

# 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  
Check if different than previously reported. (ACC) ALEXANDRIA VA 22314

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
C C00457705 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on M M / D D / Y Y Y Y Y Y in the State of    
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M / D D / Y Y Y Y Y Y in the State of  

5. Covering Period M M / D D / Y Y Y Y Y Y 04 / 01 / 2013 through M M / D D / Y Y Y Y Y Y 04 / 30 / 2013

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

Type or Print Name of Treasurer Salvatore Purpura

Signature of Treasurer Salvatore Purpura [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 05 / 06 / 2013

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2013"/>		533085.45
(b) Cash on Hand at Beginning of Reporting Period.....	293265.90	
(c) Total Receipts (from Line 19) .....	14433.00	125027.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	307698.90	658112.95
7. Total Disbursements (from Line 31).....	54504.57	404918.62
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	253194.33	253194.33
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	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. 06/2004)

Write or Type Committee Name

COUNTRY FIRST POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 04 / 01 / 2013 To: 04 / 30 / 2013

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).....	7275.00	54020.00
(ii) Unitemized .....	5408.00	33757.50
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	12683.00	87777.50
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	1750.00	37250.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	14433.00	125027.50
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	14433.00	125027.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	14433.00	125027.50

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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 .....	47004.57	384918.62
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	47004.57	384918.62
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7500.00	20000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	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 .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	54504.57	404918.62
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	54504.57	404918.62

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	14433.00	125027.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	14433.00	125027.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	47004.57	384918.62
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	47004.57	384918.62

**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 27  
(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)  
**COUNTRY FIRST POLITICAL ACTION COMMITTEE**

**A. MS. ALISON S. ANDREWS**  
Full Name (Last, First, Middle Initial)  
Mailing Address THE HIGHLANDS  
City SHORELINE State WA Zip Code 98177  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 16 / 2013  
**Transaction ID : SA11.3081431**  
Amount of Each Receipt this Period 250.00  
CONTRIBUTION

**B. MR. ARTHUR B. CHOATE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1390 S. DIXIE HIGHWAY #2221  
City CORAL GABLES State FL Zip Code 33146-2946  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF-EMPLOYED Occupation EXECUTIVE  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 04 / 09 / 2013  
**Transaction ID : SA11.3081400**  
Amount of Each Receipt this Period 2000.00  
CONTRIBUTION

**C. FRANK DEAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 45 PINE ST #209  
City EDMONDS State WA Zip Code 98020-4200  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 02 / 2013  
**Transaction ID : SA11.3081367**  
Amount of Each Receipt this Period 300.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2550.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. LEE DUNN**  
Full Name (Last, First, Middle Initial)

Mailing Address 519 S LEE STREET

City ALEXANDRIA State VA Zip Code 22314-3817

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

Name of Employer GOOGLE Occupation LAWYER

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 / 02 / 2013  
**Transaction ID : SA11.3081376**

Amount of Each Receipt this Period  
 1500.00

CONTRIBUTION

**B. MRS. ANN T. MARA**  
Full Name (Last, First, Middle Initial)

Mailing Address C/O NEW YORK GIANTS FOOTBALL

City EAST RUTHERFORD State NJ Zip Code 07073

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 24 / 2013  
**Transaction ID : SA11.3081437**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

**C. MR. JAMES S. MCDONNELL III**  
Full Name (Last, First, Middle Initial)

Mailing Address 40 GLEN EAGLES DRIVE

City SAINT LOUIS State MO Zip Code 63124-1653

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 23 / 2013  
**Transaction ID : SA11.3081435**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 8 OF 27  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. MS. LOIS A. SIMONS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3903 19TH AVENUE N.W.  
 City ROCHESTER State MN Zip Code 55901-0548  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 04 / 09 / 2013  
**Transaction ID : SA11.3081402**  
 Amount of Each Receipt this Period 225.00  
 CONTRIBUTION

**B. MR. STEVEN STUTSMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9602 DOVE MEADOW DRIVE  
 City DALLAS State TX Zip Code 75243-6210  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation DENTIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 02 / 2013  
**Transaction ID : SA11.3081308**  
 Amount of Each Receipt this Period 250.00  
 CONTRIBUTION

**C. LT WILLIAM NATHANIEL THOMAS JR., U.S.N**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1739 KIRBY ROAD APARTMENT 114  
 City MCLEAN State VA Zip Code 22101-4817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 09 / 2013  
**Transaction ID : SA11.3081404**  
 Amount of Each Receipt this Period 500.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 975.00  
**TOTAL** This Period (last page this line 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 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MR. JOHN W. TIMMONS**  
Full Name (Last, First, Middle Initial)

Mailing Address 1730 RHODE ISLAND AVENUE NW  
SUITE 317

City WASHINGTON State DC Zip Code 20036-3119

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

Name of Employer THE CORMAC GROUP, LLP Occupation LOBBYIST/CONSULTANT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 02 / 2013  
**Transaction ID : SA11.3081331**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**B. GREG WEISHAR**  
Full Name (Last, First, Middle Initial)

Mailing Address 14505 CLEARLAKE PL

City LOUISVILLE State KY Zip Code 40245-5199

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

Name of Employer PHARMERICA CORP Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 02 / 2013  
**Transaction ID : SA11.3081369**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	7275.00

**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 27
<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**

Full Name (Last, First, Middle Initial) <b>A. DLA PIPER LLP PAC</b>		Date of Receipt
Mailing Address 500 8TH STREET NW SUITE 700		<input type="text" value="04"/> / <input type="text" value="02"/> / <input type="text" value="2013"/>
City	State	Zip Code
WASHINGTON	DC	20004-2131
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11.3081309</b>
<input type="text" value="C"/> <input type="text" value="C00151340"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text" value="750.00"/>
Occupation		CONTRIBUTION
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="750.00"/>	

Full Name (Last, First, Middle Initial) <b>B. VERIZON COMMUNICATION INC.</b>		Date of Receipt
Mailing Address 1300 I. STREET N.W. VERIZON WIRELESS GOOD GOVERNMENT C		<input type="text" value="04"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
WASHINGTON	DC	20005-3314
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11.3081315</b>
<input type="text" value="C"/> <input type="text" value="C00186288"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text" value="1000.00"/>
Occupation		CONTRIBUTION
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
<input type="text" value="C"/> <input type="text"/>		<input type="text"/>
Name of Employer		
Occupation		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1750.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value="1750.00"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. AMBER JOHNSON**

Mailing Address PO BOX 16664

City ARLINGTON State VA Zip Code 22216

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  
04 / 15 / 2013

**Transaction ID : SB21.11**

Amount of Each Disbursement this Period

3125.90

Full Name (Last, First, Middle Initial)

**B. AMBER JOHNSON**

Mailing Address PO BOX 16664

City ARLINGTON State VA Zip Code 22216

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  
04 / 30 / 2013

**Transaction ID : SB21.20**

Amount of Each Disbursement this Period

3125.90

Full Name (Last, First, Middle Initial)

**C. SALVATORE PURPURA**

Mailing Address 2701 N OCEAN BLVD

City FT LAUDERDALE State FL Zip Code 33308

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  
04 / 15 / 2013

**Transaction ID : SB21.15**

Amount of Each Disbursement this Period

554.58

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

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

6806.38

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. SALVATORE PURPURA**

Mailing Address 2701 N OCEAN BLVD

City State Zip Code  
FT LAUDERDALE FL 33308

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2013

Transaction ID : SB21.24

Amount of Each Disbursement this Period

554.58
--------

Full Name (Last, First, Middle Initial)

**B. MARSHALL SALTER**

Mailing Address 308 W MYRTLE ST

City State Zip Code  
ALEXANDRIA VA 22301

Purpose of Disbursement  
COMMUNICATIONS CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2013

Transaction ID : SB21.4

Amount of Each Disbursement this Period

6000.00
---------

Full Name (Last, First, Middle Initial)

**C. DERBY H WATKINS**

Mailing Address 16301 KELLY WOODS DR

City State Zip Code  
FT MYERS FL 33908

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		14		2013

Transaction ID : SB21.8

Amount of Each Disbursement this Period

3000.00
---------

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

9554.58
---------

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

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

Full Name (Last, First, Middle Initial)

**A. AMERICAN EXPRESS**

Mailing Address PO BOX 1270

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

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
04		04		2013

**Transaction ID : SB21.2**

Amount of Each Disbursement this Period

62.96
-------

**B. BANKCARD CENTER**

Mailing Address PO BOX 569200

City DALLAS State TX Zip Code 75356

Purpose of Disbursement  
CREDIT CARD PAYMENT

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
04		02		2013

**Transaction ID : SB21.25**

Amount of Each Disbursement this Period

598.62
--------

**C. 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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		03		2013

**Transaction ID : SB21.101**

Amount of Each Disbursement this Period

543.62
--------

**[MEMO ITEM]**

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

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

661.58
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. MACNAIR TRAVEL AGENCY**

Mailing Address 4100 FAIRFAX DR STE 600

City ARLINGTON State VA Zip Code 22203

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 03 / 2013

**Transaction ID : SB21.100**

Amount of Each Disbursement this Period

55.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. BANKCARD CENTER**

Mailing Address PO BOX 569200

City DALLAS State TX Zip Code 75356

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 / 12 / 2013

**Transaction ID : SB21.26**

Amount of Each Disbursement this Period

4614.63

Full Name (Last, First, Middle Initial)

**C. MACNAIR TRAVEL AGENCY**

Mailing Address 4100 FAIRFAX DR STE 600

City ARLINGTON State VA Zip Code 22203

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 12 / 2013

**Transaction ID : SB21.102**

Amount of Each Disbursement this Period

180.00

[MEMO ITEM]

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

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

4614.63

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

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

Full Name (Last, First, Middle Initial)

**A. OMNI BERKSHIRE**

Mailing Address 21 E 52ND ST

City NEW YORK State NY Zip Code 10022

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 12 / 2013

**Transaction ID : SB21.104**

Amount of Each Disbursement this Period

3188.12

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. US AIRWAYS**

Mailing Address 4000 E SKY HARBOR BLVD

City PHOENIX State AZ Zip Code 85034

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 12 / 2013

**Transaction ID : SB21.103**

Amount of Each Disbursement this Period

1246.51

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. BANKCARD CENTER**

Mailing Address PO BOX 569200

City DALLAS State TX Zip Code 75356

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 / 15 / 2013

**Transaction ID : SB21.28**

Amount of Each Disbursement this Period

1070.00

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

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

1070.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. MACNAIR TRAVEL AGENCY**

Mailing Address 4100 FAIRFAX DR STE 600

City ARLINGTON State VA Zip Code 22203

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 15 / 2013

Transaction ID : SB21.106

Amount of Each Disbursement this Period

55.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. US AIRWAYS**

Mailing Address 4000 E SKY HARBOR BLVD

City PHOENIX State AZ Zip Code 85034

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 15 / 2013

Transaction ID : SB21.105

Amount of Each Disbursement this Period

1015.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. BANKCARD CENTER**

Mailing Address PO BOX 569200

City DALLAS State TX Zip Code 75356

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 / 20 / 2013

Transaction ID : SB21.29

Amount of Each Disbursement this Period

3865.73

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

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

3865.73



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. AMTRAK**

Mailing Address PO BOX 2464

City WASHINGTON State DC Zip Code 20013

Purpose of Disbursement  
TRAVEL

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
0	4		2	0		2	0	1	3

**Transaction ID : SB21.109**

Amount of Each Disbursement this Period

3	4	8	.	0	0
---	---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. MACNAIR TRAVEL AGENCY**

Mailing Address 4100 FAIRFAX DR STE 600

City ARLINGTON State VA Zip Code 22203

Purpose of Disbursement  
TRAVEL

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
0	4		2	0		2	0	1	3

**Transaction ID : SB21.108**

Amount of Each Disbursement this Period

7	0	.	0	0
---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. MACNAIR TRAVEL AGENCY**

Mailing Address 4100 FAIRFAX DR STE 600

City ARLINGTON State VA Zip Code 22203

Purpose of Disbursement  
TRAVEL

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
0	4		2	0		2	0	1	3

**Transaction ID : SB21.111**

Amount of Each Disbursement this Period

2	1	0	.	0	0
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[MEMO ITEM]

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

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

0	0	.	0	0
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0	0	.	0	0
---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. OMNI BERKSHIRE**

Mailing Address 21 E 52ND ST

City NEW YORK State NY Zip Code 10022

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		20		2013

Transaction ID : SB21.113

Amount of Each Disbursement this Period

647.30
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. US AIRWAYS**

Mailing Address 4000 E SKY HARBOR BLVD

City PHOENIX State AZ Zip Code 85034

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		20		2013

Transaction ID : SB21.110

Amount of Each Disbursement this Period

279.61
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. US AIRWAYS**

Mailing Address 4000 E SKY HARBOR BLVD

City PHOENIX State AZ Zip Code 85034

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		20		2013

Transaction ID : SB21.112

Amount of Each Disbursement this Period

2310.82
---------

[MEMO ITEM]

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

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

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. BANKCARD CENTER**

Mailing Address PO BOX 569200

City DALLAS State TX Zip Code 75356

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 M / D D D / Y Y Y Y Y Y  
04 / 24 / 2013

Transaction ID : SB21.30

Amount of Each Disbursement this Period

1769.24

Full Name (Last, First, Middle Initial)

**B. AMTRAK**

Mailing Address PO BOX 2464

City WASHINGTON State DC Zip Code 20013

Purpose of Disbursement  
CREDIT-TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 24 / 2013

Transaction ID : SB21.118

Amount of Each Disbursement this Period

-348.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. CAREY INTERNATIONAL INC**

Mailing Address 4530 WISCONSIN AVE NW

City WASHINGTON State DC Zip Code 20016

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 24 / 2013

Transaction ID : SB21.116

Amount of Each Disbursement this Period

1254.34

[MEMO ITEM]

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

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

1769.24

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. MACNAIR TRAVEL AGENCY**

Mailing Address 4100 FAIRFAX DR STE 600

City ARLINGTON State VA Zip Code 22203

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 24 / 2013

Transaction ID : SB21.114

Amount of Each Disbursement this Period

215.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. OMNI BERKSHIRE**

Mailing Address 21 E 52ND ST

City NEW YORK State NY Zip Code 10022

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 24 / 2013

Transaction ID : SB21.115

Amount of Each Disbursement this Period

2.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. US AIRWAYS**

Mailing Address 4000 E SKY HARBOR BLVD

City PHOENIX State AZ Zip Code 85034

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 24 / 2013

Transaction ID : SB21.117

Amount of Each Disbursement this Period

645.90

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

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

Full Name (Last, First, Middle Initial)

**A. CAMPAIGN SOLUTIONS**

Mailing Address 117 N ST ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB21.7

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB21.3

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. EDONATION**

Mailing Address 117 NORTH ST ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB21.5

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. ELAVON**

Mailing Address 1 CONCOURSE PKWY

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 02 / 2013

**Transaction ID : SB21.1**

Amount of Each Disbursement this Period

208.20

Full Name (Last, First, Middle Initial)

**B. EUDY COMPANY**

Mailing Address 4200 MASSACHUSETTS AVE NW

City WASHINGTON State DC Zip Code 20016

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 22 / 2013

**Transaction ID : SB21.17**

Amount of Each Disbursement this Period

238.76

Full Name (Last, First, Middle Initial)

**C. FEDEX**

Mailing Address PO BOX 371461

City PITTSBURGH State PA Zip Code 15250

Purpose of Disbursement  
DELIVERY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 26 / 2013

**Transaction ID : SB21.18**

Amount of Each Disbursement this Period

74.91

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

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

521.87

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. FEDEX**

Mailing Address PO BOX 371461

City State Zip Code  
PITTSBURGH PA 15250

Purpose of Disbursement  
DELIVERY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 11 / 2013

**Transaction ID : SB21.6**

Amount of Each Disbursement this Period

11.70

Full Name (Last, First, Middle Initial)

**B. INSPERITY**

Mailing Address 19001 CRESCENT SPRINGS DR

City State Zip Code  
KINGWOOD TX 77339

Purpose of Disbursement  
PAYROLL SVC-INSUR-TAXES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 15 / 2013

**Transaction ID : SB21.12**

Amount of Each Disbursement this Period

1424.23

Full Name (Last, First, Middle Initial)

**C. INSPERITY**

Mailing Address 19001 CRESCENT SPRINGS DR

City State Zip Code  
KINGWOOD TX 77339

Purpose of Disbursement  
PAYROLL SVC-INSUR-TAXES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2013

**Transaction ID : SB21.21**

Amount of Each Disbursement this Period

1424.23

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

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

2860.16

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. 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 / 2013

**Transaction ID : SB21.13**

Amount of Each Disbursement this Period

1181.24

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. 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 / 30 / 2013

**Transaction ID : SB21.22**

Amount of Each Disbursement this Period

1181.24

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. LOCKTON RISK SERVICES**

Mailing Address PO BOX 87-9610

City KANSAS CITY State MO Zip Code 64187

Purpose of Disbursement  
INSURANCE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 29 / 2013

**Transaction ID : SB21.19**

Amount of Each Disbursement this Period

1065.63

Category/  
Type

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

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

3428.11



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. MD STATE DEPARTMENT OF TAXATION**

Date of Disbursement

Mailing Address 301 W PRESTON ST

M M M	/	D D D	/	Y Y Y Y Y
04		15		2013

City State Zip Code  
BALTIMORE MD 21201

**Transaction ID : SB21.14**

Purpose of Disbursement  
PAYROLL TAXES

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

285.91
--------

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

Mailing Address 301 W PRESTON ST

M M M	/	D D D	/	Y Y Y Y Y
04		30		2013

City State Zip Code  
BALTIMORE MD 21201

**Transaction ID : SB21.23**

Purpose of Disbursement  
PAYROLL TAXES

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

285.91
--------

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. SOUTHWEST PUBLISHING**

Date of Disbursement

Mailing Address 2600 NW TOPEKA BLVD

M M M	/	D D D	/	Y Y Y Y Y
04		15		2013

City State Zip Code  
TOPEKA KS 66617

**Transaction ID : SB21.16**

Purpose of Disbursement  
PRINTING

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

7348.24
---------

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

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

7920.06
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**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. US MONITOR**

Mailing Address 86 MAPLE AVE

City NEW YORK State NY Zip Code 10956

Purpose of Disbursement  
SUBSCRIPTIONS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 14 / 2013

**Transaction ID : SB21.9**

Amount of Each Disbursement this Period

4.32

Full Name (Last, First, Middle Initial)

**B. YUMA SOLUTIONS INC**

Mailing Address PO BOX 152075

City TAMPA State FL Zip Code 33684

Purpose of Disbursement  
COMPUTER SUPPORT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 14 / 2013

**Transaction ID : SB21.10**

Amount of Each Disbursement this Period

496.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

500.32

47004.57

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

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

Full Name (Last, First, Middle Initial)

**A. COLLINS FOR SENATOR**

Mailing Address 32 RABBIT RUN

City PORTLAND State ME Zip Code 04102

Purpose of Disbursement  
COMMITTEE CONTRIBUTION

Candidate Name  
**SUSAN COLLINS**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: ME District: 00

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 18 / 2013

**Transaction ID : SB23.2**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. SANFORD FOR CONGRESS**

Mailing Address PO BOX 160

City SULLIVANS ISLAND State SC Zip Code 29482

Purpose of Disbursement  
COMMITTEE CONTRIBUTION

Candidate Name  
**MARK SANFORD**

Office Sought:  House  Senate  President  
Disbursement For: 2013  Primary  General  Other (specify) ▼ SPECIAL  
State: SC District: 01

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 08 / 2013

**Transaction ID : SB23.1**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C.**

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

Amount of Each Disbursement this Period

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

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

7500.00

7500.00