

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 228 S WASHINGTON STREET SUITE 115 ALEXANDRIA VA 22314 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00457705 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X] NEW (N) [] AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31. (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special. (d) 30-Day POST-Election Report for the: General, Runoff, Special. Election on [MM/DD/YYYY] in the State of []

5. Covering Period 04 / 01 / 2018 through 06 / 30 / 2018

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

Type or Print Name of Treasurer

Signature of Treasurer Purpura, Salvatore, , , [Electronically Filed] Date 07 / 01 / 2018

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

COUNTRY FIRST POLITICAL ACTION COMMITTEE

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

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1, <input type="text" value="2018"/> | | 118954.64 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 102763.36 | |
| (c) Total Receipts (from Line 19) | 52934.36 | 132342.18 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 155697.72 | 251296.82 |
| 7. Total Disbursements (from Line 31)..... | 86878.49 | 182477.59 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | 68819.23 | 68819.23 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

COUNTRY FIRST POLITICAL ACTION COMMITTEE

Report Covering the Period: From: M M / D D / Y Y Y Y
04 / 01 / 2018 To: M M / D D / Y Y Y Y
06 / 30 / 2018

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 6500.00 | 31500.00 |
| (ii) Unitemized | 125.00 | 251.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶ | 6625.00 | 31751.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 23500.00 | 62000.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 30125.00 | 93751.00 |
| 12. Transfers From Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received..... | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00 | 2181.82 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 22809.36 | 36409.36 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3)..... | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfers (add 18(a) and 18(b)).. | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶ | 52934.36 | 132342.18 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶ | 52934.36 | 132342.18 |

DETAILED SUMMARY PAGE
of Disbursements

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 86313.41 | 181912.51 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 86313.41 | 181912.51 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 565.08 | 565.08 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 0.00 |
| 29. Other Disbursements (Including Non-Federal Donations)..... | 0.00 | 0.00 |
| 30. Federal Election Activity (52 U.S.C. § 30101(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 86878.49 | 182477.59 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 86878.49 | 182477.59 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

| III. Net Contributions/ Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|---------------------------------------|---|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 30125.00 | 93751.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 30125.00 | 93751.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 86313.41 | 181912.51 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 2181.82 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 86313.41 | 179730.69 |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 6 OF 40 |
| <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. HECKMAN, ROBERT, C., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 143 MARTIN LANE

| | | |
|--------------------|-------------|------------------------|
| City ALEXANDRIA | State VA | Zip Code 22304-7748 |
|--------------------|-------------|------------------------|

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

| | |
|--|---|
| Name of Employer (for Individual) CAPITAL CITY PARTNERS | Occupation (for Individual) CONSULTANT |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 03 | | 2018 |

Transaction ID : SA11A.3121937

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

B. HECKMAN, ROBERT, C., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 143 MARTIN LANE

| | | |
|--------------------|-------------|------------------------|
| City ALEXANDRIA | State VA | Zip Code 22304-7748 |
|--------------------|-------------|------------------------|

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

| | |
|--|---|
| Name of Employer (for Individual) CAPITAL CITY PARTNERS | Occupation (for Individual) CONSULTANT |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | | 04 | | 2018 |

Transaction ID : SA11A.3121947

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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

Mailing Address 345 PARK AVE., 44TH FL.

| | | |
|------------------|-------------|------------------------|
| City NEW YORK | State NY | Zip Code 10154-0004 |
|------------------|-------------|------------------------|

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

| | |
|---|---|
| Name of Employer (for Individual) BLACKSTONE | Occupation (for Individual) CEO & CHAIRMAN |
|---|---|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 18 | | 2018 |

Transaction ID : SA11A.3121940

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 6500.00 |
| TOTAL This Period (last page this line number only)..... | 6500.00 |

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

| | | | |
|---|------------------------------|---|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 7 OF 40 |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" 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. COMCAST CORPORATION PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1701 J.F.K. BLVD.
ONE COMCAST CENTER

| | | |
|----------------------|-------------|------------------------|
| City PHILADELPHIA | State PA | Zip Code 19103-2838 |
|----------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** C00248716

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 25 / 2018

Transaction ID : SA11C.3121946

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

B. FEDERAL EXPRESS PAC (FEDEXPAC)
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 942 SHADY GROVE RD S., FL-1

| | | |
|-----------------|-------------|------------------------|
| City MEMPHIS | State TN | Zip Code 38120-4117 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** C00068692

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 03 / 2018

Transaction ID : SA11C.3121934

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

C. HUNTINGTON INGALLS INDUSTRIES, INC. PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 300 M. STREET SE, STE. 350

| | | |
|--------------------|-------------|------------------------|
| City WASHINGTON | State DC | Zip Code 20003-3436 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** C00325092

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 25 / 2018

Transaction ID : SA11C.3121945

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 8500.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | | |
|---|------------------------------|---|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 8 OF 40 |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" 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. LOCKHEED MARTIN EMPLOYEES' PAC

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

Mailing Address 2121 CRYSTAL DR. STE. 100

| | | |
|-------------------|-------------|------------------------|
| City ARLINGTON | State VA | Zip Code 22202-3706 |
|-------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** C00303024

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 04 | / | 2018 |

Transaction ID : SA11C.3121943

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

B. MACANDREWS & FORBES HOLDINGS INC. PAC (MAFPAC)

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

Mailing Address 35 E. 62ND STREET

| | | |
|------------------|-------------|------------------------|
| City NEW YORK | State NY | Zip Code 10065-8014 |
|------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** C00432856

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | / | 03 | / | 2018 |

Transaction ID : SA11C.3121936

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

C. ORBITAL ATK, INC. PAC

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

Mailing Address 1300 WILSON BLVD, STE 1100

| | | |
|-------------------|-------------|------------------------|
| City ARLINGTON | State VA | Zip Code 22209-2313 |
|-------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** C00250209

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 19 | / | 2018 |

Transaction ID : SA11C.3121944

Amount of Each Receipt this Period
1500.00

Memo Item
CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 7500.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | |
|---|------------------------------|---|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 9 OF 40 |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" 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. PINNACLE WEST CAPITAL CORPORATION PAC

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

Mailing Address 400 N. 5TH STREET

| | | |
|-----------------|-------------|------------------------|
| City PHOENIX | State AZ | Zip Code 85004-3902 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** C00015933

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 03 | | 2018 |

Transaction ID : SA11C.3121933

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

B. SCIENCE APPLICATIONS INTERNATIONAL CORPORATION VOLUNTARY PAC

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

Mailing Address 151 LAFAYETTE DRIVE

| | | |
|-------------------|-------------|------------------------|
| City OAK RIDGE | State TN | Zip Code 37830-6865 |
|-------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** C00300418

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 03 | | 2018 |

Transaction ID : SA11C.3121933

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

C.

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

| | |
|---|----------|
| SUBTOTAL of Receipts This Page (optional)..... | 7500.00 |
| TOTAL This Period (last page this line number only)..... | 23500.00 |

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

| | | | |
|---|------------------------------|-----------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 10 OF 40 |
| <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 of Individual (Last, First, Middle Initial) or Full Organization Name
WATKINS, DERBY, H, ,

Mailing Address 16301 KELLY WOODS DR

| | | |
|------------------|-------------|-------------------|
| City FT MYERS | State FL | Zip Code 33908 |
|------------------|-------------|-------------------|

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

| | |
|--|---|
| Name of Employer (for Individual) SELF-EMPLOYED | Occupation (for Individual) CONSULTANT |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
36409.36

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | | 02 | | 2018 |

Transaction ID : SA17.1

Amount of Each Receipt this Period
22809.36

Memo Item
LIST RENTAL INCOME

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

| | |
|---|----------|
| SUBTOTAL of Receipts This Page (optional)..... | 22809.36 |
| TOTAL This Period (last page this line number only)..... | 22809.36 |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
COUNTRY FIRST POLITICAL ACTION COMMITTEE

| | | | |
|---|--|---|---------------------------------------|
| Full Name (Last, First, Middle Initial) A. HALLISEY, TAMARA, , , | | Date of Disbursement MM / DD / YYYY 04 / 15 / 2018 | |
| Mailing Address 228 S WASHINGTON ST STE 115 | | FEC Identification Number C [] Transaction ID : SB21B.67 Amount of Each Disbursement this Period [] 871.38 | |
| City ALEXANDRIA | State VA | Zip Code 22314 | Category/ Type [] |
| Purpose of Disbursement PAYROLL | | Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Memo Item <input type="checkbox"/> |
| State: District: | | | |

| | | | |
|---|--|---|---------------------------------------|
| Full Name (Last, First, Middle Initial) B. HALLISEY, TAMARA, , , | | Date of Disbursement MM / DD / YYYY 04 / 30 / 2018 | |
| Mailing Address 228 S WASHINGTON ST STE 115 | | FEC Identification Number C [] Transaction ID : SB21B.68 Amount of Each Disbursement this Period [] 871.38 | |
| City ALEXANDRIA | State VA | Zip Code 22314 | Category/ Type [] |
| Purpose of Disbursement PAYROLL | | Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Memo Item <input type="checkbox"/> |
| State: District: | | | |

| | | | |
|---|--|---|---------------------------------------|
| Full Name (Last, First, Middle Initial) C. HALLISEY, TAMARA, , , | | Date of Disbursement MM / DD / YYYY 05 / 15 / 2018 | |
| Mailing Address 228 S WASHINGTON ST STE 115 | | FEC Identification Number C [] Transaction ID : SB21B.69 Amount of Each Disbursement this Period [] 871.38 | |
| City ALEXANDRIA | State VA | Zip Code 22314 | Category/ Type [] |
| Purpose of Disbursement PAYROLL | | Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Memo Item <input type="checkbox"/> |
| State: District: | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | [] 2614.14 |
| TOTAL This Period (last page this line number only).....▶ | [] |

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

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

FOR LINE NUMBER:
(check only one)

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

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

| | | | |
|---|--|---|---------------------------------------|
| Full Name (Last, First, Middle Initial) A. HALLISEY, TAMARA, , , | | Date of Disbursement MM / DD / YYYY 05 / 31 / 2018 | |
| Mailing Address 228 S WASHINGTON ST STE 115 | | FEC Identification Number C [] Transaction ID : SB21B.70 Amount of Each Disbursement this Period [] 871.38 | |
| City ALEXANDRIA | State VA | Zip Code 22314 | Category/ Type [] |
| Purpose of Disbursement PAYROLL | | Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Memo Item <input type="checkbox"/> |
| State: District: | | | |

| | | | |
|---|--|---|---------------------------------------|
| Full Name (Last, First, Middle Initial) B. HALLISEY, TAMARA, , , | | Date of Disbursement MM / DD / YYYY 06 / 15 / 2018 | |
| Mailing Address 228 S WASHINGTON ST STE 115 | | FEC Identification Number C [] Transaction ID : SB21B.71 Amount of Each Disbursement this Period [] 871.38 | |
| City ALEXANDRIA | State VA | Zip Code 22314 | Category/ Type [] |
| Purpose of Disbursement PAYROLL | | Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Memo Item <input type="checkbox"/> |
| State: District: | | | |

| | | | |
|---|--|---|---------------------------------------|
| Full Name (Last, First, Middle Initial) C. HALLISEY, TAMARA, , , | | Date of Disbursement MM / DD / YYYY 06 / 30 / 2018 | |
| Mailing Address 228 S WASHINGTON ST STE 115 | | FEC Identification Number C [] Transaction ID : SB21B.72 Amount of Each Disbursement this Period [] 871.38 | |
| City ALEXANDRIA | State VA | Zip Code 22314 | Category/ Type [] |
| Purpose of Disbursement PAYROLL | | Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Memo Item <input type="checkbox"/> |
| State: District: | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | [] 2614.14 |
| TOTAL This Period (last page this line number only).....▶ | [] |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
COUNTRY FIRST POLITICAL ACTION COMMITTEE

| | | | |
|---|--|---|--------------------------|
| Full Name (Last, First, Middle Initial) A. JOHNSON, AMBER, , , | | Date of Disbursement M M / D D / Y Y Y Y Y Y 04 / 15 / 2018 | |
| Mailing Address 228 S WASHINGTON ST STE 115 | | FEC Identification Number C [] Transaction ID : SB21B.1 Amount of Each Disbursement this Period [] 3204.84 | |
| City ALEXANDRIA | State VA | Zip Code 22314 | Category/ Type [] |
| Purpose of Disbursement PAYROLL | | Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | Memo Item <input type="checkbox"/> | | |
| Full Name (Last, First, Middle Initial) B. JOHNSON, AMBER, , , | | Date of Disbursement M M / D D / Y Y Y Y Y Y 04 / 30 / 2018 | |
| Mailing Address 228 S WASHINGTON ST STE 115 | | FEC Identification Number C [] Transaction ID : SB21B.2 Amount of Each Disbursement this Period [] 3204.84 | |
| City ALEXANDRIA | State VA | Zip Code 22314 | Category/ Type [] |
| Purpose of Disbursement PAYROLL | | Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | Memo Item <input type="checkbox"/> | | |
| Full Name (Last, First, Middle Initial) C. JOHNSON, AMBER, , , | | Date of Disbursement M M / D D / Y Y Y Y Y Y 05 / 15 / 2018 | |
| Mailing Address 228 S WASHINGTON ST STE 115 | | FEC Identification Number C [] Transaction ID : SB21B.3 Amount of Each Disbursement this Period [] 3204.84 | |
| City ALEXANDRIA | State VA | Zip Code 22314 | Category/ Type [] |
| Purpose of Disbursement PAYROLL | | Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | Memo Item <input type="checkbox"/> | | |
| SUBTOTAL of Disbursements This Page (optional)..... ▶ | | [] 9614.52 | |
| 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)

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

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NAME OF COMMITTEE (In Full)
COUNTRY FIRST POLITICAL ACTION COMMITTEE

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. JOHNSON, AMBER, , , | | Date of Disbursement MM / DD / YYYY 05 / 31 / 2018 |
| Mailing Address 228 S WASHINGTON ST STE 115 | | FEC Identification Number C [] Transaction ID : SB21B.4 Amount of Each Disbursement this Period [] 3204.84 |
| City ALEXANDRIA | State VA | Zip Code 22314 |
| Purpose of Disbursement PAYROLL | | Category/ Type [] |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | <input type="checkbox"/> Memo Item | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. JOHNSON, AMBER, , , | | Date of Disbursement MM / DD / YYYY 06 / 15 / 2018 |
| Mailing Address 228 S WASHINGTON ST STE 115 | | FEC Identification Number C [] Transaction ID : SB21B.5 Amount of Each Disbursement this Period [] 3204.84 |
| City ALEXANDRIA | State VA | Zip Code 22314 |
| Purpose of Disbursement PAYROLL | | Category/ Type [] |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | <input type="checkbox"/> Memo Item | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. JOHNSON, AMBER, , , | | Date of Disbursement MM / DD / YYYY 06 / 30 / 2018 |
| Mailing Address 228 S WASHINGTON ST STE 115 | | FEC Identification Number C [] Transaction ID : SB21B.6 Amount of Each Disbursement this Period [] 3204.84 |
| City ALEXANDRIA | State VA | Zip Code 22314 |
| Purpose of Disbursement PAYROLL | | Category/ Type [] |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | <input type="checkbox"/> Memo Item | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | [] 9614.52 |
| 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)

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

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NAME OF COMMITTEE (In Full)
COUNTRY FIRST POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. PURPURA, SALVATORE, , ,

Mailing Address 228 S WASHINGTON ST STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
04 / 15 / 2018

FEC Identification Number

C
Transaction ID : SB21B.61
Amount of Each Disbursement this Period
266.32

Memo Item

Full Name (Last, First, Middle Initial)

B. PURPURA, SALVATORE, , ,

Mailing Address 228 S WASHINGTON ST STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
04 / 30 / 2018

FEC Identification Number

C
Transaction ID : SB21B.62
Amount of Each Disbursement this Period
266.32

Memo Item

Full Name (Last, First, Middle Initial)

C. PURPURA, SALVATORE, , ,

Mailing Address 228 S WASHINGTON ST STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 15 / 2018

FEC Identification Number

C
Transaction ID : SB21B.63
Amount of Each Disbursement this Period
266.32

Memo Item

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

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

798.96

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
COUNTRY FIRST POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. PURPURA, SALVATORE, , ,

Mailing Address 228 S WASHINGTON ST STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 31 / 2018

FEC Identification Number

C
Transaction ID : SB21B.64
Amount of Each Disbursement this Period
266.32

Memo Item

Full Name (Last, First, Middle Initial)

B. PURPURA, SALVATORE, , ,

Mailing Address 228 S WASHINGTON ST STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 15 / 2018

FEC Identification Number

C
Transaction ID : SB21B.65
Amount of Each Disbursement this Period
266.32

Memo Item

Full Name (Last, First, Middle Initial)

C. PURPURA, SALVATORE, , ,

Mailing Address 228 S WASHINGTON ST STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2018

FEC Identification Number

C
Transaction ID : SB21B.66
Amount of Each Disbursement this Period
266.32

Memo Item

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

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

798.96

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
COUNTRY FIRST POLITICAL ACTION COMMITTEE

| | | | |
|---|--|---|-------------------|
| Full Name (Last, First, Middle Initial) A. SALTER, MARSHALL, , , | | Date of Disbursement MM / DD / YYYY 04 / 24 / 2018 | |
| Mailing Address 308 W MYRTLE ST | | FEC Identification Number C [REDACTED] Transaction ID : SB21B.41 Amount of Each Disbursement this Period 8140.00 | |
| City ALEXANDRIA | State VA | Zip Code 22301 | Category/ Type |
| Purpose of Disbursement COMMUNICATIONS CONSULTING/TRAVEL | | | |
| Candidate Name | | Memo Item <input type="checkbox"/> | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

| | | | |
|---|--|---|-------------------|
| Full Name (Last, First, Middle Initial) B. AMERICAN AIRLINES | | Date of Disbursement MM / DD / YYYY 04 / 24 / 2018 | |
| Mailing Address PO BOX 582820 | | FEC Identification Number C [REDACTED] Transaction ID : SB21B.602 Amount of Each Disbursement this Period 939.00 | |
| City TULSA | State OK | Zip Code 74158 | Category/ Type |
| Purpose of Disbursement TRAVEL | | | |
| Candidate Name | | Memo Item <input checked="" type="checkbox"/> | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

| | | | |
|---|--|---|-------------------|
| Full Name (Last, First, Middle Initial) C. CAMBY HOTEL | | Date of Disbursement MM / DD / YYYY 04 / 24 / 2018 | |
| Mailing Address 2401 E CAMELBACK | | FEC Identification Number C [REDACTED] Transaction ID : SB21B.600 Amount of Each Disbursement this Period 387.84 | |
| City PHOENIX | State AZ | Zip Code 85016 | Category/ Type |
| Purpose of Disbursement TRAVEL | | | |
| Candidate Name | | Memo Item <input checked="" type="checkbox"/> | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 8140.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
COUNTRY FIRST POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. SAGUARO HOTEL

Mailing Address 4000 N DRINKWATER BLVD

City SCOTTSDALE State AZ Zip Code 85251

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 24 / 2018

FEC Identification Number

C
Transaction ID : SB21B.601
Amount of Each Disbursement this Period
1019.93

Memo Item

Full Name (Last, First, Middle Initial)

B. SALTER, MARSHALL, , ,

Mailing Address 308 W MYRTLE ST

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement
COMMUNICATIONS CONSULTING/TRAVEL

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 30 / 2018

FEC Identification Number

C
Transaction ID : SB21B.42
Amount of Each Disbursement this Period
7932.00

Memo Item

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address PO BOX 582820

City TULSA State OK Zip Code 74158

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 30 / 2018

FEC Identification Number

C
Transaction ID : SB21B.603
Amount of Each Disbursement this Period
1932.00

Memo Item

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

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

7932.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
COUNTRY FIRST POLITICAL ACTION COMMITTEE

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. BRADLEY PATRICK GROUP LLC | | Date of Disbursement MM / DD / YYYY 05 / 24 / 2018 |
| Mailing Address 1020 N FAIRFAX ST | | FEC Identification Number C [] Transaction ID : SB21B.7 Amount of Each Disbursement this Period 6365.00 |
| City ALEXANDRIA | State VA | Zip Code 22314 |
| Purpose of Disbursement FINANCE CONSULTING/TRAVEL | | Category/ Type [] |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | <input type="checkbox"/> Memo Item | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. CAMPAIGN SOLUTIONS | | Date of Disbursement MM / DD / YYYY 05 / 07 / 2018 |
| Mailing Address 117 N ST ASAPH ST | | FEC Identification Number C [] Transaction ID : SB21B.10 Amount of Each Disbursement this Period 150.00 |
| City ALEXANDRIA | State VA | Zip Code 22314 |
| Purpose of Disbursement WEB SERVICE | | Category/ Type [] |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | <input type="checkbox"/> Memo Item | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. CAMPAIGN SOLUTIONS | | Date of Disbursement MM / DD / YYYY 06 / 08 / 2018 |
| Mailing Address 117 N ST ASAPH ST | | FEC Identification Number C [] Transaction ID : SB21B.11 Amount of Each Disbursement this Period 150.04 |
| City ALEXANDRIA | State VA | Zip Code 22314 |
| Purpose of Disbursement WEB SERVICE | | Category/ Type [] |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | <input type="checkbox"/> Memo Item | |

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|--|---------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 6665.04 |
| TOTAL This Period (last page this line number only).....▶ | [] |

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

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

FOR LINE NUMBER:
(check only one)

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

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. CAMPAIGN SOLUTIONS | | Date of Disbursement MM / DD / YYYY 04 / 06 / 2018 |
| Mailing Address 117 N ST ASAPH ST | | FEC Identification Number C [] Transaction ID : SB21B.8 Amount of Each Disbursement this Period [] 150.00 |
| City ALEXANDRIA | State VA | Zip Code 22314 |
| Purpose of Disbursement WEB SERVICE | | Category/ Type [] |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | <input type="checkbox"/> Memo Item | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. CAMPAIGN SOLUTIONS | | Date of Disbursement MM / DD / YYYY 04 / 11 / 2018 |
| Mailing Address 117 N ST ASAPH ST | | FEC Identification Number C [] Transaction ID : SB21B.9 Amount of Each Disbursement this Period [] 1591.10 |
| City ALEXANDRIA | State VA | Zip Code 22314 |
| Purpose of Disbursement WEB SERVICE | | Category/ Type [] |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | <input type="checkbox"/> Memo Item | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. CAPLIN & DRYSDALE | | Date of Disbursement MM / DD / YYYY 04 / 28 / 2018 |
| Mailing Address ONE THOMAS CIR NW STE 1100 | | FEC Identification Number C [] Transaction ID : SB21B.13 Amount of Each Disbursement this Period [] 3768.00 |
| City WASHINGTON | State DC | Zip Code 20005 |
| Purpose of Disbursement LEGAL CONSULTING | | Category/ Type [] |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | <input type="checkbox"/> Memo Item | |

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | [] 5509.10 |
| TOTAL This Period (last page this line number only).....▶ | [] |

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
COUNTRY FIRST POLITICAL ACTION COMMITTEE

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. CHAIN BRIDGE BANK | | Date of Disbursement MM / DD / YYYY 04 / 13 / 2018 |
| Mailing Address 1445-A LAUGHLIN AVE | | FEC Identification Number C [] Transaction ID : SB21B.14 Amount of Each Disbursement this Period [] 41.14 |
| City MCLEAN | State VA | Zip Code 22101 |
| Purpose of Disbursement BANK FEE | | Category/ Type [] |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | <input type="checkbox"/> Memo Item | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. CHAIN BRIDGE BANK | | Date of Disbursement MM / DD / YYYY 05 / 15 / 2018 |
| Mailing Address 1445-A LAUGHLIN AVE | | FEC Identification Number C [] Transaction ID : SB21B.15 Amount of Each Disbursement this Period [] 8.74 |
| City MCLEAN | State VA | Zip Code 22101 |
| Purpose of Disbursement BANK FEE | | Category/ Type [] |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | <input type="checkbox"/> Memo Item | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. CHAIN BRIDGE BANK | | Date of Disbursement MM / DD / YYYY 06 / 15 / 2018 |
| Mailing Address 1445-A LAUGHLIN AVE | | FEC Identification Number C [] Transaction ID : SB21B.16 Amount of Each Disbursement this Period [] 16.77 |
| City MCLEAN | State VA | Zip Code 22101 |
| Purpose of Disbursement BANK FEE | | Category/ Type [] |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | <input type="checkbox"/> Memo Item | |

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

66.65

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)

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

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NAME OF COMMITTEE (In Full)
COUNTRY FIRST POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL RD

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement DATABASE MANAGEMENT

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
04 / 03 / 2018

FEC Identification Number

C
Transaction ID : SB21B.17
 Amount of Each Disbursement this Period
 400.00

Memo Item

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 1593 SPRING HILL RD

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement DATABASE MANAGEMENT

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
05 / 02 / 2018

FEC Identification Number

C
Transaction ID : SB21B.18
 Amount of Each Disbursement this Period
 550.00

Memo Item

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 1593 SPRING HILL RD

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement DATABASE MANAGEMENT

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
06 / 05 / 2018

FEC Identification Number

C
Transaction ID : SB21B.19
 Amount of Each Disbursement this Period
 450.00

Memo Item

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

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

1400.00

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
COUNTRY FIRST POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. EDONATION

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 04 | | 03 | | 2018 |

Mailing Address 117 NORTH ST ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

FEC Identification Number

C []

Purpose of Disbursement CREDIT CARD MERCHANT FEE

Transaction ID : SB21B.20

Candidate Name

Amount of Each Disbursement this Period

[] 104.76

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

Memo Item

Full Name (Last, First, Middle Initial)

B. EDONATION

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 05 | | 02 | | 2018 |

Mailing Address 117 NORTH ST ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

FEC Identification Number

C []

Purpose of Disbursement CREDIT CARD MERCHANT FEE

Transaction ID : SB21B.21

Candidate Name

Amount of Each Disbursement this Period

[] 4.41

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

Memo Item

Full Name (Last, First, Middle Initial)

C. EDONATION

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 06 | | 04 | | 2018 |

Mailing Address 117 NORTH ST ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

FEC Identification Number

C []

Purpose of Disbursement CREDIT CARD MERCHANT FEE

Transaction ID : SB21B.22

Candidate Name

Amount of Each Disbursement this Period

[] 65.05

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

Memo Item

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

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

[] 174.22

[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
COUNTRY FIRST POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. FIRST BANKCARD

Mailing Address PO BOX 2340

City OMAHA State NE Zip Code 68103

Purpose of Disbursement
CREDIT CARD PAYMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 04 / 2018

FEC Identification Number

C

Transaction ID : SB21B.23

Amount of Each Disbursement this Period

378.50

Memo Item

Full Name (Last, First, Middle Initial)

B. AT&T MOBILITY

Mailing Address PO BOX 6463

City CAROL STREAM State IL Zip Code 60197

Purpose of Disbursement
PHONE SVC

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 04 / 2018

FEC Identification Number

C

Transaction ID : SB21B.500

Amount of Each Disbursement this Period

297.02

Memo Item

Full Name (Last, First, Middle Initial)

C. STAPLES.COM

Mailing Address DEPT DC PO BOX 415256

City BOSTON State MA Zip Code 02241

Purpose of Disbursement
TONER

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 04 / 2018

FEC Identification Number

C

Transaction ID : SB21B.501

Amount of Each Disbursement this Period

81.48

Memo Item

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

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

378.50

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

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

FOR LINE NUMBER:
(check only one)

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

Full Name (Last, First, Middle Initial)

A. FIRST BANKCARD

Mailing Address PO BOX 2340

City
OMAHA

State
NE

Zip Code
68103

Purpose of Disbursement
CREDIT CARD PAYMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | | 2 | 8 | | 2 | 0 | 1 | 8 |

FEC Identification Number

C []

Transaction ID : SB21B.24

Amount of Each Disbursement this Period

[] 3333.68

Memo Item

Full Name (Last, First, Middle Initial)

B. AT&T MOBILITY

Mailing Address PO BOX 6463

City
CAROL STREAM

State
IL

Zip Code
60197

Purpose of Disbursement
PHONE SVC

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | | 2 | 8 | | 2 | 0 | 1 | 8 |

FEC Identification Number

C []

Transaction ID : SB21B.502

Amount of Each Disbursement this Period

[] 296.73

Memo Item

Full Name (Last, First, Middle Initial)

C. THE SOURCE

Mailing Address 575 PENNSYLVANIA AVE NW

City
WASHINGTON

State
DC

Zip Code
20565

Purpose of Disbursement
FACILITY RENTAL/CATERING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | | 2 | 8 | | 2 | 0 | 1 | 8 |

FEC Identification Number

C []

Transaction ID : SB21B.503

Amount of Each Disbursement this Period

[] 3036.95

Memo Item

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

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

[] 3333.68

[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
COUNTRY FIRST POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. FIRST BANKCARD

Mailing Address PO BOX 2340

City
OMAHA

State
NE

Zip Code
68103

Purpose of Disbursement
CREDIT CARD PAYMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.25

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. US POSTMASTER

Mailing Address BRE PERMIT

City
MERRIFIELD

State
VA

Zip Code
22116

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.504

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. VERIZON-75266

Mailing Address PO BOX 660720

City
DALLAS

State
TX

Zip Code
75266

Purpose of Disbursement
PHONE SVC

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.505

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
COUNTRY FIRST POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. FIRST BANKCARD

Mailing Address PO BOX 2340

City OMAHA State NE Zip Code 68103

Purpose of Disbursement
CREDIT CARD PAYMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 05 / 2018

FEC Identification Number

C

Transaction ID : SB21B.26

Amount of Each Disbursement this Period

296.73

Memo Item

Full Name (Last, First, Middle Initial)

B. AT&T MOBILITY

Mailing Address PO BOX 6463

City CAROL STREAM State IL Zip Code 60197

Purpose of Disbursement
PHONE SVC

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 05 / 2018

FEC Identification Number

C

Transaction ID : SB21B.506

Amount of Each Disbursement this Period

296.73

Memo Item

Full Name (Last, First, Middle Initial)

C. FIRST BANKCARD

Mailing Address PO BOX 2340

City OMAHA State NE Zip Code 68103

Purpose of Disbursement
CREDIT CARD PAYMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 15 / 2018

FEC Identification Number

C

Transaction ID : SB21B.27

Amount of Each Disbursement this Period

59.80

Memo Item

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

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

356.53

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
COUNTRY FIRST POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. VERIZON-75266

Mailing Address PO BOX 660720

City
DALLAS

State
TX

Zip Code
75266

Purpose of Disbursement
PHONE SVC

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 06 | | | 08 | | | 2018 | | | |

FEC Identification Number

C []

Transaction ID : SB21B.507

Amount of Each Disbursement this Period

[] 59.80 []

Memo Item

Full Name (Last, First, Middle Initial)

B. 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

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 05 | | | 03 | | | 2018 | | | |

FEC Identification Number

C []

Transaction ID : SB21B.28

Amount of Each Disbursement this Period

[] 826.96 []

Memo Item

Full Name (Last, First, Middle Initial)

C. INSPERITY

Mailing Address 19001 CRESCENT SPRINGS DR

City
KINGWOOD

State
TX

Zip Code
77339

Purpose of Disbursement
PAYROLL SVC-INSUR-TAXES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 04 | | | 15 | | | 2018 | | | |

FEC Identification Number

C []

Transaction ID : SB21B.29

Amount of Each Disbursement this Period

[] 2241.05 []

Memo Item

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

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

[] 3068.01 []

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
COUNTRY FIRST POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. INSPERITY

Mailing Address 19001 CRESCENT SPRINGS DR

City KINGWOOD State TX Zip Code 77339

Purpose of Disbursement
PAYROLL SVC-INSUR-TAXES

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
04 / 30 / 2018

FEC Identification Number

C
Transaction ID : SB21B.30
 Amount of Each Disbursement this Period
 2236.55

Memo Item

Full Name (Last, First, Middle Initial)

B. INSPERITY

Mailing Address 19001 CRESCENT SPRINGS DR

City KINGWOOD State TX Zip Code 77339

Purpose of Disbursement
PAYROLL SVC-INSUR-TAXES

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
05 / 15 / 2018

FEC Identification Number

C
Transaction ID : SB21B.31
 Amount of Each Disbursement this Period
 2215.31

Memo Item

Full Name (Last, First, Middle Initial)

C. INSPERITY

Mailing Address 19001 CRESCENT SPRINGS DR

City KINGWOOD State TX Zip Code 77339

Purpose of Disbursement
PAYROLL SVC-INSUR-TAXES

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
05 / 31 / 2018

FEC Identification Number

C
Transaction ID : SB21B.32
 Amount of Each Disbursement this Period
 2375.63

Memo Item

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

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

6827.49

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
COUNTRY FIRST POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. INSPERITY

Mailing Address 19001 CRESCENT SPRINGS DR

City KINGWOOD State TX Zip Code 77339

Purpose of Disbursement
PAYROLL SVC-INSUR-TAXES

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 15 / 2018

FEC Identification Number

C
Transaction ID : SB21B.33
Amount of Each Disbursement this Period
2213.80

Memo Item

Full Name (Last, First, Middle Initial)

B. INSPERITY

Mailing Address 19001 CRESCENT SPRINGS DR

City KINGWOOD State TX Zip Code 77339

Purpose of Disbursement
PAYROLL SVC-INSUR-TAXES

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2018

FEC Identification Number

C
Transaction ID : SB21B.34
Amount of Each Disbursement this Period
2169.76

Memo Item

Full Name (Last, First, Middle Initial)

C. INTERNAL REVENUE SERVICE

Mailing Address 400 N EIGHTH ST

City RICHMOND State VA Zip Code 23219

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 15 / 2018

FEC Identification Number

C
Transaction ID : SB21B.35
Amount of Each Disbursement this Period
1510.24

Memo Item

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

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

5893.80

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
COUNTRY FIRST POLITICAL ACTION COMMITTEE

A. INTERNAL REVENUE SERVICE

Full Name (Last, First, Middle Initial)

Mailing Address 400 N EIGHTH ST

City RICHMOND State VA Zip Code 23219

Purpose of Disbursement PAYROLL TAXES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 30 / 2018

FEC Identification Number: C

Transaction ID : SB21B.36

Amount of Each Disbursement this Period: 1510.24

Memo Item

B. INTERNAL REVENUE SERVICE

Full Name (Last, First, Middle Initial)

Mailing Address 400 N EIGHTH ST

City RICHMOND State VA Zip Code 23219

Purpose of Disbursement PAYROLL TAXES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 05 / 15 / 2018

FEC Identification Number: C

Transaction ID : SB21B.37

Amount of Each Disbursement this Period: 1510.24

Memo Item

C. INTERNAL REVENUE SERVICE

Full Name (Last, First, Middle Initial)

Mailing Address 400 N EIGHTH ST

City RICHMOND State VA Zip Code 23219

Purpose of Disbursement PAYROLL TAXES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 05 / 31 / 2018

FEC Identification Number: C

Transaction ID : SB21B.38

Amount of Each Disbursement this Period: 1510.24

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 4530.72

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
COUNTRY FIRST POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. INTERNAL REVENUE SERVICE

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 1 | 5 | | 2 | 0 | 1 | 8 |

Mailing Address 400 N EIGHTH ST

City RICHMOND State VA Zip Code 23219

Purpose of Disbursement
PAYROLL TAXES

FEC Identification Number

| |
|---|
| C |
|---|

Transaction ID : SB21B.39
Amount of Each Disbursement this Period

| |
|---------|
| 1510.24 |
|---------|

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

B. INTERNAL REVENUE SERVICE

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 3 | 0 | | 2 | 0 | 1 | 8 |

Mailing Address 400 N EIGHTH ST

City RICHMOND State VA Zip Code 23219

Purpose of Disbursement
PAYROLL TAXES

FEC Identification Number

| |
|---|
| C |
|---|

Transaction ID : SB21B.40
Amount of Each Disbursement this Period

| |
|---------|
| 1510.24 |
|---------|

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

C. MD STATE DEPARTMENT OF TAXATION

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | | 1 | 5 | | 2 | 0 | 1 | 8 |

Mailing Address 301 W PRESTON ST

City BALTIMORE State MD Zip Code 21201

Purpose of Disbursement
PAYROLL TAXES

FEC Identification Number

| |
|---|
| C |
|---|

Transaction ID : SB21B.43
Amount of Each Disbursement this Period

| |
|--------|
| 349.67 |
|--------|

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

Memo Item

State: District:

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

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

| |
|---------|
| 3370.15 |
|---------|

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
COUNTRY FIRST POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. MD STATE DEPARTMENT OF TAXATION

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 04 | | 30 | | 2018 |

Mailing Address 301 W PRESTON ST

FEC Identification Number

| |
|---|
| C |
|---|

Transaction ID : SB21B.44
Amount of Each Disbursement this Period

| |
|--------|
| 349.67 |
|--------|

Memo Item

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:

Full Name (Last, First, Middle Initial)

B. MD STATE DEPARTMENT OF TAXATION

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 05 | | 15 | | 2018 |

Mailing Address 301 W PRESTON ST

FEC Identification Number

| |
|---|
| C |
|---|

Transaction ID : SB21B.45
Amount of Each Disbursement this Period

| |
|--------|
| 349.67 |
|--------|

Memo Item

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:

Full Name (Last, First, Middle Initial)

C. MD STATE DEPARTMENT OF TAXATION

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Mailing Address 301 W PRESTON ST

FEC Identification Number

| |
|---|
| C |
|---|

Transaction ID : SB21B.46
Amount of Each Disbursement this Period

| |
|--------|
| 349.67 |
|--------|

Memo Item

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:

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

| |
|---------|
| 1049.01 |
|---------|

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
COUNTRY FIRST POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. MD STATE DEPARTMENT OF TAXATION

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 1 | 5 | | 2 | 0 | 1 | 8 |

Mailing Address 301 W PRESTON ST

FEC Identification Number

C []

Transaction ID : SB21B.47
Amount of Each Disbursement this Period

[] 349.67

Memo Item

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:

Full Name (Last, First, Middle Initial)

B. MD STATE DEPARTMENT OF TAXATION

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 3 | 0 | | 2 | 0 | 1 | 8 |

Mailing Address 301 W PRESTON ST

FEC Identification Number

C []

Transaction ID : SB21B.48
Amount of Each Disbursement this Period

[] 349.67

Memo Item

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:

Full Name (Last, First, Middle Initial)

C. NEW YORK DEPARTMENT OF TAX

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | | 1 | 5 | | 2 | 0 | 1 | 8 |

Mailing Address WA HARRIMAN CAMPUS

FEC Identification Number

C []

Transaction ID : SB21B.49
Amount of Each Disbursement this Period

[] 53.73

Memo Item

City ALBANY State NY Zip Code 12227

Purpose of Disbursement
PAYROLL TAXES

[]

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

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

[] 753.07

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

[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
COUNTRY FIRST POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. NEW YORK DEPARTMENT OF TAX

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 04 | | 30 | | 2018 |

Mailing Address WA HARRIMAN CAMPUS

FEC Identification Number

C

Transaction ID : SB21B.50

Amount of Each Disbursement this Period

53.73

Memo Item

City ALBANY State NY Zip Code 12227

Purpose of Disbursement
PAYROLL TAXES

Category/Type

Candidate Name

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

Full Name (Last, First, Middle Initial)

B. NEW YORK DEPARTMENT OF TAX

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 05 | | 15 | | 2018 |

Mailing Address WA HARRIMAN CAMPUS

FEC Identification Number

C

Transaction ID : SB21B.51

Amount of Each Disbursement this Period

53.73

Memo Item

City ALBANY State NY Zip Code 12227

Purpose of Disbursement
PAYROLL TAXES

Category/Type

Candidate Name

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

Full Name (Last, First, Middle Initial)

C. NEW YORK DEPARTMENT OF TAX

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Mailing Address WA HARRIMAN CAMPUS

FEC Identification Number

C

Transaction ID : SB21B.52

Amount of Each Disbursement this Period

53.73

Memo Item

City ALBANY State NY Zip Code 12227

Purpose of Disbursement
PAYROLL TAXES

Category/Type

Candidate Name

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

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

161.19

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
COUNTRY FIRST POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. NEW YORK DEPARTMENT OF TAX

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 1 | 5 | | 2 | 0 | 1 | 8 |

Mailing Address WA HARRIMAN CAMPUS

FEC Identification Number

C []
Transaction ID : SB21B.53
 Amount of Each Disbursement this Period
 [] 53.73

City ALBANY State NY Zip Code 12227

Purpose of Disbursement
PAYROLL TAXES

[]
Category/
Type

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

B. NEW YORK DEPARTMENT OF TAX

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 3 | 0 | | 2 | 0 | 1 | 8 |

Mailing Address WA HARRIMAN CAMPUS

FEC Identification Number

C []
Transaction ID : SB21B.54
 Amount of Each Disbursement this Period
 [] 53.73

City ALBANY State NY Zip Code 12227

Purpose of Disbursement
PAYROLL TAXES

[]
Category/
Type

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

C. NORTH CAROLINA DEPARTMENT REVENUE

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | | 1 | 5 | | 2 | 0 | 1 | 8 |

Mailing Address 501 N WILMINGTON ST

FEC Identification Number

C []
Transaction ID : SB21B.55
 Amount of Each Disbursement this Period
 [] 15.00

City RALEIGH State NC Zip Code 27604

Purpose of Disbursement
PAYROLL TAXES

[]
Category/
Type

Candidate Name

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

Memo Item

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

[] 122.46

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)

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

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NAME OF COMMITTEE (In Full)
COUNTRY FIRST POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. NORTH CAROLINA DEPARTMENT REVENUE

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 04 | | 30 | | 2018 |

Mailing Address 501 N WILMINGTON ST

FEC Identification Number

C []

Transaction ID : SB21B.56

Amount of Each Disbursement this Period

[] 15.00

Memo Item

City RALEIGH State NC Zip Code 27604

Purpose of Disbursement
PAYROLL TAXES

[]

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. NORTH CAROLINA DEPARTMENT REVENUE

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 05 | | 15 | | 2018 |

Mailing Address 501 N WILMINGTON ST

FEC Identification Number

C []

Transaction ID : SB21B.57

Amount of Each Disbursement this Period

[] 15.00

Memo Item

City RALEIGH State NC Zip Code 27604

Purpose of Disbursement
PAYROLL TAXES

[]

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. NORTH CAROLINA DEPARTMENT REVENUE

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 05 | | 31 | | 2018 |

Mailing Address 501 N WILMINGTON ST

FEC Identification Number

C []

Transaction ID : SB21B.58

Amount of Each Disbursement this Period

[] 15.00

Memo Item

City RALEIGH State NC Zip Code 27604

Purpose of Disbursement
PAYROLL TAXES

[]

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

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)

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

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NAME OF COMMITTEE (In Full)
COUNTRY FIRST POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. NORTH CAROLINA DEPARTMENT REVENUE

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 06 | / | 15 | / | 2018 |

Mailing Address 501 N WILMINGTON ST

FEC Identification Number

C []

Transaction ID : SB21B.59

Amount of Each Disbursement this Period

[] 15.00

Memo Item

City RALEIGH State NC Zip Code 27604

Purpose of Disbursement
PAYROLL TAXES

[]

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. NORTH CAROLINA DEPARTMENT REVENUE

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 06 | / | 30 | / | 2018 |

Mailing Address 501 N WILMINGTON ST

FEC Identification Number

C []

Transaction ID : SB21B.60

Amount of Each Disbursement this Period

[] 15.00

Memo Item

City RALEIGH State NC Zip Code 27604

Purpose of Disbursement
PAYROLL TAXES

[]

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. US MONITOR

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 04 | / | 30 | / | 2018 |

Mailing Address 86 MAPLE AVE

FEC Identification Number

C []

Transaction ID : SB21B.73

Amount of Each Disbursement this Period

[] 60.00

Memo Item

City NEW YORK State NY Zip Code 10956

Purpose of Disbursement
SUBSCRIPTIONS

[]

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

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

[] 90.00

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

[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
COUNTRY FIRST POLITICAL ACTION COMMITTEE

| | | | |
|---|--|--|------------------------------------|
| Full Name (Last, First, Middle Initial) A. YUMA SOLUTIONS INC | | Date of Disbursement MM / DD / YYYY 04 / 06 / 2018 | |
| Mailing Address 601 S FREMONT AVE | | FEC Identification Number C [] Transaction ID : SB21B.74 Amount of Each Disbursement this Period [] 60.00 | |
| City TAMPA | State FL | Zip Code 33606 | Category/ Type [] |
| Purpose of Disbursement COMPUTER SUPPORT | | Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | State: District: | <input type="checkbox"/> Memo Item |

| | | | |
|---|--|--|------------------------------------|
| Full Name (Last, First, Middle Initial) B. YUMA SOLUTIONS INC | | Date of Disbursement MM / DD / YYYY 05 / 09 / 2018 | |
| Mailing Address 601 S FREMONT AVE | | FEC Identification Number C [] Transaction ID : SB21B.75 Amount of Each Disbursement this Period [] 60.00 | |
| City TAMPA | State FL | Zip Code 33606 | Category/ Type [] |
| Purpose of Disbursement COMPUTER SUPPORT | | Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | State: District: | <input type="checkbox"/> Memo Item |

| | | | |
|---|--|--|------------------------------------|
| Full Name (Last, First, Middle Initial) C. YUMA SOLUTIONS INC | | Date of Disbursement MM / DD / YYYY 06 / 03 / 2018 | |
| Mailing Address 601 S FREMONT AVE | | FEC Identification Number C [] Transaction ID : SB21B.76 Amount of Each Disbursement this Period [] 60.00 | |
| City TAMPA | State FL | Zip Code 33606 | Category/ Type [] |
| Purpose of Disbursement COMPUTER SUPPORT | | Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | State: District: | <input type="checkbox"/> Memo Item |

| | |
|--|--------------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | [] 180.00 |
| TOTAL This Period (last page this line number only).....▶ | [] 86313.41 |

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
COUNTRY FIRST POLITICAL ACTION COMMITTEE

A. DEBBIE LESKO FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 5292

City PEORIA State AZ Zip Code 85385

Purpose of Disbursement WEBSITE SERVICE

Candidate Name LESKO, DEBBIE, , ,

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼
 State: AZ District: 08

Date of Disbursement
 M M / D D / Y Y Y Y Y Y
 04 / 16 / 2018

FEC Identification Number

C C00663914

Transaction ID : SB23.1

Amount of Each Disbursement this Period

565.08

Memo Item IN-KIND-WEB SERVICE SEE CAMPAIGN SOLUTIONS SB23B.2

B. CAMPAIGN SOLUTIONS

Full Name (Last, First, Middle Initial)

Mailing Address 117 N ST ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement WEB SERVICE--INKIND TO DEBBIE LESKO FOR CONGRESS SEE SB23.1

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼
 State: District:

Date of Disbursement
 M M / D D / Y Y Y Y Y Y
 04 / 25 / 2018

FEC Identification Number

C

Transaction ID : SB23.2

Amount of Each Disbursement this Period

565.08

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

Date of Disbursement
 M M / D D / Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

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

565.08

565.08