial)

NOVA

Mailing Address 7300 CHAPMAN HWY

City KNOXVILLE State TN Zip Code 37920

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB.266

Date of Disbursement

/   /

Amount of Each Disbursement this Period

4134.93

**SUBTOTAL** of Disbursements This Page (optional) .....

4524.46

**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)

PAGE 435 / 480

<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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

NOVA

Mailing Address 7300 CHAPMAN HWY

City KNOXVILLE State TN Zip Code 37920

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB.271

Date of Disbursement

/   /

Amount of Each Disbursement this Period

430.71

**B.**

Full Name (Last, First, Middle Initial)

NOVA

Mailing Address 7300 CHAPMAN HWY

City KNOXVILLE State TN Zip Code 37920

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB.276

Date of Disbursement

/   /

Amount of Each Disbursement this Period

142.08

**C.**

Full Name (Last, First, Middle Initial)

NOVA

Mailing Address 7300 CHAPMAN HWY

City KNOXVILLE State TN Zip Code 37920

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB.279

Date of Disbursement

/   /

Amount of Each Disbursement this Period

387.90

**SUBTOTAL** of Disbursements This Page (optional) .....

960.69

**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)

PAGE 436 / 480

<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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

PINNACLE LIST COMPANY

Mailing Address 2800 SHIRLINGTON RD STE 970

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement  
LIST RENTAL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.328

Date of Disbursement

08 / 06 / 2009

Amount of Each Disbursement this Period

4097.67

B.

Full Name (Last, First, Middle Initial)

PREMIERE FUNDRAISING INC

Mailing Address 1127 WALKER RD

City GREAT FALLS State VA Zip Code 22066

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.308

Date of Disbursement

08 / 28 / 2009

Amount of Each Disbursement this Period

25.45

C.

Full Name (Last, First, Middle Initial)

PRIMUS

Mailing Address PO BOX 3246

City MILWAUKEE State WI Zip Code 53201

Purpose of Disbursement  
PHONE SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.437

Date of Disbursement

07 / 01 / 2009

Amount of Each Disbursement this Period

453.58

SUBTOTAL of Disbursements This Page (optional) .....

4576.70

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)

PAGE 437 / 480

<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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

PRIMUS

Mailing Address PO BOX 3246

City MILWAUKEE State WI Zip Code 53201

Purpose of Disbursement  
PHONE SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.438

Date of Disbursement

07 / 27 / 2009

Amount of Each Disbursement this Period

200.57

B.

Full Name (Last, First, Middle Initial)

PRIMUS

Mailing Address PO BOX 3246

City MILWAUKEE State WI Zip Code 53201

Purpose of Disbursement  
PHONE SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.439

Date of Disbursement

08 / 26 / 2009

Amount of Each Disbursement this Period

200.57

C.

Full Name (Last, First, Middle Initial)

PRIMUS

Mailing Address PO BOX 3246

City MILWAUKEE State WI Zip Code 53201

Purpose of Disbursement  
PHONE SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.440

Date of Disbursement

10 / 08 / 2009

Amount of Each Disbursement this Period

209.99

SUBTOTAL of Disbursements This Page (optional) .....

611.13

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)

PAGE 438 / 480

<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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

REGENCY CLUB

Mailing Address 10900 WILSHIRE BLVD

City  
LOS ANGELES

State  
CA

Zip Code  
90024

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB.316

Date of Disbursement

/   /

Amount of Each Disbursement this Period

63.44

**B.**

Full Name (Last, First, Middle Initial)

SILVERTON CARD SERVICES

Mailing Address 3284 NORTHSIDE PKWY

City  
ATLANTA

State  
GA

Zip Code  
30327

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB.1000

Date of Disbursement

/   /

Amount of Each Disbursement this Period

781.10

**C.**

Full Name (Last, First, Middle Initial)

BANKCARD CENTER

Mailing Address PO BOX 569200

City  
DALLAS

State  
TX

Zip Code  
75356

Purpose of Disbursement  
CREDIT CARD FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB.200

Date of Disbursement

/   /

Amount of Each Disbursement this Period

29.00

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

844.54

**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)

PAGE 439 / 480

<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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

HOUSTONIAN HOTEL

Mailing Address 111 N POST OAK LN

City  
HOUSTON

State  
TX

Zip Code  
77024

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.201

Date of Disbursement

08 / 03 / 2009

Amount of Each Disbursement this Period

182.50

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

MACNAIR TRAVEL AGENCY

Mailing Address 4100 FAIRFAX DR STE 600

City  
ARLINGTON

State  
VA

Zip Code  
22203

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.202

Date of Disbursement

08 / 03 / 2009

Amount of Each Disbursement this Period

70.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

US AIRWAYS

Mailing Address 4000 E SKY HARBOR BLVD

City  
PHOENIX

State  
AZ

Zip Code  
85034

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.203

Date of Disbursement

08 / 03 / 2009

Amount of Each Disbursement this Period

499.60

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 440 / 480

<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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
SILVERTON CARD SERVICES

Mailing Address 3284 NORTHSIDE PKWY

City ATLANTA State GA Zip Code 30327

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.1001

Date of Disbursement

08 / 10 / 2009

Amount of Each Disbursement this Period

3783.20

**B.** Full Name (Last, First, Middle Initial)  
AMERICAN AIRLINES

Mailing Address PO BOX 582820 MD 766

City TULSA State OK Zip Code 74158

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.204

Date of Disbursement

08 / 10 / 2009

Amount of Each Disbursement this Period

2692.40

[MEMO ITEM]

**C.** Full Name (Last, First, Middle Initial)  
DELTA AIRLINES

Mailing Address ATLANTA AIRPORT

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.205

Date of Disbursement

08 / 10 / 2009

Amount of Each Disbursement this Period

430.60

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

3783.20

**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)

PAGE 441 / 480

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MACNAIR TRAVEL AGENCY

Mailing Address 4100 FAIRFAX DR STE 600

City ARLINGTON State VA Zip Code 22203

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.206

Date of Disbursement

08 / 10 / 2009

Amount of Each Disbursement this Period

245.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

UNITED AIRLINES

Mailing Address 1200 E ALGONQUIN RD

City ELK GROVE VILLAGE State IL Zip Code 60007

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.207

Date of Disbursement

08 / 10 / 2009

Amount of Each Disbursement this Period

149.60

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

US AIRWAYS

Mailing Address 4000 E SKY HARBOR BLVD

City PHOENIX State AZ Zip Code 85034

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.208

Date of Disbursement

08 / 10 / 2009

Amount of Each Disbursement this Period

265.60

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 442 / 480

<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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

SILVERTON CARD SERVICES

Mailing Address 3284 NORTHSIDE PKWY

City  
ATLANTA

State  
GA

Zip Code  
30327

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB.1002

Date of Disbursement

09 / 16 / 2009

Amount of Each Disbursement this Period

3667.49

**B.**

Full Name (Last, First, Middle Initial)

AMERICAN AIRLINES

Mailing Address PO BOX 582820 MD 766

City  
TULSA

State  
OK

Zip Code  
74158

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB.209

Date of Disbursement

09 / 16 / 2009

Amount of Each Disbursement this Period

498.20

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)

CAREY INTERNATIONAL INC

Mailing Address 4530 WISCONSIN AVE NW

City  
WASHINGTON

State  
DC

Zip Code  
20016

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB.210

Date of Disbursement

09 / 16 / 2009

Amount of Each Disbursement this Period

1464.35

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

3667.49

**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)

PAGE 443 / 480

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

FAIRMONT COPLEY PLAZA

Mailing Address 138 ST JAMES AVE

City  
BOSTON

State  
MA

Zip Code  
02116

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.211

Date of Disbursement

/   /

Amount of Each Disbursement this Period

575.74

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

MACNAIR TRAVEL AGENCY

Mailing Address 4100 FAIRFAX DR STE 600

City  
ARLINGTON

State  
VA

Zip Code  
22203

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.215

Date of Disbursement

/   /

Amount of Each Disbursement this Period

245.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

SOUTHWEST AIRLINES

Mailing Address PO BOX 36611

City  
DALLAS

State  
TX

Zip Code  
75235

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.212

Date of Disbursement

/   /

Amount of Each Disbursement this Period

172.60

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 444 / 480

<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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

US AIRWAYS

Mailing Address 4000 E SKY HARBOR BLVD

City PHOENIX State AZ Zip Code 85034

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.213

Date of Disbursement

09 / 16 / 2009

Amount of Each Disbursement this Period

579.60

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

USPS

Mailing Address 1632 CRYSTAL SQ ARC

City ARLINGTON State VA Zip Code 22202

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.214

Date of Disbursement

09 / 16 / 2009

Amount of Each Disbursement this Period

132.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

SILVERTON CARD SERVICES

Mailing Address 3284 NORTHSIDE PKWY

City ATLANTA State GA Zip Code 30327

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.1003

Date of Disbursement

10 / 27 / 2009

Amount of Each Disbursement this Period

3730.80

SUBTOTAL of Disbursements This Page (optional) .....

3730.80

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 445 / 480

<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

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 POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CAREY INTERNATIONAL INC

Mailing Address 4530 WISCONSIN AVE NW

City  
WASHINGTON

State  
DC

Zip Code  
20016

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.216

Date of Disbursement

10 / 27 / 2009

Amount of Each Disbursement this Period

847.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

MACNAIR TRAVEL AGENCY

Mailing Address 4100 FAIRFAX DR STE 600

City  
ARLINGTON

State  
VA

Zip Code  
22203

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.217

Date of Disbursement

10 / 27 / 2009

Amount of Each Disbursement this Period

140.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

US AIRWAYS

Mailing Address 4000 E SKY HARBOR BLVD

City  
PHOENIX

State  
AZ

Zip Code  
85034

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.218

Date of Disbursement

10 / 27 / 2009

Amount of Each Disbursement this Period

2743.80

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 446 / 480

<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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

SILVERTON CARD SERVICES

Mailing Address 3284 NORTHSIDE PKWY

City  
ATLANTA

State  
GA

Zip Code  
30327

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB.1004

Date of Disbursement

/   /

Amount of Each Disbursement this Period

4081.98

**B.**

Full Name (Last, First, Middle Initial)

AMERICAN AIRLINES

Mailing Address PO BOX 582820 MD 766

City  
TULSA

State  
OK

Zip Code  
74158

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB.219

Date of Disbursement

/   /

Amount of Each Disbursement this Period

657.20

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)

BROWN HOTEL

Mailing Address 335 W BROADWAY

City  
LOUISVILLE

State  
KY

Zip Code  
40202

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB.220

Date of Disbursement

/   /

Amount of Each Disbursement this Period

428.18

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

4081.98

**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)

PAGE 447 / 480

<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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CONTINENTAL AIRLINES

Mailing Address 600 JEFFERSON ST

City  
HOUSTON

State  
TX

Zip Code  
77002

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.221

Date of Disbursement

11 / 17 / 2009

Amount of Each Disbursement this Period

363.70

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

CONTINENTAL AIRLINES

Mailing Address 600 JEFFERSON ST

City  
HOUSTON

State  
TX

Zip Code  
77002

Purpose of Disbursement  
CREDIT-TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.226

Date of Disbursement

11 / 17 / 2009

Amount of Each Disbursement this Period

363.70

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

DELTA AIRLINES

Mailing Address ATLANTA AIRPORT

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.222

Date of Disbursement

11 / 17 / 2009

Amount of Each Disbursement this Period

222.40

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 448 / 480

<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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MACNAIR TRAVEL AGENCY

Mailing Address 4100 FAIRFAX DR STE 600

City ARLINGTON State VA Zip Code 22203

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.223

Date of Disbursement

11 / 17 / 2009

Amount of Each Disbursement this Period

385.00

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

US AIRWAYS

Mailing Address 4000 E SKY HARBOR BLVD

City PHOENIX State AZ Zip Code 85034

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.224

Date of Disbursement

11 / 17 / 2009

Amount of Each Disbursement this Period

2169.20

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

USPS

Mailing Address 1632 CRYSTAL SQ ARC

City ARLINGTON State VA Zip Code 22202

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.225

Date of Disbursement

11 / 17 / 2009

Amount of Each Disbursement this Period

220.00

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 449 / 480

<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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

SOUTHWEST PUBLISHING

Mailing Address 2600 NW TOPEKA BLVD

City TOPEKA State KS Zip Code 66617

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.449

Date of Disbursement

07 / 31 / 2009

Amount of Each Disbursement this Period

36815.36

B.

Full Name (Last, First, Middle Initial)

SOUTHWEST PUBLISHING

Mailing Address 2600 NW TOPEKA BLVD

City TOPEKA State KS Zip Code 66617

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.451

Date of Disbursement

08 / 26 / 2009

Amount of Each Disbursement this Period

34696.69

C.

Full Name (Last, First, Middle Initial)

SOUTHWEST PUBLISHING

Mailing Address 2600 NW TOPEKA BLVD

City TOPEKA State KS Zip Code 66617

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.454

Date of Disbursement

10 / 19 / 2009

Amount of Each Disbursement this Period

21965.00

SUBTOTAL of Disbursements This Page (optional) .....

93477.05

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)

PAGE 450 / 480

<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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

SOUTHWEST PUBLISHING

Mailing Address 2600 NW TOPEKA BLVD

City  
TOPEKA

State  
KS

Zip Code  
66617

Purpose of Disbursement  
PRINTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB.460

Date of Disbursement

/   /

Amount of Each Disbursement this Period

13350.73

**B.**

Full Name (Last, First, Middle Initial)

SOUTHWEST PUBLISHING

Mailing Address 2600 NW TOPEKA BLVD

City  
TOPEKA

State  
KS

Zip Code  
66617

Purpose of Disbursement  
PRINTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB.465

Date of Disbursement

/   /

Amount of Each Disbursement this Period

21136.99

**C.**

Full Name (Last, First, Middle Initial)

SOUTHWEST PUBLISHING

Mailing Address 2600 NW TOPEKA BLVD

City  
TOPEKA

State  
KS

Zip Code  
66617

Purpose of Disbursement  
PRINTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB.467

Date of Disbursement

/   /

Amount of Each Disbursement this Period

21900.83

**SUBTOTAL** of Disbursements This Page (optional) .....

56388.55

**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)

PAGE 451 / 480

<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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

STANDARD PARKING

Mailing Address 108 N FAIRFAX ST

City  
ALEXANDRIA

State  
VA

Zip Code  
22314

Purpose of Disbursement  
PARKING SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.332

Date of Disbursement

08 / 25 / 2009

Amount of Each Disbursement this Period

435.00

B.

Full Name (Last, First, Middle Initial)

STANDARD PARKING

Mailing Address 108 N FAIRFAX ST

City  
ALEXANDRIA

State  
VA

Zip Code  
22314

Purpose of Disbursement  
PARKING SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.333

Date of Disbursement

09 / 28 / 2009

Amount of Each Disbursement this Period

420.00

C.

Full Name (Last, First, Middle Initial)

STANDARD PARKING

Mailing Address 108 N FAIRFAX ST

City  
ALEXANDRIA

State  
VA

Zip Code  
22314

Purpose of Disbursement  
PARKING SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.334

Date of Disbursement

12 / 01 / 2009

Amount of Each Disbursement this Period

290.00

SUBTOTAL of Disbursements This Page (optional) .....

1145.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 452 / 480

<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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

STRATEGIC FUNDRAISING

Mailing Address 7591 9TH ST N

City  
ST PAUL

State  
MN

Zip Code  
55128

Purpose of Disbursement  
FUNRAISING PHONE CALLS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.330

Date of Disbursement

/   /

Amount of Each Disbursement this Period

8957.00

B.

Full Name (Last, First, Middle Initial)

STRATEGIC FUNDRAISING

Mailing Address 7591 9TH ST N

City  
ST PAUL

State  
MN

Zip Code  
55128

Purpose of Disbursement  
FUNRAISING PHONE CALLS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.331

Date of Disbursement

/   /

Amount of Each Disbursement this Period

40445.60

C.

Full Name (Last, First, Middle Initial)

STRATEGIC FUNDRAISING

Mailing Address 7591 9TH ST N

City  
ST PAUL

State  
MN

Zip Code  
55128

Purpose of Disbursement  
PRINTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.464

Date of Disbursement

/   /

Amount of Each Disbursement this Period

36176.40

**SUBTOTAL** of Disbursements This Page (optional) .....

85579.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 453 / 480

<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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

US POSTAL SERVICE

Mailing Address 8409 LEE HWY

City MERRIFIELD State VA Zip Code 22116

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.455

Date of Disbursement

11 / 11 / 2009

Amount of Each Disbursement this Period

770.00

B.

Full Name (Last, First, Middle Initial)

USPS

Mailing Address 475 L'ENFANT PLZ SW

City WASHINGTON State DC Zip Code 20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.448

Date of Disbursement

07 / 20 / 2009

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

USPS

Mailing Address 475 L'ENFANT PLZ SW

City WASHINGTON State DC Zip Code 20260

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.450

Date of Disbursement

08 / 19 / 2009

Amount of Each Disbursement this Period

7500.00

SUBTOTAL of Disbursements This Page (optional) .....

13270.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 454 / 480

<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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) VA TAX DEPARTMENT</p> <p>Mailing Address PO BOX 1115</p> <p>City RICHMOND State VA Zip Code 23218</p> <p>Purpose of Disbursement PAYROLL TAXES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB.398</p> <p>Date of Disbursement  <div> <div>07</div> <div>15</div> <div>2009</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>54.91</div> </p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) VA TAX DEPARTMENT</p> <p>Mailing Address PO BOX 1115</p> <p>City RICHMOND State VA Zip Code 23218</p> <p>Purpose of Disbursement PAYROLL TAXES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB.402</p> <p>Date of Disbursement  <div> <div>07</div> <div>31</div> <div>2009</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>30.17</div> </p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) VA TAX DEPARTMENT</p> <p>Mailing Address PO BOX 1115</p> <p>City RICHMOND State VA Zip Code 23218</p> <p>Purpose of Disbursement PAYROLL TAXES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB.407</p> <p>Date of Disbursement  <div> <div>08</div> <div>14</div> <div>2009</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>49.63</div> </p>

**SUBTOTAL** of Disbursements This Page (optional) .....

134.71

**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)

PAGE 455 / 480

<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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) VA TAX DEPARTMENT</p> <p>Mailing Address PO BOX 1115</p> <p>City RICHMOND State VA Zip Code 23218</p> <p>Purpose of Disbursement PAYROLL TAXES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB.410</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 3 1 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period  <div> <div></div> <div>30.17</div> </div> </p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) VA TAX DEPARTMENT</p> <p>Mailing Address PO BOX 1115</p> <p>City RICHMOND State VA Zip Code 23218</p> <p>Purpose of Disbursement PAYROLL TAXES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB.413</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 5 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period  <div> <div></div> <div>44.90</div> </div> </p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) VA TAX DEPARTMENT</p> <p>Mailing Address PO BOX 1115</p> <p>City RICHMOND State VA Zip Code 23218</p> <p>Purpose of Disbursement PAYROLL TAXES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB.416</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 3 0 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period  <div> <div></div> <div>30.17</div> </div> </p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**105.24**

**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)

PAGE 456 / 480

<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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) VA TAX DEPARTMENT</p> <p>Mailing Address PO BOX 1115</p> <p>City RICHMOND State VA Zip Code 23218</p> <p>Purpose of Disbursement PAYROLL TAXES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB.420</p> <p>Date of Disbursement 10 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 57.96</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) VA TAX DEPARTMENT</p> <p>Mailing Address PO BOX 1115</p> <p>City RICHMOND State VA Zip Code 23218</p> <p>Purpose of Disbursement PAYROLL TAXES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB.423</p> <p>Date of Disbursement 10 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 40.23</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) VA TAX DEPARTMENT</p> <p>Mailing Address PO BOX 1115</p> <p>City RICHMOND State VA Zip Code 23218</p> <p>Purpose of Disbursement PAYROLL TAXES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB.426</p> <p>Date of Disbursement 11 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 66.59</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

164.78

**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)

PAGE 457 / 480

<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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) VA TAX DEPARTMENT	<b>Transaction ID:</b> SB.429 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 1115	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		3	0		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		3	0		2	0	9													
City RICHMOND State VA Zip Code 23218	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL TAXES	<table border="1"> <tr> <td>40.23</td> </tr> </table>	40.23																			
40.23																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) VA TAX DEPARTMENT	<b>Transaction ID:</b> SB.432 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 1115	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	5		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	5		2	0	9													
City RICHMOND State VA Zip Code 23218	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL TAXES	<table border="1"> <tr> <td>41.06</td> </tr> </table>	41.06																			
41.06																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) VA TAX DEPARTMENT	<b>Transaction ID:</b> SB.435 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 1115	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		3	1		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		3	1		2	0	9													
City RICHMOND State VA Zip Code 23218	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL TAXES	<table border="1"> <tr> <td>40.23</td> </tr> </table>	40.23																			
40.23																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

121.52

**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)

PAGE 458 / 480

<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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

VERIZON

Mailing Address PO BOX 660720

City  
DALLAS

State  
TX

Zip Code  
75266

Purpose of Disbursement  
PHONE SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB.441

Date of Disbursement

/   /

Amount of Each Disbursement this Period

21.74

**B.**

Full Name (Last, First, Middle Initial)

XO COMMUNICATIONS

Mailing Address 14239 COLLECTIONS CTR DR

City  
CHICAGO

State  
IL

Zip Code  
60693

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB.318

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1854.94

**C.**

Full Name (Last, First, Middle Initial)

XO COMMUNICATIONS

Mailing Address 14239 COLLECTIONS CTR DR

City  
CHICAGO

State  
IL

Zip Code  
60693

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB.319

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1385.48

**SUBTOTAL** of Disbursements This Page (optional) .....

3262.16

**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)

PAGE 459 / 480

<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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) XO COMMUNICATIONS	<b>Transaction ID:</b> SB.320 <b>Date of Disbursement</b>																				
Mailing Address 14239 COLLECTIONS CTR DR	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		2	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		2	4		2	0	0	9												
City CHICAGO State IL Zip Code 60693	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement INTERNET SERVICE Candidate Name	<table border="1"> <tr> <td colspan="10">887.37</td> </tr> </table>	887.37																			
887.37																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) XO COMMUNICATIONS	<b>Transaction ID:</b> SB.321 <b>Date of Disbursement</b>																				
Mailing Address 14239 COLLECTIONS CTR DR	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	5		2	0	0	9												
City CHICAGO State IL Zip Code 60693	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement INTERNET SERVICE Candidate Name	<table border="1"> <tr> <td colspan="10">1320.99</td> </tr> </table>	1320.99																			
1320.99																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) YUMA SOLUTIONS INC	<b>Transaction ID:</b> SB.252 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 152075	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		0	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		0	1		2	0	0	9												
City TAMPA State FL Zip Code 33684	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement COMPUTER EQUIPMENT/SUPPORT Candidate Name	<table border="1"> <tr> <td colspan="10">1752.00</td> </tr> </table>	1752.00																			
1752.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**3960.36**

**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)

PAGE 460 / 480

<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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

YUMA SOLUTIONS INC

Mailing Address PO BOX 152075

City  
TAMPA

State  
FL

Zip Code  
33684

Purpose of Disbursement  
COMPUTER SUPPORT/EQUIPMENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.253

Date of Disbursement

/   /

Amount of Each Disbursement this Period

876.00

B.

Full Name (Last, First, Middle Initial)

YUMA SOLUTIONS INC

Mailing Address PO BOX 152075

City  
TAMPA

State  
FL

Zip Code  
33684

Purpose of Disbursement  
COMPUTER SUPPORT/EQUIPMENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.254

Date of Disbursement

/   /

Amount of Each Disbursement this Period

876.00

C.

Full Name (Last, First, Middle Initial)

YUMA SOLUTIONS INC

Mailing Address PO BOX 152075

City  
TAMPA

State  
FL

Zip Code  
33684

Purpose of Disbursement  
COMPUTER SUPPORT/EQUIPMENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.255

Date of Disbursement

/   /

Amount of Each Disbursement this Period

876.00

SUBTOTAL of Disbursements This Page (optional) .....

2628.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 461 / 480

<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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

YUMA SOLUTIONS INC

Mailing Address PO BOX 152075

City  
TAMPA

State  
FL

Zip Code  
33684

Purpose of Disbursement  
COMPUTER SUPPORT/EQUIPMENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.256

Date of Disbursement

10 / 08 / 2009

Amount of Each Disbursement this Period

876.00

B.

Full Name (Last, First, Middle Initial)

YUMA SOLUTIONS INC

Mailing Address PO BOX 152075

City  
TAMPA

State  
FL

Zip Code  
33684

Purpose of Disbursement  
COMPUTER SUPPORT/EQUIPMENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.257

Date of Disbursement

11 / 10 / 2009

Amount of Each Disbursement this Period

1709.33

C.

Full Name (Last, First, Middle Initial)

YUMA SOLUTIONS INC

Mailing Address PO BOX 152075

City  
TAMPA

State  
FL

Zip Code  
33684

Purpose of Disbursement  
COMPUTER SUPPORT/EQUIPMENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.258

Date of Disbursement

12 / 15 / 2009

Amount of Each Disbursement this Period

1709.33

SUBTOTAL of Disbursements This Page (optional) .....

4294.66

TOTAL This Period (last page this line number only) .....

749861.90

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 462 / 480

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

BASS VICTORY COMMITTEE

Mailing Address PO BOX 3451

City  
CONCORDState  
NHZip Code  
03302Purpose of Disbursement  
COMMITTEE CONTRIBUTIONCandidate Name  
CHARLES BASSCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NH District: 02

Transaction ID: SB.511

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	9	/	2	0	0	9

Amount of Each Disbursement this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

BROWNBACK FOR PRESIDENT INC

Mailing Address PO BOX 2008

City  
TOPEKAState  
KSZip Code  
66601Purpose of Disbursement  
CONTRIBUTION-DEBT RETIREMENTCandidate Name  
SAM BROWNBACKCategory/  
TypeOffice Sought: ☐ House  
☐ Senate  
☒ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District: 00

Transaction ID: SB.498

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	8	/	2	0	0	9

Amount of Each Disbursement this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

CARLY FOR CALIFORNIA

Mailing Address 455 CAPITOL MALL STE 801

City  
SACRAMENTOState  
CAZip Code  
95814Purpose of Disbursement  
COMMITTEE CONTRIBUTIONCandidate Name  
CARLY FIORINACategory/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 00

Transaction ID: SB.493

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	6	/	2	0	0	9

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) .....

12500.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 463 / 480

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

CASTLE CAMPAIGN FUND

Mailing Address PO BOX 133

City  
WILMINGTONState  
DEZip Code  
19899Purpose of Disbursement  
COMMITTEE CONTRIBUTIONCandidate Name  
MICHAEL CASTLECategory/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: DE District:

Transaction ID: SB.507

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	6	/	2	0	0	9

Amount of Each Disbursement this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

DAVID MCSWEENEY FOR CONGRESS 2006 INC

Mailing Address 8 HUBBELL CRT

City  
BARRINGTONState  
ILZip Code  
60010Purpose of Disbursement  
CONTRIBUTION-DEBT RETIREMENTCandidate Name  
DAVID MCSWEENEYCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL District: 08

Transaction ID: SB.510

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	8	/	2	0	0	9

Amount of Each Disbursement this Period

2000.00

**C.**

Full Name (Last, First, Middle Initial)

DAVID VITTER FOR US SENATE

Mailing Address PO BOX 8175

City  
METAIRIEState  
LAZip Code  
70011Purpose of Disbursement  
COMMITTEE CONTRIBUTIONCandidate Name  
DAVID VITTERCategory/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: LA District: 00

Transaction ID: SB.508

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	5	/	2	0	0	9

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) .....

12000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 464 / 480

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
FRIENDS OF KELLY AYOTTE

Mailing Address PO BOX 233

City NASHUA State NH Zip Code 03061

Purpose of Disbursement  
COMMITTEE CONTRIBUTION

Candidate Name  
KELLY AYOTTE

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NH District: 00

Transaction ID: SB.494

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

**B.** Full Name (Last, First, Middle Initial)  
FRIENDS OF TREY GRAYSON

Mailing Address PO BOX 175726

City FT MITCHELL State KY Zip Code 41017

Purpose of Disbursement  
COMMITTEE CONTRIBUTION

Candidate Name  
TREY GRAYSON

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: KY District: 00

Transaction ID: SB.495

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

**C.** Full Name (Last, First, Middle Initial)  
FRIENDS OF DAVE REICHERT

Mailing Address PO BOX 53322

City BELLEVUE State WA Zip Code 98015

Purpose of Disbursement  
COMMITTEE CONTRIBUTION

Candidate Name  
DAVE REICHERT

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WA District: 08

Transaction ID: SB.501

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

12500.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 465 / 480

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) GRASSLEY COMMITTEE	<b>Transaction ID:</b> SB.515 <b>Date of Disbursement</b>
Mailing Address PO BOX 1000	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 2 8 / 2 0 0 9</div> </div>
City DES MOINES State IA Zip Code 50304	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement COMMITTEE CONTRIBUTION	<div>5000.00</div>
Candidate Name CHUCK GRASSLEY	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) JANE NORTON FOR COLORADO	<b>Transaction ID:</b> SB.500 <b>Date of Disbursement</b>
Mailing Address PO BOX 3008	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 9 / 2 0 0 9</div> </div>
City GREENWOOD VILLAGE State CO Zip Code 80155	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement COMMITTEE CONTRIBUTION	<div>5000.00</div>
Candidate Name JANE NORTON	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) JON BARELA FOR CONGRESS	<b>Transaction ID:</b> SB.502 <b>Date of Disbursement</b>
Mailing Address 6705 MESA MARIPOSA PLACE NW	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 3 / 2 0 0 9</div> </div>
City ALBUQUERQUE State NM Zip Code 87120	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement COMMITTEE CONTRIBUTION	<div>5000.00</div>
Candidate Name JON BARELA	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

15000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 466 / 480

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
KINZINGER FOR CONGRESS

Mailing Address PO BOX 1050

City State Zip Code  
BOURBONNAIS IL 60914

Purpose of Disbursement  
COMMITTEE CONTRIBUTION

Candidate Name  
ADAM KINZINGER

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 11

Transaction ID: SB.509

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)  
KIRK FOR SENATE

Mailing Address PO BOX 8

City State Zip Code  
WINNETKA IL 60093

Purpose of Disbursement  
COMMITTEE CONTRIBUTION

Candidate Name  
MARK KIRK

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 00

Transaction ID: SB.496

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)  
MIKE CRAPO FOR US SENATE

Mailing Address PO BOX 1948

City State Zip Code  
BOISE ID 83701

Purpose of Disbursement  
COMMITTEE CONTRIBUTION

Candidate Name  
MIKE CRAPO

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: ID District: 00

Transaction ID: SB.512

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

10000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 467 / 480

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MORAN FOR KANSAS

Mailing Address PO BOX 1151

City  
HAYSState  
KSZip Code  
67601Purpose of Disbursement  
COMMITTEE CONTRIBUTIONCandidate Name  
JERRY MORANCategory/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: KS District:

Transaction ID: SB.497

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	8		2	0	0	9

Amount of Each Disbursement this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

RUDY GIULIANI PRESIDENTIAL COMMITTEE INC

Mailing Address 5 TIMES SQ 24TH FL

City  
NEW YORKState  
NYZip Code  
10036Purpose of Disbursement  
CONTRIBUTION-DEBT RETIREMENTCandidate Name  
RUDY GIULIANICategory/  
TypeOffice Sought: ☐ House  
☐ Senate  
☒ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District: 00

Transaction ID: SB.499

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	1		2	0	0	9

Amount of Each Disbursement this Period

2700.00

**C.**

Full Name (Last, First, Middle Initial)

SCOTT BROWN FOR US SENATE COMMITTEE

Mailing Address 200 RESERVOIR ST STE 101

City  
NEEDHAMState  
MAZip Code  
02494Purpose of Disbursement  
COMMITTEE CONTRIBUTIONCandidate Name  
SCOTT BROWNCategory/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2009  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MA District: 00

Transaction ID: SB.513

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	9		2	0	0	9

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) .....

12700.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 468 / 480

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

SIAS FOR CONGRESS

Mailing Address 15400 W 64TH AVE STE 9E

City ARVADA State CO Zip Code 80007

Purpose of Disbursement  
COMMITTEE CONTRIBUTION

Candidate Name  
LANG SIAS

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CO District: 07

**Transaction ID:** SB.514

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

VAN TRAN FOR CONGRESS

Mailing Address 3337 S BRISTOL ST #49

City SANTA ANA State CA Zip Code 92704

Purpose of Disbursement  
COMMITTEE CONTRIBUTION

Candidate Name  
VAN TRAN

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 47

**Transaction ID:** SB.503

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

WARD FOR CONGRESS

Mailing Address 324 E STONEWATER CT

City EAGLE State ID Zip Code 83616

Purpose of Disbursement  
COMMITTEE CONTRIBUTION

Candidate Name  
VAUGHN WARD

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: ID District: 01

**Transaction ID:** SB.504

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

10000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 469 / 480

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
WASINGER FOR CONGRESS

Mailing Address 309 OAK ST

City COTTONWOOD FALLS State KS Zip Code 66845

Purpose of Disbursement  
COMMITTEE CONTRIBUTION

Candidate Name  
ROB WASINGER

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: KS District: 01

**Transaction ID:** SB.506

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)  
NRSC

Mailing Address 425 SECOND ST NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
PARTY CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2009  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District: 00

**Transaction ID:** SB.505

Date of Disbursement

/   /

Amount of Each Disbursement this Period

15000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

17500.00

**TOTAL** This Period (last page this line number only) .....

102200.00

# **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)

PAGE 470 / 480

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☒ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. DALE ANDERSON

Mailing Address 3405 GREEN RD

City  
MIDLAND

State  
MI

Zip Code  
48642

Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB.545

Date of Disbursement

/   /

Amount of Each Disbursement this Period

4800.00

**B.**

Full Name (Last, First, Middle Initial)

EDWARD BELT

Mailing Address 116 ALPINE

City  
AMHERST

State  
MA

Zip Code  
01002

Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB.543

Date of Disbursement

/   /

Amount of Each Disbursement this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

SHARON CARTER

Mailing Address 364 LEISURE LN

City  
GREENWOOD

State  
IN

Zip Code  
46142

Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB.546

Date of Disbursement

/   /

Amount of Each Disbursement this Period

100.00

**SUBTOTAL** of Disbursements This Page (optional) .....

5000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 471 / 480

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☒ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

THOMAS DINEEN

Mailing Address 7308 PALOMINO TR

City State Zip Code  
 SARASOTA FL 34241

Purpose of Disbursement  
 CONTRIBUTION REFUND

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB.534

Date of Disbursement

/   /

Amount of Each Disbursement this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

ROBERT GAMBILL

Mailing Address 7847 E SAN CARLOS RD

City State Zip Code  
 SCOTTSDALE AZ 85258

Purpose of Disbursement  
 CONTRIBUTION REFUND

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB.531

Date of Disbursement

/   /

Amount of Each Disbursement this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

RAYMOND GREENE

Mailing Address 3039 W WILSHIRE BLVD

City State Zip Code  
 OKLAHOMA CITY OK 73116

Purpose of Disbursement  
 CONTRIBUTION REFUND

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB.522

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

535.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 472 / 480

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☒ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CARMITA GRUNNET

Mailing Address 830 N LA GRANGE RD

City LA GRANGE PK State IL Zip Code 60526

Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.536

Date of Disbursement

/   /

Amount of Each Disbursement this Period

50.00

B.

Full Name (Last, First, Middle Initial)

JAMES HEA

Mailing Address 9130 NW 11TH CT

City FT LAUDERDALE State FL Zip Code 33322

Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.527

Date of Disbursement

/   /

Amount of Each Disbursement this Period

100.00

C.

Full Name (Last, First, Middle Initial)

PATTY HUTCHINSON

Mailing Address 2877 ANTERES ST

City LAS VEGAS State NV Zip Code 89117

Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.521

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1150.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 473 / 480

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☒ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

WILLIAM JOINER

Mailing Address 7634 STONE CROP LANE

City State Zip Code  
 SAN ANTONIO TX 78249

Purpose of Disbursement  
 CONTRIBUTION REFUND

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB.523

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
 07 31 2009

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

WALTER KELLOGG

Mailing Address 148 WEDGEWOOD CT

City State Zip Code  
 SANFORD NC 27332

Purpose of Disbursement  
 CONTRIBUTION REFUND

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB.532

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
 09 04 2009

Amount of Each Disbursement this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

DON KING

Mailing Address 9013 SOMERSET BAY 401

City State Zip Code  
 VERO BEACH FL 32963

Purpose of Disbursement  
 CONTRIBUTION REFUND

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB.525

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
 09 04 2009

Amount of Each Disbursement this Period

25.00

**SUBTOTAL** of Disbursements This Page (optional) .....

**1525.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 474 / 480

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☒ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

SHIRLEY KIPER

Mailing Address 410 LONG DR

City  
KISSIMMEE

State  
FL

Zip Code  
34759

Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB.538

Date of Disbursement

/   /

Amount of Each Disbursement this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

SALLY KLEMP

Mailing Address 20 ORCHID LN N

City  
PLYMOUTH

State  
MI

Zip Code  
55447

Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB.540

Date of Disbursement

/   /

Amount of Each Disbursement this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

NICHOLAS KOSOR

Mailing Address 212 DRAW BRIDGE CT

City  
GREENBURG

State  
PA

Zip Code  
15601

Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB.530

Date of Disbursement

/   /

Amount of Each Disbursement this Period

75.00

**SUBTOTAL** of Disbursements This Page (optional) .....

675.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 475 / 480

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☒ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

EDWARD KUEBLER

Mailing Address 5 HELEN LOIS CT

City  
PIESGROVE

State  
NJ

Zip Code  
08098

Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB.544

Date of Disbursement

/   /

Amount of Each Disbursement this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

PHYLLIS KUHNS

Mailing Address 9541 CARDINAL DR

City  
ST LOUIS

State  
MO

Zip Code  
63126

Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB.537

Date of Disbursement

/   /

Amount of Each Disbursement this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

DONNA MCCLURE

Mailing Address 10037 S 171 ST

City  
OMAHA

State  
NE

Zip Code  
68136

Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB.539

Date of Disbursement

/   /

Amount of Each Disbursement this Period

25.00

**SUBTOTAL** of Disbursements This Page (optional) .....

70.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 476 / 480

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☒ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

FRANCES MOONEY

Mailing Address 2624 SW 81ST ST

City  
OKLAHOMA CITY

State  
OK

Zip Code  
73159

Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB.518

Date of Disbursement

/   /

Amount of Each Disbursement this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

ORACIO NAVARRETE

Mailing Address 4414 LARWIN AVE

City  
CYPRESS

State  
CA

Zip Code  
90630

Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB.519

Date of Disbursement

/   /

Amount of Each Disbursement this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

JAMES PIET

Mailing Address 1 BISHOP GADSDEN WAY

City  
CHARLESTON

State  
SC

Zip Code  
29412

Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB.528

Date of Disbursement

/   /

Amount of Each Disbursement this Period

50.00

**SUBTOTAL** of Disbursements This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 477 / 480

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☒ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MARY RAHRIG

Mailing Address 4533 W QUESTA DR

City  
GLENDALE

State  
AZ

Zip Code  
85310

Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB.529

Date of Disbursement

/   /

Amount of Each Disbursement this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

PATRICIA RITTER

Mailing Address 33738 SABAL WAY

City  
LEESBURG

State  
FL

Zip Code  
34788

Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB.520

Date of Disbursement

/   /

Amount of Each Disbursement this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

WALTER SCHATZ

Mailing Address 12903 COHASSET LN

City  
WOODBIDGE

State  
VA

Zip Code  
22192

Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB.533

Date of Disbursement

/   /

Amount of Each Disbursement this Period

50.00

**SUBTOTAL** of Disbursements This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 478 / 480

<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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CHARLES SCIPIONE

Mailing Address 535 GRADYVILLE RD

City State Zip Code  
 NEWTOWN SQUARE PA 19073

Purpose of Disbursement  
 CONTRIBUTION REFUND

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.524

Date of Disbursement

/   /

Amount of Each Disbursement this Period

30.00

B.

Full Name (Last, First, Middle Initial)

JAMES SIVISON

Mailing Address 2112 DOCKET LANE

City State Zip Code  
 VIENNA VA 22181

Purpose of Disbursement  
 CONTRIBUTION REFUND

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.517

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

C.

Full Name (Last, First, Middle Initial)

WALTER TICE

Mailing Address 1154 DIAMOND ST

City State Zip Code  
 SAN DIEGO CA 92109

Purpose of Disbursement  
 CONTRIBUTION REFUND

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.535

Date of Disbursement

/   /

Amount of Each Disbursement this Period

50.00

**SUBTOTAL** of Disbursements This Page (optional) .....

580.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 479 / 480

<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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ERMA WHITEMORE

Mailing Address 502 CHESTNUT ST

City  
GRENADA

State  
MS

Zip Code  
38901

Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB.526

Date of Disbursement

/   /

Amount of Each Disbursement this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

AMBULATORY ANESTHESIA ASSOCIATION

Mailing Address PO BOX 721076

City  
NORMAN

State  
OK

Zip Code  
73070

Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB.542

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

INTEGRITY LEGAL SUPPORT SOLUTIONS LLC

Mailing Address PO BOX 245

City  
MANCHACA

State  
TX

Zip Code  
78652

Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB.541

Date of Disbursement

/   /

Amount of Each Disbursement this Period

11.00

**SUBTOTAL** of Disbursements This Page (optional) .....

536.00

**TOTAL** This Period (last page this line number only) .....

10371.00

# **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)

PAGE 480 / 480

<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)

COUNTRY FIRST POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
BOB McDONNELL FOR GOVERNOR

Mailing Address 2819 N PARHAM RD STE 210

City RICHMOND State VA Zip Code 23294

Purpose of Disbursement  
NON-FEDERAL DONATION

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2009 ☐ Primary ☒ General ☐ Other (specify) ▼

State: District:

Transaction ID: SB.549

Date of Disbursement

09 / 23 / 2009

Amount of Each Disbursement this Period

5000.00

**B.** Full Name (Last, First, Middle Initial)  
TROY KING FOR ATTORNEY GENERAL

Mailing Address PO BOX 310

City MONTGOMERY State AL Zip Code 36101

Purpose of Disbursement  
NON-FEDERAL DONATION

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2010 ☒ Primary ☐ General ☐ Other (specify) ▼

State: District:

Transaction ID: SB.548

Date of Disbursement

12 / 18 / 2009

Amount of Each Disbursement this Period

5000.00

**C.** Full Name (Last, First, Middle Initial)  
STATE SOCIETY OF ARIZONA

Mailing Address 303 17TH ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
CHARITABLE DONATION

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

State: District:

Transaction ID: SB.547

Date of Disbursement

11 / 04 / 2009

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

15000.00

**TOTAL** This Period (last page this line number only) .....

15000.00