

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 AMERICA FIRST ACTION, INC.

ADDRESS (number and street) 1900 Campus Commons Dr. Suite 100 Reston VA 20191 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00637512 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31 (checked), 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.

5. Covering Period 07 / 01 / 2021 through 12 / 31 / 2021

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

Signature of Treasurer PROCH, JON, , , [Electronically Filed] Date 01 / 31 / 2022

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

AMERICA FIRST ACTION, INC.

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="2021"/>	<input type="text"/>	<input type="text" value="3318485.64"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="2697097.81"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="1061504.84"/>	<input type="text" value="3104352.84"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="3758602.65"/>	<input type="text" value="6422838.48"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="448516.08"/>	<input type="text" value="3112751.91"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="3310086.57"/>	<input type="text" value="3310086.57"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

AMERICA FIRST ACTION, INC.

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

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).....	1017820.00	1827247.00
(ii) Unitemized	0.00	1249.03
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	1017820.00	1828496.03
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	1017820.00	1828496.03
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).....	43237.21	1274760.29
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	447.63	1096.52
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)).....▶	1061504.84	3104352.84
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	1061504.84	3104352.84

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	448516.08	537551.91
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	448516.08	537551.91
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	1750000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	500200.00
(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	500200.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	325000.00
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)) ..	448516.08	3112751.91
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	448516.08	3112751.91

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)	1017820.00	1828496.03
34. Total Contribution Refunds (from Line 28(d))	0.00	500200.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1017820.00	1328296.03
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	448516.08	537551.91
37. Offsets to Operating Expenditures (from Line 15, page 3).....	43237.21	1274760.29
38. Net Operating Expenditures (subtract Line 37 from Line 36)	405278.87	- 737208.38

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

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

FOR LINE NUMBER: PAGE 6 OF 18
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.

A. AMERICA FIRST POLICIES, INC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1900 CAMPUS COMMONS DR.
SUITE 100

City RESTON	State VA	Zip Code 20191
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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 ▼
1808302.00

Date of Receipt
MM / DD / YYYY
08 / 09 / 2021

Transaction ID : SA11AI.258023

Amount of Each Receipt this Period
1000000.00

Memo Item

B. AMERICA FIRST POLICIES, INC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1900 CAMPUS COMMONS DR.
SUITE 100

City RESTON	State VA	Zip Code 20191
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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 ▼
1826122.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2021

Transaction ID : SA11AI.263069

Amount of Each Receipt this Period
17820.00

Memo Item
IN-KIND: PAYROLL / OFFICE EXPENSES

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

Mailing Address

City	State	Zip Code
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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
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1017820.00
TOTAL This Period (last page this line number only).....	1017820.00

**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 18
<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 checked="" type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.

A. XL SPECIALTY INSURANCE CO
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 CONSTRUCTIONAL PLZ

City HARTFORD	State CT	Zip Code 06103
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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 ▼
18037.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		05		2021

Transaction ID : SA15.258031

Amount of Each Receipt this Period
18037.75

Memo Item
SETTLEMENT PAYMENT

B. XL SPECIALTY INSURANCE CO
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 CONSTRUCTIONAL PLZ

City HARTFORD	State CT	Zip Code 06103
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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 ▼
43237.21

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		14		2021

Transaction ID : SA15.258033

Amount of Each Receipt this Period
25199.46

Memo Item
SETTLEMENT PAYMENT

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

Mailing Address _____

City	State	Zip Code
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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
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Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	43237.21
TOTAL This Period (last page this line number only).....	43237.21

**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 18
<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)
AMERICA FIRST ACTION, INC.

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

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN	State VA	Zip Code 22101
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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 ▼
724.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2021

Transaction ID : SA17.258021

Amount of Each Receipt this Period
75.23

Memo Item
INTEREST

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

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN	State VA	Zip Code 22101
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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 ▼
724.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2021

Transaction ID : SA17.258022

Amount of Each Receipt this Period
0.18

Memo Item
INTEREST

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

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN	State VA	Zip Code 22101
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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 ▼
724.49

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2021

Transaction ID : SA17.258024

Amount of Each Receipt this Period
0.19

Memo Item
INTEREST

SUBTOTAL of Receipts This Page (optional).....	75.60
TOTAL This Period (last page this line 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 18
<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)
AMERICA FIRST ACTION, INC.

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

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN	State VA	Zip Code 22101
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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 ▼
799.71

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2021

Transaction ID : SA17.258025

Amount of Each Receipt this Period
75.22

Memo Item
INTEREST

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

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN	State VA	Zip Code 22101
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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 ▼
799.89

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2021

Transaction ID : SA17.258026

Amount of Each Receipt this Period
0.18

Memo Item
INTEREST

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

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN	State VA	Zip Code 22101
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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 ▼
872.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2021

Transaction ID : SA17.258027

Amount of Each Receipt this Period
72.81

Memo Item
INTEREST

SUBTOTAL of Receipts This Page (optional).....	148.21
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 18
<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)
AMERICA FIRST ACTION, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. CHAIN BRIDGE BANK		Date of Receipt
Mailing Address 1445-A LAUGHLIN AVE		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2021"/>
City MCLEAN	State VA	Zip Code 22101
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA17.258028
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="0.18"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="872.88"/>	INTEREST

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. CHAIN BRIDGE BANK		Date of Receipt
Mailing Address 1445-A LAUGHLIN AVE		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2021"/>
City MCLEAN	State VA	Zip Code 22101
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA17.258029
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="75.23"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="948.11"/>	INTEREST

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. CHAIN BRIDGE BANK		Date of Receipt
Mailing Address 1445-A LAUGHLIN AVE		<input type="text" value="11"/> / <input type="text" value="03"/> / <input type="text" value="2021"/>
City MCLEAN	State VA	Zip Code 22101
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA17.258030
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="72.81"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="1020.92"/>	INTEREST

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="148.22"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 18
<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)
AMERICA FIRST ACTION, INC.

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

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN	State VA	Zip Code 22101
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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 ▼
1021.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2021

Transaction ID : SA17.258032

Amount of Each Receipt this Period
0.18

Memo Item
INTEREST

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

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN	State VA	Zip Code 22101
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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 ▼
1021.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2021

Transaction ID : SA17.258034

Amount of Each Receipt this Period
0.18

Memo Item
INTEREST

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

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN	State VA	Zip Code 22101
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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 ▼
1096.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2021

Transaction ID : SA17.258035

Amount of Each Receipt this Period
75.24

Memo Item
INTEREST

SUBTOTAL of Receipts This Page (optional).....	75.60
TOTAL This Period (last page this line number only).....	447.63

**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)
AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. 1ST BANKCARD

Mailing Address **COMMERCIAL CARD PAYMENT PROCESSING
P.O. BOX 2818**

City **OMAHA** State **NE** Zip Code **68103-2818**

Purpose of Disbursement
CREDIT CARD PAYMENT: SEE MEMO ENTRIES IF REQUIRED

Candidate Name

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 13 / 2021

FEC Identification Number

C
Transaction ID : SB21B.25800
Amount of Each Disbursement this Period
 1260.00

Memo Item

Full Name (Last, First, Middle Initial)

B. 1ST BANKCARD

Mailing Address **COMMERCIAL CARD PAYMENT PROCESSING
P.O. BOX 2818**

City **OMAHA** State **NE** Zip Code **68103-2818**

Purpose of Disbursement
CREDIT CARD PAYMENT: SEE MEMO ENTRIES IF REQUIRED

Candidate Name

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2021

FEC Identification Number

C
Transaction ID : SB21B.25800
Amount of Each Disbursement this Period
 273.68

Memo Item

Full Name (Last, First, Middle Initial)

C. 1ST BANKCARD

Mailing Address **COMMERCIAL CARD PAYMENT PROCESSING
P.O. BOX 2818**

City **OMAHA** State **NE** Zip Code **68103-2818**

Purpose of Disbursement
CREDIT CARD PAYMENT: SEE MEMO ENTRIES IF REQUIRED

Candidate Name

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 09 / 2021

FEC Identification Number

C
Transaction ID : SB21B.25800
Amount of Each Disbursement this Period
 273.44

Memo Item

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

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

1807.12

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)
AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. 1ST BANKCARD

Mailing Address **COMMERCIAL CARD PAYMENT PROCESSING**
P.O. BOX 2818

City **OMAHA** State **NE** Zip Code **68103-2818**

Purpose of Disbursement
CREDIT CARD PAYMENT: SEE MEMO ENTRIES IF REQUIRED

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
10			07			2021			

FEC Identification Number

C []
Transaction ID : SB21B.25801
 Amount of Each Disbursement this Period
 [] **273.87** []

Memo Item

Full Name (Last, First, Middle Initial)

B. 1ST BANKCARD

Mailing Address **COMMERCIAL CARD PAYMENT PROCESSING**
P.O. BOX 2818

City **OMAHA** State **NE** Zip Code **68103-2818**

Purpose of Disbursement
CREDIT CARD PAYMENT: SEE MEMO ENTRIES IF REQUIRED

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
11			08			2021			

FEC Identification Number

C []
Transaction ID : SB21B.25801
 Amount of Each Disbursement this Period
 [] **273.63** []

Memo Item

Full Name (Last, First, Middle Initial)

C. 1ST BANKCARD

Mailing Address **COMMERCIAL CARD PAYMENT PROCESSING**
P.O. BOX 2818

City **OMAHA** State **NE** Zip Code **68103-2818**

Purpose of Disbursement
CREDIT CARD PAYMENT: SEE MEMO ENTRIES IF REQUIRED

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
12			14			2021			

FEC Identification Number

C []
Transaction ID : SB21B.25801
 Amount of Each Disbursement this Period
 [] **273.87** []

Memo Item

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

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

[]	821.37	[]
[]		[]

**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)
AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial) A. AMERICA FIRST POLICIES, INC		Date of Disbursement MM / DD / YYYY 09 / 30 / 2021
Mailing Address 1900 CAMPUS COMMONS DR. SUITE 100		FEC Identification Number C [REDACTED] Transaction ID : SB21B.26307 Amount of Each Disbursement this Period 17820.00
City RESTON	State VA	Zip Code 20191
Purpose of Disbursement IN-KIND: PAYROLL / OFFICE EXPENSES		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. BULLDOG COMPLIANCE		Date of Disbursement MM / DD / YYYY 08 / 05 / 2021
Mailing Address 138 CONANT ST 2ND FLOOR		FEC Identification Number C [REDACTED] Transaction ID : SB21B.25801 Amount of Each Disbursement this Period 3425.00
City BEVERLY	State MA	Zip Code 01915
Purpose of Disbursement COMPLIANCE CONSULTING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. BULLDOG COMPLIANCE		Date of Disbursement MM / DD / YYYY 11 / 22 / 2021
Mailing Address 138 CONANT ST 2ND FLOOR		FEC Identification Number C [REDACTED] Transaction ID : SB21B.25801 Amount of Each Disbursement this Period 8000.00
City BEVERLY	State MA	Zip Code 01915
Purpose of Disbursement COMPLIANCE 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)..... ▶

29245.00

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

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial) A. BULLDOG COMPLIANCE		Date of Disbursement MM / DD / YYYY 12 / 16 / 2021
Mailing Address 138 CONANT ST 2ND FLOOR		FEC Identification Number C [] Transaction ID : SB21B.25801 Amount of Each Disbursement this Period [] 2000.00
City BEVERLY	State MA	Zip Code 01915
Purpose of Disbursement COMPLIANCE CONSULTING		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. INTELLIGENT OFFICE		Date of Disbursement MM / DD / YYYY 07 / 13 / 2021
Mailing Address 1900 CAMPUS COMMONS DR #100		FEC Identification Number C [] Transaction ID : SB21B.26055 Amount of Each Disbursement this Period [] 1260.00
City RESTON	State VA	Zip Code 20191
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.258007]: RENT		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 checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. INTELLIGENT OFFICE		Date of Disbursement MM / DD / YYYY 08 / 06 / 2021
Mailing Address 1900 CAMPUS COMMONS DR #100		FEC Identification Number C [] Transaction ID : SB21B.26055 Amount of Each Disbursement this Period [] 273.68
City RESTON	State VA	Zip Code 20191
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.258008]: RENT		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 checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 2000.00
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)
AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial) A. INTELLIGENT OFFICE		Date of Disbursement MM / DD / YYYY 09 / 09 / 2021
Mailing Address 1900 CAMPUS COMMONS DR #100		FEC Identification Number C [] Transaction ID : SB21B.26055 Amount of Each Disbursement this Period [] 273.44
City RESTON	State VA	Zip Code 20191
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.258009]: RENT		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 checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. INTELLIGENT OFFICE		Date of Disbursement MM / DD / YYYY 10 / 07 / 2021
Mailing Address 1900 CAMPUS COMMONS DR #100		FEC Identification Number C [] Transaction ID : SB21B.26055 Amount of Each Disbursement this Period [] 273.87
City RESTON	State VA	Zip Code 20191
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.258010]: RENT		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 checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. INTELLIGENT OFFICE		Date of Disbursement MM / DD / YYYY 11 / 08 / 2021
Mailing Address 1900 CAMPUS COMMONS DR #100		FEC Identification Number C [] Transaction ID : SB21B.26055 Amount of Each Disbursement this Period [] 273.63
City RESTON	State VA	Zip Code 20191
Purpose of Disbursement 1ST BANKCARD PMT [SB21B.258011]: RENT		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 checked="" type="checkbox"/> Memo Item	

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

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

0.00

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial)

A. INTELLIGENT OFFICE

Mailing Address 1900 CAMPUS COMMONS DR
#100

City RESTON State VA Zip Code 20191

Purpose of Disbursement
1ST BANKCARD PMT [SB21B.258012]: RENT

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
12			14			2021			

FEC Identification Number

C []
Transaction ID : SB21B.26055
Amount of Each Disbursement this Period
[] 273.87

Memo Item

Full Name (Last, First, Middle Initial)

B. MINTZ, LEVIN, COHN, FERRIS, GLOVSKY AND POPEO, P.C

Mailing Address 666 THIRD AVENUE

City NEW YORK State NY Zip Code 10017

Purpose of Disbursement
LEGAL CONSULTING

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
10			22			2021			

FEC Identification Number

C []
Transaction ID : SB21B.25801
Amount of Each Disbursement this Period
[] 36075.50

Memo Item

Full Name (Last, First, Middle Initial)

C. MINTZ, LEVIN, COHN, FERRIS, GLOVSKY AND POPEO, P.C

Mailing Address 666 THIRD AVENUE

City NEW YORK State NY Zip Code 10017

Purpose of Disbursement
LEGAL CONSULTING

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
12			15			2021			

FEC Identification Number

C []
Transaction ID : SB21B.25801
Amount of Each Disbursement this Period
[] 50398.92

Memo Item

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

[] 86474.42

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

[]

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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)
AMERICA FIRST ACTION, INC.

Full Name (Last, First, Middle Initial) A. THREE ARBOR INSURANCE INC		Date of Disbursement MM / DD / YYYY 09 / 17 / 2021
Mailing Address 421 OFFICE PARK DR		FEC Identification Number C [] Transaction ID : SB21B.25801 Amount of Each Disbursement this Period [] 782.00
City BIRMINGHAM	State AL	Zip Code 35223
Purpose of Disbursement INSURANCE		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. THREE ARBOR INSURANCE INC		Date of Disbursement MM / DD / YYYY 11 / 24 / 2021
Mailing Address 421 OFFICE PARK DR		FEC Identification Number C [] Transaction ID : SB21B.25801! Amount of Each Disbursement this Period [] 321712.00
City BIRMINGHAM	State AL	Zip Code 35223
Purpose of Disbursement INSURANCE		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. THREE ARBOR INSURANCE INC		Date of Disbursement MM / DD / YYYY 11 / 29 / 2021
Mailing Address 421 OFFICE PARK DR		FEC Identification Number C [] Transaction ID : SB21B.25802 Amount of Each Disbursement this Period [] 5674.17
City BIRMINGHAM	State AL	Zip Code 35223
Purpose of Disbursement INSURANCE		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).....▶	[] 328168.17
TOTAL This Period (last page this line number only).....▶	[] 448516.08