

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) [] (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

COUNTRY FIRST POLITICAL ACTION COMMITTEE, INC. (COUNTRY FIRST PAC)

ADDRESS (number and street) 228 S WASHINGTON STREET SUITE 115

[] (Check if address is changed)

ALEXANDRIA CITY [] NC STATE [] 22314 ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

[x] (Check if address is changed) salpurpura2010@gmail.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

[] (Check if address is changed) www.countryfirstpac.com

2. DATE 12 / 04 / 2018

3. FEC IDENTIFICATION NUMBER [C] C00457705

4. IS THIS STATEMENT [] NEW (N) OR [x] AMENDED (A)

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

Type or Print Name of Treasurer Davis, Keith, , ,

Signature of Treasurer Davis, Keith, , , [Electronically Filed] Date 12 / 04 / 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State NC District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - Corporation Corporation w/o Capital Stock Labor Organization
 - Membership Organization Trade Association Cooperative
 - In addition, this committee is a Lobbyist/Registrant PAC.
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number C _____
2. _____ FEC ID number C _____
3. _____ FEC ID number C _____
4. _____ FEC ID number C _____

Write or Type Committee Name

COUNTRY FIRST POLITICAL ACTION COMMITTEE, INC. (COUNTRY FIRST PAC)

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

MCCAIN, JOHN, , SENATOR,

Mailing Address

228 S WASHINGTON ST

SUITE 115

ALEXANDRIA

VA

22314

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

PURPURA, SALVATORE, A, MR.,

Mailing Address

6334 Pumpnickel Lane

STE. 115

Monroe

NC

28110

Title or Position

CITY

STATE

ZIP CODE

ASSISTANT TREASURER

Telephone number

704

668

1993

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

DAVIS, KEITH, , MR.,

Mailing Address

228 S WASHINGTON ST.

STE. 115

ALEXANDRIA

VA

22314

CITY

STATE

ZIP CODE

Title or Position
TREASURER

Telephone number

703

549

7705

Full Name of Designated Agent: PURPURA, SAL, , MR.,
Mailing Address: 228 S WASHINGTON ST., STE. 115, ALEXANDRIA, VA 22314
Title or Position: ASSISTANT TREASURER
Telephone number: 703 - 650 - 5624

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

CHAIN BRIDGE BANK

Mailing Address: 1445-A-LAUGHLIN AVE, MCLEAN, VA 22101

Name of Bank, Depository, etc.

Mailing Address: [Empty fields for address, city, state, zip code]

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

5(g) or (h). Joint Fundraising Participant:

1.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>
2.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>
3.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>
4.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

SEDONA PAC

Mailing Address

Relationship:

Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number – optional)

Full Name

Mailing Address

TITLE OR POSITION

Telephone Number --

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Mailing Address