



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

AMERICANS FOR LEGAL IMMIGRATION PAC

Report Covering the Period: From: <sup>M</sup>0<sup>M</sup>1<sup>D</sup>0<sup>D</sup>1<sup>Y</sup>2003 To: <sup>M</sup>06<sup>M</sup>30<sup>D</sup>2003

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <sup>Y</sup> 2003		1,516.40
(b) Cash on Hand at Beginning of Reporting Period.....	1,516.40	
(c) Total Receipts (from Line 19).....	72,418.09	72,418.09
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	73,934.49	73,934.49
7. Total Disbursements (from Line 31).....	57,194.83	57,194.83
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	16,739.66	16,739.66
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0	

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

27039504125

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

*AMERICANS FOR LEGAL IMMIGRATION PAC*

Report Covering the Period: From: *01 01 2007* To: *06 30 2007*

**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).....	<i>23,325.00</i>	<i>23,325.00</i>
(ii) Unitemized.....	<i>49,093.09</i>	<i>49,093.09</i>
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	<i>72,418.09</i>	<i>72,418.09</i>
(b) Political Party Committees.....	<i>0</i>	<i>0</i>
(c) Other Political Committees (such as PACs).....	<i>0</i>	<i>0</i>
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	<i>72,418.09</i>	<i>72,418.09</i>
12. Transfers From Affiliated/Other Party Committees.....	<i>0</i>	<i>0</i>
13. All Loans Received.....	<i>0</i>	<i>0</i>
14. Loan Repayments Received.....	<i>0</i>	<i>0</i>
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	<i>0</i>	<i>0</i>
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	<i>0</i>	<i>0</i>
17. Other Federal Receipts (Dividends, Interest, etc.).....	<i>0</i>	<i>0</i>
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	<i>0</i>	<i>0</i>
(b) Levin Funds (from Schedule H5).....	<i>0</i>	<i>0</i>
(c) Total Transfers (add 18(a) and 18(b))..	<i>0</i>	<i>0</i>
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	<i>72,418.09</i>	<i>72,418.09</i>
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	<i>72,418.09</i>	<i>72,418.09</i>

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**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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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	0
(ii) Non-Federal Share.....	0	0
(b) Other Federal Operating Expenditures .....	57,194.83	57,194.83
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	57,194.83	57,194.83
22. Transfers to Affiliated/Other Party Committees.....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0	0
24. Independent Expenditures (use Schedule E).....	0	0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0	0
26. Loan Repayments Made.....	0	0
27. Loans Made.....	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0	0
(b) Political Party Committees .....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0	0
29. Other Disbursements .....	0	0
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0	0
(ii) "Levin" Share.....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0	0
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	57,194.83	57,194.83
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	57,194.83	57,194.83

**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) .....	72,418.09	72,418.09
34. Total Contribution Refunds (from Line 28(d)) .....	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	72,418.09	72,418.09
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	57,194.83	57,194.83
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	57,194.83	57,194.83

27039504128

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**AMERICANS FOR LEGAL IMMIGRATION PAC**

Full Name (Last, First, Middle Initial) <b>A. Helen Aravanis</b>		Date of Receipt MM' DD' YYYY <b>06' 18' 2007</b>
Mailing Address <b>844 23rd ST</b>		Amount of Each Receipt this Period  <b>, , 250.00</b>
City <b>Santa Monica</b>	State Zip Code <b>CA 90403</b>	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>Retired</b>	Occupation <b>Retired</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>, 250.00</b>	

Full Name (Last, First, Middle Initial) <b>B. KATHRYN Bell</b>		Date of Receipt MM' DD' YYYY <b>05' 16' 2007</b>
Mailing Address <b>669 Rockledge CT</b>		Amount of Each Receipt this Period  <b>, 1,000.00</b>
City <b>FRISCO</b>	State Zip Code <b>TX 75034</b>	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>Retired</b>	Occupation <b>Retired</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>, 1,000.00</b>	

Full Name (Last, First, Middle Initial) <b>C. RACHEL ROYLE</b>		Date of Receipt MM' DD' YYYY <b>05' 16' 2007</b>
Mailing Address <b>2970 D'AVILE ST</b>		Amount of Each Receipt this Period  <b>, 400.00</b>
City <b>RIVERSIDE</b>	State Zip Code <b>CA</b>	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>BEST EFFORT</b>	Occupation <b>BEST EFFORT</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>, 400.00</b>	

SUBTOTAL of Receipts This Page (optional).....▶	<b>, 1,650.00</b>
TOTAL This Period (last page this line number only).....▶	

27039504129



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

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

FOR LINE NUMBER: PAGE 3 OF 17

(check only one)

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

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NAME OF COMMITTEE (In Full)  
AMERICANS FOR LEGAL IMMIGRATION PAC

A. Full Name (Last, First, Middle Initial)  
ROBERT COMEAU

Mailing Address  
3969 SALISBURY PLACE

City LAS VEGAS State NC Zip Code 89121

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  
03/24/2007

Amount of Each Receipt this Period  
200.00

B. Full Name (Last, First, Middle Initial)  
CAROLYN COOKE

Mailing Address  
PO BOX 3686

City Coeur d'Alene ID State ID Zip Code 83816

FEC ID number of contributing federal political committee. C

Name of Employer SELF Occupation BEST EFFORT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
06/16/2007

Amount of Each Receipt this Period  
600.00

C. Full Name (Last, First, Middle Initial)  
KENNETH DAVIS

Mailing Address  
PO BOX 999

City FORT WORTH State TX Zip Code 76101

FEC ID number of contributing federal political committee. C

Name of Employer GREAT WESTERN DRILLING Occupation owner/oil

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1,000.00

Date of Receipt  
04/11/2007

Amount of Each Receipt this Period  
1,000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1,800.00

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

27039504131

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

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NAME OF COMMITTEE (In Full)  
**AMERICANS FOR LEGAL IMMIGRATION PAC**

**A. RICHARD DeBIASI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: **11974 Kelsey St.**  
 City: **STUDIO CITY** State: **CA** Zip Code: **91604**  
 FEC ID number of contributing federal political committee: **C**  
 Name of Employer: **CA-STATE AUTO PARTS** Occupation: **SALES**  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date: **200.00**

Date of Receipt: **06/20/2007**  
 Amount of Each Receipt this Period: **700.00**

**B. DANIEL DEGHI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: **904 LOMBARD CT.**  
 City: **COSTA MESA** State: **CA** Zip Code: **92626**  
 FEC ID number of contributing federal political committee: **C**  
 Name of Employer: **FIRST CHRISTIAN CHURCH** Occupation: **Religion**  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date: **200.00**

Date of Receipt: **06/16/2007**  
 Amount of Each Receipt this Period: **200.00**

**C. MARY JO ERICKSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: **1208 FAIR OAKS AVE**  
 City: **OAK PARK** State: **FL** Zip Code: **60302**  
 FEC ID number of contributing federal political committee: **C**  
 Name of Employer: **None** Occupation: **None**  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date: **200.00**

Date of Receipt: **06/18/2007**  
 Amount of Each Receipt this Period: **200.00**

**SUBTOTAL** of Receipts This Page (optional)..... **1,100.00**  
**TOTAL** This Period (last page this line number only).....

27039504132

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

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

FOR LINE NUMBER: PAGE 5 OF 17  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**AMERICANS FOR LEGAL IMMIGRATION PAC**

Full Name (Last, First, Middle Initial) <b>A. SANDRA FABIAN</b>		Date of Receipt M M ' D D ' Y Y Y Y <b>06 21 2007</b>
Mailing Address <b>4041 MINERVA AVE</b>		Amount of Each Receipt this Period <b>250.00</b>
City <b>LOS ANGELES</b>	State Zip Code <b>CA 90016</b>	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>BEST EFFORT</b>	Occupation <b>BEST EFFORT</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>250.00</b>	

Full Name (Last, First, Middle Initial) <b>B. STEPHANIE FINUCANE</b>		Date of Receipt M M ' D D ' Y Y Y Y <b>05 10 2007</b>
Mailing Address <b>30 WOODLAWN AVE</b>		Amount of Each Receipt this Period <b>300.00</b>
City <b>YONKERS</b>	State Zip Code <b>NY 10704</b>	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>DRAFT FCIB</b>	Occupation <b>BEST EFFORT</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>300.00</b>	

Full Name (Last, First, Middle Initial) <b>C. SUSAN GOTTIER</b>		Date of Receipt M M ' D D ' Y Y Y Y <b>06 18 2007</b>
Mailing Address <b>1356 LAREL WAX</b>		Amount of Each Receipt this Period <b>200.00</b>
City <b>BEVERLY HILLS</b>	State Zip Code <b>CA 90210</b>	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>BEST EFFORT</b>	Occupation <b>BEST EFFORT</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>200.00</b>	

SUBTOTAL of Receipts This Page (optional).....▶	<b>750.00</b>
TOTAL This Period (last page this line number only).....▶	

27039504133

**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 17  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
AMERICANS FOR LEGAL IMMIGRATION PAC

A. Full Name (Last, First, Middle Initial)  
Hessie HARRIS

Mailing Address  
12901 BlueT Lane

City Silver Spring State MD Zip Code 20906

FEC ID number of contributing federal political committee. C

Name of Employer COMPLIANCE, INC. Occupation GENERAL WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 16 / 2007

Amount of Each Receipt this Period  
500.00

B. Full Name (Last, First, Middle Initial)  
Kenneth Houlton

Mailing Address  
5397 Via Fonte

City YORBA LINDA State CA Zip Code 92886

FEC ID number of contributing federal political committee. C

Name of Employer VERTEX Occupation PHARMACEUTICAL RESEARCH

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 18 / 2007

Amount of Each Receipt this Period  
600.00

C. Full Name (Last, First, Middle Initial)  
Jim JACKSON

Mailing Address  
111 N. Valencia St.

City ALHAMBRA State CA Zip Code 91801

FEC ID number of contributing federal political committee. C

Name of Employer FGA BROADCASTING Occupation TV NEWS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 27 / 2007

Amount of Each Receipt this Period  
200.00

SUBTOTAL of Receipts This Page (optional).....▶ 1,300.00

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

27039504134

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

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

FOR LINE NUMBER: PAGE 7 OF 17  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)

AMERICANS FOR LEGAL IMMIGRATION PAC

Full Name (Last, First, Middle Initial)

A. Lyle Jones

Mailing Address

1310 EAST CH 201  
 City Lomb Beach State CA Zip Code 90802

Date of Receipt

05 23 2007

FEC ID number of contributing federal political committee.

C

Amount of Each Receipt this Period

200.00

Name of Employer

BEST EFFORT

Occupation

BEST EFFORT

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Full Name (Last, First, Middle Initial)

B. Graham Kensler

Mailing Address

16300 SAND CANYON  
 City IRVINE State CA Zip Code 92618

Date of Receipt

06 21 2007

FEC ID number of contributing federal political committee.

C

Amount of Each Receipt this Period

200.00

Name of Employer

SELF

Occupation

CONSTRUCTION

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Full Name (Last, First, Middle Initial)

C. EDWARD LARSON

Mailing Address

1950 WAITON WOODS CIR.  
 City TUCKER State GA Zip Code 30084

Date of Receipt

06 20 2007

FEC ID number of contributing federal political committee.

C

Amount of Each Receipt this Period

200.00

Name of Employer

BEST EFFORT

Occupation

BEST EFFORT

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

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

600.00

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

27039504135

**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 17  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**AMERICANS FOR LEGAL IMMIGRATION PAC**

Full Name (Last, First, Middle Initial)

A. **JOHN LASHER**

Mailing Address

**3502 MONTAIR AVE  
LONG BEACH CA 90808**

FEC ID number of contributing federal political committee.

**C**

Name of Employer

**GROVER ELECTRICAL SVC.**

Occupation

**ELECTRICIAN**

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

**1,000.00**

Date of Receipt

**06 18 2007**

Amount of Each Receipt this Period

**1,000.00**

Full Name (Last, First, Middle Initial)

B. **KWANG LEE**

Mailing Address

**PO BOX 1239  
NEEDERLAND TX 77627**

FEC ID number of contributing federal political committee.

**C**

Name of Employer

**SELF**

Occupation

**BEST EFFORT**

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

**400.00**

Date of Receipt

**06 19 2007**

Amount of Each Receipt this Period

**400.00**

Full Name (Last, First, Middle Initial)

C. **GARY LENDERMIE**

Mailing Address

**25210 Keltan Hills Ln  
RICHMOND TX 77469**

FEC ID number of contributing federal political committee.

**C**

Name of Employer

**BEST EFFORT**

Occupation

**BEST EFFORT**

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

**200.00**

Date of Receipt

**06 17 2007**

Amount of Each Receipt this Period

**200.00**

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

**1,600.00**

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

27039504136

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

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

FOR LINE NUMBER: PAGE 9 OF 17  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)

AMERICANS FOR LEGAL IMMIGRATION PAC

Full Name (Last, First, Middle Initial)

A. BECKY LONNENAN

Mailing Address

3615 DREWS CT.

City

ALEXANDRIA

State

VA

Zip Code

22309

FEC ID number of contributing federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

06 / 18 / 2007

Amount of Each Receipt this Period

900.00

Full Name (Last, First, Middle Initial)

B. MICHAEL LOWTHER

Mailing Address

4 CARNEL WOODS

City

LAGUNA MIGUEL

State

CA

Zip Code

92677

FEC ID number of contributing federal political committee.

C

Name of Employer

LND PROPERTIES

Occupation

MANAGER

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

2,000.00

Date of Receipt

06 / 18 / 2007

Amount of Each Receipt this Period

2,000.00

Full Name (Last, First, Middle Initial)

C. LINDA LUMSDEN

Mailing Address

603 1/2 CARNATION AVE.

City

CORONA DEL MAR

State

CA

Zip Code

92625

FEC ID number of contributing federal political committee.

C

Name of Employer

LINDA CAROLE LLC

Occupation

BEST EFFORT

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

06 / 16 / 2007

Amount of Each Receipt this Period

200.00

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

3,100.00

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

27039504137

**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 17

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

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NAME OF COMMITTEE (In Full)

**AMERICANS FOR LEGAL IMMIGRATION**

Full Name (Last, First, Middle Initial)

A. **Laurie Maines**

Mailing Address

**218123 Eagle Peak Ave**

City State Zip Code

**SANTA CLARITA CA 91387**

FEC ID number of contributing federal political committee.

**C**

Date of Receipt

**06/18/2007**

Amount of Each Receipt this Period

**650.00**

Name of Employer

**Engineered Lighting Products**

Occupation

**ENGINEERING**

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

**650.00**

Full Name (Last, First, Middle Initial)

B. **David Manning**

Mailing Address

**5841 Dahlberg Dr.**

City State Zip Code

**Raleigh NC 27603**

FEC ID number of contributing federal political committee.

**C**

Date of Receipt

**06/21/2007**

Amount of Each Receipt this Period

**400.00**

Name of Employer

**Self**

Occupation

**CONTRACTOR**

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

**400.00**

Full Name (Last, First, Middle Initial)

C. **Michael McMahon**

Mailing Address

**19 Fieldstone Way**

City State Zip Code

**Plymouth MA 23600**

FEC ID number of contributing federal political committee.

**C**

Date of Receipt

**04/31/2007**

Amount of Each Receipt this Period

**200.00**

Name of Employer

**BEST EFFORT**

Occupation

**BEST EFFORT**

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

**200.00**

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

**1,250.00**

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

27039504138

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

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

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

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NAME OF COMMITTEE (In Full)

AMERICANS FOR LEGAL IMMIGRATION PAC

Full Name (Last, First, Middle Initial)

**A.** JAMES MCNAULX  
Mailing Address 6703 E. Premium St.  
City Long Beach CA State CA Zip Code 90808  
FEC ID number of contributing federal political committee. C  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date 300.00

Date of Receipt  
M M ' D D ' Y Y Y Y  
06 16 2007  
Amount of Each Receipt this Period  
300.00

Full Name (Last, First, Middle Initial)

**B.** CHRISTINE MCNAMARA  
Mailing Address 1228 Via Coronel  
City Raines Vcales CA State CA Zip Code 90274  
FEC ID number of contributing federal political committee. C  
Name of Employer Best Effort Occupation Best Effort  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date 350.00

Date of Receipt  
M M ' D D ' Y Y Y Y  
06 19 2007  
Amount of Each Receipt this Period  
350.00

Full Name (Last, First, Middle Initial)

**C.** JOSEPH PREVRATIL  
Mailing Address 4475 Carter Creek  
City BRYAN TX State TX Zip Code 77802  
FEC ID number of contributing federal political committee. C  
Name of Employer Best Effort Occupation Best Effort  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date 250.00

Date of Receipt  
M M ' D D ' Y Y Y Y  
04 30 2007  
Amount of Each Receipt this Period  
250.00

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

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

900.00

27039504139

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

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

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

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NAME OF COMMITTEE (In Full)

AMERICANS FOR LEGAL IMMIGRATION PAC

Full Name (Last, First, Middle Initial)

A. MICHAEL ROSS

Mailing Address

PO BOX 423

City

BOCA RATON

State

FL

Zip Code

33429

FEC ID number of contributing federal political committee.

C

Name of Employer

BEST EFFORT

Occupation

BEST EFFORT

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

06 16 2007

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

B. BARRY ROTH

Mailing Address

940 SWEETWATER LANE

City

BOCA RATON

State

FL

Zip Code

33431

FEC ID number of contributing federal political committee.

C

Name of Employer

BEST EFFORT

Occupation

BEST EFFORT

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

06 05 2007

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

C. VERA SAPRONOVA

Mailing Address

4611 RIVER OVERLOOK DR

City

VAIRICO

State

FL

Zip Code

33544

FEC ID number of contributing federal political committee.

C

Name of Employer

SELF

Occupation

DOCTOR

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

06 10 2007

Amount of Each Receipt this Period

3000.00

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

1,000.00

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

27039504140

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

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

FOR LINE NUMBER: PAGE 13 OF 17  
(check only one)

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

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NAME OF COMMITTEE (In Full)

*AMERICANS FOR LEGAL IMMIGRATION PAC*

Full Name (Last, First, Middle Initial)

A. *Simie SERRAN*

Mailing Address

*1217 LAKME AVE.*

City

*Wilmington*

State

*CA*

Zip Code

*90744*

FEC ID number of contributing federal political committee.

*C*

Name of Employer

*BEST EFFORT*

Occupation

*BEST EFFORT*

Receipt For:

Primary  
 General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

*, 300.00*

Date of Receipt

*06 19 2007*

Amount of Each Receipt this Period

*, 300.00*

Full Name (Last, First, Middle Initial)

B. *Ron Scott*

Mailing Address

*63 MEADOW VALLEY*

City

*IRVINE*

State

*CA*

Zip Code

*92602*

FEC ID number of contributing federal political committee.

*C*

Name of Employer

*BEST EFFORT*

Occupation

*BEST EFFORT*

Receipt For:

Primary  
 General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

*, 200.00*

Date of Receipt

*04 29 2007*

Amount of Each Receipt this Period

*, 200.00*

Full Name (Last, First, Middle Initial)

C. *JUNE SHEETS*

Mailing Address

*7011 SEPULVEDA BLVD.*

City

*LOS ANGELES*

State

*CA*

Zip Code

*90046*

FEC ID number of contributing federal political committee.

*C*

Name of Employer

*BEST EFFORT*

Occupation

*BEST EFFORT*

Receipt For:

Primary  
 General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

*, 200.00*

Date of Receipt

*06 18 2007*

Amount of Each Receipt this Period

*, 200.00*

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

*, 700.00*

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

270395041A1

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

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

FOR LINE NUMBER:		PAGE 14 OF 17	
(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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

*AMERICANS FOR LEGAL IMMIGRATION PAK*

Full Name (Last, First, Middle Initial)

A. *RICHARD SMITH*

Mailing Address

*6451 Anderson Rd*

City *BLACK HAWK* State *SD* Zip Code *57718*

FEC 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

*06/16/2007*

Amount of Each Receipt this Period

*250.00*

Full Name (Last, First, Middle Initial)

B. *ROBERT STIVER*

Mailing Address

*3281 Mount Curve Ave*

City *ALTADENA* State *CA* Zip Code *91001*

FEC ID number of contributing federal political committee.

*C*

Name of Employer

*BEST EFFORT*

Occupation

*BEST EFFORT*

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

*200.00*

Date of Receipt

*06/18/2007*

Amount of Each Receipt this Period

*200.00*

Full Name (Last, First, Middle Initial)

C. *Bonnie Stone*

Mailing Address

*2108 La Mesa DR.*

City *SANTA MONICA* State *CA* Zip Code *90402*

FEC ID number of contributing federal political committee.

*C*

Name of Employer

*BEST EFFORT*

Occupation

*BEST EFFORT*

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

*1,000.00*

Date of Receipt

*06/19/2007*

Amount of Each Receipt this Period

*1,000.00*

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

*1,450.00*

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

270395041A2

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

**ITEMIZED RECEIPTS**

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

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

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NAME OF COMMITTEE (In Full)

*AMERICANS FOR LEGAL IMMIGRATION PAC*

Full Name (Last, First, Middle Initial)

A. *DEXTER STUCKEY*

Mailing Address

*3750 HEMINGWAY HWY  
 STUCKEY SC 29554*

Date of Receipt

*06 18 2007*

Amount of Each Receipt this Period

*200.00*

FEC ID number of contributing federal political committee.

*C*

Name of Employer

*STUCKEY FURNITURE*

Occupation

*OWNER*

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

*200.00*

Full Name (Last, First, Middle Initial)

B. *SUZANNE TALMACHOFF*

Mailing Address

*943 OXFORD LANE  
 BRENTWOOD CA 94513*

Date of Receipt

*06 17 2007*

Amount of Each Receipt this Period

*400.00*

FEC ID number of contributing federal political committee.

*C*

Name of Employer

*BEST EFFORT*

Occupation

*BEST EFFORT*

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

*400.00*

Full Name (Last, First, Middle Initial)

C. *ELIZA BETH VAN STAVEREN*

Mailing Address

*1008 NW CASCADE WAY  
 McMinnville OR 97128*

Date of Receipt

*06 21 2007*

Amount of Each Receipt this Period

*1,700.00*

FEC ID number of contributing federal political committee.

*C*

Name of Employer

*Retired*

Occupation

*Retired*

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

*1,700.00*

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

*2,300.00*

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

27039504143

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

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NAME OF COMMITTEE (In Full)  
**AMERICANS FOR LEGAL IMMIGRATION PAC**

A. Full Name (Last, First, Middle Initial) <b>FRANCINE VERBARG</b>		Date of Receipt MM/DD/YYYY <b>06/14/2007</b>
Mailing Address <b>31 MONTCLAIR</b>		Amount of Each Receipt this Period <b>200.00</b>
City <b>IRVINE</b>	State Zip Code <b>CA 92602</b>	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>BEST EFFORT</b>	Occupation <b>BEST EFFORT</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>200.00</b>	

B. Full Name (Last, First, Middle Initial) <b>PATRICIA WALKER</b>		Date of Receipt MM/DD/YYYY <b>06/18/2007</b>
Mailing Address <b>2820 164TH AVE NE</b>		Amount of Each Receipt this Period <b>300.00</b>
City <b>Belleuve</b>	State Zip Code <b>WA 98008</b>	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>BEST EFFORT</b>	Occupation <b>BEST EFFORT</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>300.00</b>	

C. Full Name (Last, First, Middle Initial) <b>SUAN WARDEN</b>		Date of Receipt MM/DD/YYYY <b>06/18/2007</b>
Mailing Address <b>23910 BAR HARBOR CT.</b>		Amount of Each Receipt this Period <b>200.00</b>
City <b>Valencia</b>	State Zip Code <b>CA 91355</b>	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>THEOPHIL GRINGER MILLER RICHARD J. MC</b>	Occupation <b>Clerical</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>200.00</b>	

SUBTOTAL of Receipts This Page (optional).....▶	<b>700.00</b>
TOTAL This Period (last page this line number only).....▶	

27039504144

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

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NAME OF COMMITTEE (In Full)  
**AMERICANS FOR LEGAL IMMIGRATION PAL**

A. Full Name (Last, First, Middle Initial)  
**RICHARD D WARWICK**

Mailing Address  
**505 BASTROP ST. H 410**

City **HOUSTON** State **TX** Zip Code **77003**

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1,000.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**04 / 31 / 2007**

Amount of Each Receipt this Period  
**1,000.00**

B. Full Name (Last, First, Middle Initial)  
**J. W. WEISS**

Mailing Address  
**12783 SANTA ANNA PL.**

City **CHINO** State **CA** Zip Code **91710**

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**250.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**06 / 18 / 2007**

Amount of Each Receipt this Period  
**250.00**

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  
\_\_\_\_\_

Amount of Each Receipt this Period  
\_\_\_\_\_

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **1,250.00**

**TOTAL** This Period (last page this line number only)..... ▶ **2,325.00**

27039504145

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 1 OF 93

<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)

*AMERICANS FOR LEGAL IMMIGRATION PAC*

Full Name (Last, First, Middle Initial)

**A.** *AMERICAN EXPRESS*

Mailing Address  
*PO BOX 36001*

City *FT. LAUDERDALE* State *FL* Zip Code *33336*

Purpose of Disbursement  
*CREDIT CARD TRANS. Fee*

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement  
*01 02 2003*

Amount of Each Disbursement this Period  
*4.50*

Full Name (Last, First, Middle Initial)

**B.** *DISCOVER NETWORK*

Mailing Address  
*PO BOX 3022*

City *NEW ALBANY* State *OH* Zip Code *43052*

Purpose of Disbursement  
*CREDIT CARD TRANS. Fees*

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement  
*01 03 2007*

Amount of Each Disbursement this Period  
*44.95*

Full Name (Last, First, Middle Initial)

**C.** *CORNERSTONE AMERICAN*

Mailing Address  
*12600 DEERFIELD PKWY. Ste 375*

City *ALPHARETA* State *GA* Zip Code *30004*

Purpose of Disbursement  
*CREDIT CARD TRANS. Fees*

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement  
*01 03 2007*

Amount of Each Disbursement this Period  
*33.14*

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

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

*82.59*

27039504146

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 2 OF 43

<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)

AMERICANS FOR LEGAL IMMIGRATION PAC

Full Name (Last, First, Middle Initial)

**A.** AMERICAN EXPRESS

Mailing Address: PO BOX 36001

City: FT. LAUDERDALE State: FL Zip Code: 33336

Purpose of Disbursement: CREDIT CARD TRANS FEES

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement

01 03 2007

Amount of Each Disbursement this Period

36.70

Category/  
Type

Full Name (Last, First, Middle Initial)

**B.** SERVER BEACH LTD

Mailing Address: 112 E. PECAN Ste 1200

City: SAN ANTONIO State: TX Zip Code: 78205

Purpose of Disbursement: WEB HOSTING FEE

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement

01 08 2007

Amount of Each Disbursement this Period

174.65

Category/  
Type

Full Name (Last, First, Middle Initial)

**C.** William G Heen

Mailing Address: PO BOX 30966

City: RALEIGH State: NC Zip Code: 27622

Purpose of Disbursement: PAY FOR OUT. 2006

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement

01 10 2007

Amount of Each Disbursement this Period

3,000.00

Category/  
Type

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

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

3,211.35

27039504147

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

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

FOR LINE NUMBER:  
(check only one)

PAGE **3** OF **43**

<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)

**AMERICANS FOR LEGAL IMMIGRATION PAC**

Full Name (Last, First, Middle Initial)

A. <b>Bell South</b>		Date of Disbursement
Mailing Address <b>PO BOX 1262</b>		<b>01/17/2007</b>
City <b>Charlotte</b>	State <b>NC</b>	Zip Code <b>28201</b>
Purpose of Disbursement <b>PHONE LINE + LONG DISTANCE</b>		Amount of Each Disbursement this Period <b>250.00</b>
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:	Category/Type

B. <b>Time Warner Cable</b>		Date of Disbursement
Mailing Address <b>2505 ATLANTIC AVE Ste 101</b>		<b>01/17/2007</b>
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27604</b>
Purpose of Disbursement <b>BROADBAND INTERNET</b>		Amount of Each Disbursement this Period <b>70.00</b>
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:	Category/Type

C. <b>CloudMark Spamnet</b>		Date of Disbursement
Mailing Address <b>BEST EFFORT</b>		<b>01/16/2007</b>
City <b>CA</b>	State <b>CA</b>	Zip Code
Purpose of Disbursement <b>SPAM SOFTWARE</b>		Amount of Each Disbursement this Period <b>3.99</b>
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:	Category/Type

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

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

**323.99**

27039504148

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 4 OF 43

<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)

**AMERICANS FOR LEGAL IMMIGRATION PAC**

Full Name (Last, First, Middle Initial)

A. <b>Bell South</b>		Date of Disbursement
Mailing Address <b>PO BOX 1262</b>		<b>01/17/2007</b>
City <b>CHARLOTTE</b>	State <b>NC</b>	Zip Code <b>28201</b>
Purpose of Disbursement <b>PHONES + LONG DISTANCE</b>	Category/ Type	Amount of Each Disbursement this Period <b>226.65</b>
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:	

B. <b>William GHeen</b>		Date of Disbursement
Mailing Address <b>PO BOX 30966</b>		<b>01/18/2007</b>
City <b>RALEIGH</b>	State <b>NC</b>	Zip Code <b>27622</b>
Purpose of Disbursement <b>PAY FOR NOV. 2006</b>	Category/ Type	Amount of Each Disbursement this Period <b>3000.00</b>
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:	

C. <b>BB+T</b>		Date of Disbursement
Mailing Address <b>4409 Creedmore Rd</b>		<b>01/22/2007</b>
City <b>RALEIGH</b>	State <b>NC</b>	Zip Code <b>27612</b>
Purpose of Disbursement <b>BANK SERVICE CHARGE</b>	Category/ Type	Amount of Each Disbursement this Period <b>5.00</b>
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:	

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

**3,231.65**

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

27039504149



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 93

21b  22  23  24  25  26  
 27  28a  28b  28c  29  30b

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NAME OF COMMITTEE (In Full)

**AMERICANS FOR LEGAL IMMIGRATION PAC**

Full Name (Last, First, Middle Initial)

**A. FEDEX KINKOS #154**

Mailing Address  
**6820 Glenwood Ave**

City **RALEIGH** State **NC** Zip Code **27612**

Purpose of Disbursement  
**PRINTER CARTRIDGES**

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement  
**01 30 2007**

Amount of Each Disbursement this Period  
**81.13**

**B. AMERICAN EXPRESS**

Mailing Address  
**PO BOX 36001**

City **FT LAUDERDALE** State **FL** Zip Code **33336**

Purpose of Disbursement  
**CREDIT CARD TRANS FEE**

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement  
**01 30 2007**

Amount of Each Disbursement this Period  
**4.50**

**C. William Heen**

Mailing Address  
**PO BOX 30966**

City **RALEIGH** State **NC** Zip Code **27622**

Purpose of Disbursement  
**PAY FOR Dec. 2006**

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement  
**01 31 2007**

Amount of Each Disbursement this Period  
**3,000.00**

**SUBTOTAL** of Disbursements This Page (optional).....▶ **3,085.63**

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

27039504151

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

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

FOR LINE NUMBER:  
(check only one)

PAGE **7** OF **43**

21b  22  23  24  25  26  
 27  28a  28b  28c  29  30b

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NAME OF COMMITTEE (In Full)

**AMERICANS FOR LEGAL IMMIGRATION PAC**

Full Name (Last, First, Middle Initial)

A. <b>US POSTAL SERVICE</b>		Date of Disbursement
Mailing Address <b>4325 Glenwood Ave</b>		M M ' D D ' Y Y Y Y <b>0 1 ' 3 1 ' 2 0 0 7</b>
City <b>RALEIGH</b>	State <b>NC</b>	Amount of Each Disbursement this Period
Zip Code <b>27612</b>		
Purpose of Disbursement <b>POSTAGE STAMPS</b>		, <b>301.80</b>
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:		

B. <b>FedEx Kinkos</b>		Date of Disbursement
Mailing Address <b>6820 Glenwood Ave</b>		M M ' D D ' Y Y Y Y <b>0 1 ' 3 1 ' 2 0 0 7</b>
City <b>RALEIGH</b>	State <b>NC</b>	Amount of Each Disbursement this Period
Zip Code <b>27612</b>		
Purpose of Disbursement <b>COPIES</b>		, <b>53.91</b>
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:		

C. <b>CORNERSTONE AMERICAN</b>		Date of Disbursement
Mailing Address <b>12600 Deerfield Pkwy Ste 375</b>		M M ' D D ' Y Y Y Y <b>0 2 ' 0 2 ' 2 0 0 7</b>
City <b>ALPHARETA</b>	State <b>GA</b>	Amount of Each Disbursement this Period
Zip Code <b>30004</b>		
Purpose of Disbursement <b>CREDIT CARD TRANS FEES</b>		, <b>61.54</b>
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:		

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

, **417.25**

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

27039504152

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 8 OF 13

<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)

**AMERICANS FOR LEGAL IMMIGRATION PAC**

Full Name (Last, First, Middle Initial)

**A. DISCOVER NETWORK**

Mailing Address  
**PO BOX 3022**

City **NEW ALBANY** State **OH** Zip Code **43052**

Purpose of Disbursement  
**CREDIT CARD TRANS FEES**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement  
**02 02 2007**

Amount of Each Disbursement this Period  
**48.15**

**B. AMERICAN EXPRESS**

Mailing Address  
**PO BOX 36001**

City **FT LAUDERDALE** State **FL** Zip Code **33331**

Purpose of Disbursement  
**CREDIT CARD TRANS FEES**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement  
**02 05 2007**

Amount of Each Disbursement this Period  
**41.85**

**C. SERVER BEACH LTD**

Mailing Address  
**112 E PECAN STE 1200**

City **SAN ANTONIO** State **TX** Zip Code **78205**

Purpose of Disbursement  
**WEB HOSTING FEE**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement  
**02 07 2007**

Amount of Each Disbursement this Period  
**174.65**

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

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

**264.65**

27039504153

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

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

FOR LINE NUMBER: (check only one)

PAGE 9 OF 43

<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)

**AMERICANS FOR LEGAL IMMIGRATION PAC**

Full Name (Last, First, Middle Initial)

A. <b>MASS MEDIA DISTRIBUTION</b>		Date of Disbursement
Mailing Address <b>12693 TAMiami TRl. E.# 222</b>		<b>02'08'2007</b>
City <b>NAPLES</b>	State <b>FL</b>	Zip Code <b>34113</b>
Purpose of Disbursement <b>PRESS Release Service</b>		Amount of Each Disbursement this Period <b>199.00</b>
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: _____	

B. <b>ASKMY SITE.COM</b>		Date of Disbursement
Mailing Address <b>PO BOX 411</b>		<b>02'12'2007</b>
City <b>BRESSKILL</b>	State <b>NS</b>	Zip Code <b>07626</b>
Purpose of Disbursement <b>Domain PURCHASE</b>		Amount of Each Disbursement this Period <b>250.00</b>
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: _____	

C. <b>NC SECRETAR OF STATE</b>		Date of Disbursement
Mailing Address <b>PO BOX 29622</b>		<b>02'12'2007</b>
City <b>RAIeigh</b>	State <b>NC</b>	Zip Code <b>27626</b>
Purpose of Disbursement <b>LOBBY Fee</b>		Amount of Each Disbursement this Period <b>200.00</b>
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: _____	

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

**649.00**

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

27039504154

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE 6 OF 43
	<input checked="" type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b	

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NAME OF COMMITTEE (In Full)  
**AMERICANS FOR LEGAL IMMIGRATION PAC**

A. <b>Cloudmark SPAMNET</b> Mailing Address <b>BEST EFFORT</b> City <b>CA</b> State Zip Code		Date of Disbursement MM/DD/YYYY <b>02/12/2007</b>
Purpose of Disbursement <b>SPAM SERVICE</b> Candidate Name		Amount of Each Disbursement this Period <b>3.99</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B. <b>Bell South</b> Mailing Address <b>PO BOX 1262</b> City <b>CHARLOTTE NC</b> State Zip Code <b>28201</b>		Date of Disbursement MM/DD/YYYY <b>02/13/2007</b>
Purpose of Disbursement <b>PHONES + LONG DISTANCE</b> Candidate Name		Amount of Each Disbursement this Period <b>200.00</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C. <b>Time WARNER</b> Mailing Address <b>2505 ATLANTIC AVE Ste 101</b> City <b>RALEIGH NC</b> State Zip Code <b>27604</b>		Date of Disbursement MM/DD/YYYY <b>02/13/2007</b>
Purpose of Disbursement <b>BROADBAND INTERNET</b> Candidate Name		Amount of Each Disbursement this Period <b>120.00</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional).....▶	<b>323.99</b>
TOTAL This Period (last page this line number only).....▶	

27039504155

**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)

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<input checked="" type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)

AMERICANS FOR LEGAL IMMIGRATION PAC

Full Name (Last, First, Middle Initial)

A. William G Heen  
 Mailing Address PO BOX 30966  
 City RALEIGH State NC Zip Code 27622  
 Purpose of Disbursement PAY FOR JAN 2007  
 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  
02 / 14 / 2007  
 Amount of Each Disbursement this Period  
3,500.00

B. BB+T  
 Mailing Address 4409 Creedmore Rd  
 City RALEIGH State NC Zip Code 27612  
 Purpose of Disbursement BANK FEE  
 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  
02 / 21 / 2007  
 Amount of Each Disbursement this Period  
5.00

C. William G Heen  
 Mailing Address PO BOX 30966  
 City RALEIGH State NC Zip Code 27622  
 Purpose of Disbursement PAY FOR FEB 2007  
 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  
02 / 21 / 2007  
 Amount of Each Disbursement this Period  
3,500.00

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

7,005.00

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

27039504156

**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)

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<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)

**AMERICANS FOR LEGAL IMMIGRATION PAC**

Full Name (Last, First, Middle Initial)

A. <b>AMERICAN EXPRESS</b>		Date of Disbursement
Mailing Address <b>PO BOX 36001</b>		<b>03 01 2007</b>
City <b>FT LAUDERDALE FL</b>	State <b>FL</b>	Zip Code <b>33336</b>
Purpose of Disbursement <b>CREDIT CARD TRANS FEES</b>	Candidate Name	Amount of Each Disbursement this Period <b>4.50</b>
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) ▼	Category/ Type
State: District:		

B. <b>CORNERSTONE AMERICA</b>		Date of Disbursement
Mailing Address <b>12600 DecRfield PKWY Ste 375</b>		<b>03 02 2007</b>
City <b>ALPHARETTA GA</b>	State <b>GA</b>	Zip Code <b>30004</b>
Purpose of Disbursement <b>CREDIT CARD TRANS FEES</b>	Candidate Name	Amount of Each Disbursement this Period <b>63.17</b>
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) ▼	Category/ Type
State: District:		

C. <b>DISCOVER NETWORK</b>		Date of Disbursement
Mailing Address <b>PO BOX 3022</b>		<b>03 02 2007</b>
City <b>NEW ALBANY OH</b>	State <b>OH</b>	Zip Code <b>43052</b>
Purpose of Disbursement <b>CREDIT CARD TRANS FEES</b>	Candidate Name	Amount of Each Disbursement this Period <b>55.91</b>
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) ▼	Category/ Type
State: District:		

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

**123.58**

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

27039504157

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

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

FOR LINE NUMBER:  
(check only one)

PAGE **13** OF **43**

21b  22  23  24  25  26  
 27  28a  28b  28c  29  30b

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NAME OF COMMITTEE (In Full)

**AMERICANS FOR LEGAL IMMIGRATION PAC**

Full Name (Last, First, Middle Initial)

**A. AUTHORIZE.NET CORP**  
 Mailing Address: **915 S. 500 E. Ste 200**  
 City: **AMERICAN FORK VT** State: **VT** Zip Code: **84403**  
 Purpose of Disbursement: **CREDIT CARD TRANS FEES**  
 Candidate Name: \_\_\_\_\_  
 Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify)

Date of Disbursement: **03 02 2007**  
 Amount of Each Disbursement this Period: **34.65**

**B. GOOGLE ADWORDS**  
 Mailing Address: **1600 AMPHITHEATER PKWY.**  
 City: **MT. VIEW CA** State: **CA** Zip Code: **94043**  
 Purpose of Disbursement: **WEB ADVERTISING**  
 Candidate Name: \_\_\_\_\_  
 Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify)

Date of Disbursement: **03 02 2007**  
 Amount of Each Disbursement this Period: **25.81**

**C. AMERICAN EXPRESS**  
 Mailing Address: **PO BOX 36001**  
 City: **FT LAUDERDALE FL** State: **FL** Zip Code: **33336**  
 Purpose of Disbursement: **CREDIT CARD TRANS FEES**  
 Candidate Name: \_\_\_\_\_  
 Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify)

Date of Disbursement: **03 05 2007**  
 Amount of Each Disbursement this Period: **5.95**

**SUBTOTAL** of Disbursements This Page (optional)..... **66.41**  
**TOTAL** This Period (last page this line number only).....

27039504158

**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)

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21b     22     23     24     25     26  
 27     28a     28b     28c     29     30b

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NAME OF COMMITTEE (In Full)

AMERICANS FOR LEGAL IMMIGRATION PAC

Full Name (Last, First, Middle Initial)

**A.** US POSTAL SERVICE Date of Disbursement: 03/06/2007

Mailing Address: 4325 Glenwood Ave

City: Raleigh State: NC Zip Code: 27612

Purpose of Disbursement: POST OFFICE BOX FEE Amount of Each Disbursement this Period: 72.00

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

Full Name (Last, First, Middle Initial)

**B.** SERVER BEACH LTD Date of Disbursement: 03/09/2007

Mailing Address: 172 E. PECAN Ste 1200

City: SAN ANTONIO State: TX Zip Code: 78205

Purpose of Disbursement: WEB HOSTING FEES Amount of Each Disbursement this Period: 174.65

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

Full Name (Last, First, Middle Initial)

**C.** PAIMER WEB CONSULTING Date of Disbursement: 03/12/2007

Mailing Address: PO BOX 1492

City: Old Fort State: NC Zip Code: 28762

Purpose of Disbursement: Website Design Amount of Each Disbursement this Period: 500.00

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

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

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

746.65

27039504159

**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)

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<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)

**AMERICANS FOR LEGAL IMMIGRATION PAC**

Full Name (Last, First, Middle Initial)

**A. CLOUDMARK SPAMNET**

Date of Disbursement

Mailing Address

**BEST EFFORT**

03 / 12 / 2007

City

State

Zip Code

Purpose of Disbursement

**SPAM SOFTWARE SERVICE**

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

3.99

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**B. DOTSTER, INC.**

Date of Disbursement

Mailing Address

**PO BOX 821066**

03 / 14 / 2007

City

State

Zip Code

Purpose of Disbursement

**WEBDOMAIN PURCHASES**

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

203.00

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**C. DOTSTER, INC.**

Date of Disbursement

Mailing Address

**PO BOX 821066**

03 / 23 / 2007

City

State

Zip Code

Purpose of Disbursement

**DOMAIN FEES**

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

8.95

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

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

215.94

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

27039504160

**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)

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<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)

**AMERICANS FOR LEGAL IMMIGRATION PAC**

Full Name (Last, First, Middle Initial)

A. <b>WA DUKE FAIRVIEW HOTEL</b>		Date of Disbursement
Mailing Address <b>3001 CAMERON BLVD.</b>		M M / D D / Y Y Y Y <b>03 29 2007</b>
City <b>DURHAM</b>	State <b>NC</b>	Zip Code <b>27705</b>
Purpose of Disbursement <b>LEADERSHIP BREAKFAST</b>		Amount of Each Disbursement this Period <b>79.39</b>
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) ▼	Category/ Type
State: District:		

B. <b>AMERICAN EXPRESS</b>		Date of Disbursement
Mailing Address <b>PO BOX 36001</b>		M M / D D / Y Y Y Y <b>03 30 2007</b>
City <b>FT LAUDERDALE</b>	State <b>FL</b>	Zip Code <b>33334</b>
Purpose of Disbursement <b>CREDIT CARD TRANS FEES</b>		Amount of Each Disbursement this Period <b>4.50</b>
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) ▼	Category/ Type
State: District:		

C. <b>BELL SOUTH</b>		Date of Disbursement
Mailing Address <b>PO BOX 1262</b>		M M / D D / Y Y Y Y <b>04 02 2007</b>
City <b>CHARLOTTE</b>	State <b>NC</b>	Zip Code <b>28201</b>
Purpose of Disbursement <b>PHONEST LONG DISTANCE</b>		Amount of Each Disbursement this Period <b>200.00</b>
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) ▼	Category/ Type
State: District:		

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

**283.89**

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

27039504161

**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)

21b  22  23  24  25  26  
 27  28a  28b  28c  29  30b

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NAME OF COMMITTEE (In Full)

**AMERICANS FOR LEGAL IMMIGRATION PAC**

Full Name (Last, First, Middle Initial)

**A. Time WARNER CABLE**  
 Mailing Address: **2505 ATLANTIC AVE Ste 101**  
 City: **Raleigh** State: **NC** Zip Code: **27604**  
 Purpose of Disbursement: **BROADBAND INTERNET**  
 Candidate Name: \_\_\_\_\_  
 Office Sought:  House  Senate  President  
 State: \_\_\_\_\_ District: \_\_\_\_\_  
 Disbursement For:  Primary  General  
 Other (specify) ▼  
 Date of Disbursement: **04/02/2007**  
 Amount of Each Disbursement this Period: **50.00**

**B. CORNERSTONE AMERICAN**  
 Mailing Address: **12600 NEAR FICK PKWY Ste 375**  
 City: **ALPHARETTA** State: **GA** Zip Code: **30004**  
 Purpose of Disbursement: **CREDIT CARD TRANS FEES**  
 Candidate Name: \_\_\_\_\_  
 Office Sought:  House  Senate  President  
 State: \_\_\_\_\_ District: \_\_\_\_\_  
 Disbursement For:  Primary  General  
 Other (specify) ▼  
 Date of Disbursement: **04/03/2007**  
 Amount of Each Disbursement this Period: **108.65**

**C. DISCOVER NETWORK**  
 Mailing Address: **PO BOX 3022**  
 City: **NEW ALBANY** State: **OH** Zip Code: **43052**  
 Purpose of Disbursement: **CREDIT CARD TRANS FEES**  
 Candidate Name: \_\_\_\_\_  
 Office Sought:  House  Senate  President  
 State: \_\_\_\_\_ District: \_\_\_\_\_  
 Disbursement For:  Primary  General  
 Other (specify) ▼  
 Date of Disbursement: **04/03/2007**  
 Amount of Each Disbursement this Period: **44.95**

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

**203.60**

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

27039504162

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE 18 OF 43
	<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)  
**AMERICANS FOR LEGAL IMMIGRATION PAC**

A. Full Name (Last, First, Middle Initial) <b>AMERICAN EXPRESS</b>		Date of Disbursement 04' 03' 2007
Mailing Address <b>PO BOX 36001</b>		Amount of Each Disbursement this Period  <b>37.45</b>
City <b>FT LAUDERDALE</b>	State <b>FL</b>	
Zip Code <b>33336</b>		
Purpose of Disbursement <b>CREDIT CARD TRANS FEE</b>		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:	

B. Full Name (Last, First, Middle Initial) <b>EMBARQ</b>		Date of Disbursement 04' 04' 2007
Mailing Address <b>PO BOX 96064</b>		Amount of Each Disbursement this Period  <b>284.39</b>
City <b>CHARLOTTE</b>	State <b>NC</b>	
Zip Code <b>28296</b>		
Purpose of Disbursement <b>PHONES + LONG DISTANCE</b>		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:	

C. Full Name (Last, First, Middle Initial) <b>SERVER BEACH LTD</b>		Date of Disbursement 04' 09' 2007
Mailing Address <b>112 E. PECAN STE 1200</b>		Amount of Each Disbursement this Period  <b>174.65</b>
City <b>SAN ANTONIO</b>	State <b>TX</b>	
Zip Code <b>78205</b>		
Purpose of Disbursement <b>WEB HOSTING FEES</b>		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:	

SUBTOTAL of Disbursements This Page (optional).....	<b>496.49</b>
TOTAL This Period (last page this line number only).....	

27039504163

**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)

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<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)

AMERICANS FOR LEGAL IMMIGRATION PAC

Full Name (Last, First, Middle Initial)

A. <u>FEDERATION FOR IMMIGRATION REFORM</u>		Date of Disbursement
Mailing Address <u>1666 CONNECTICUT AVE NW</u>		M M ' D D ' Y Y Y Y <u>04 09 2007</u>
City	State	Zip Code
<u>WASHINGTON</u>	<u>DC</u>	<u>20009</u>
Purpose of Disbursement <u>BANQUET FEE</u>		Amount of Each Disbursement this Period
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		, , <u>25.00</u>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:	

B. <u>CLOUDMARK SPAMNET</u>		Date of Disbursement
Mailing Address <u>BEST EFFORT</u>		M M ' D D ' Y Y Y Y <u>04 12 2007</u>
City	State	Zip Code
Purpose of Disbursement <u>SPAM SOFTWARE</u>		Amount of Each Disbursement this Period
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		, , <u>3.99</u>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:	

C. <u>MICHELLE JACOBSON</u>		Date of Disbursement
Mailing Address <u>1701 N. ALBANY AVE #20</u>		M M ' D D ' Y Y Y Y <u>04 19 2007</u>
City	State	Zip Code
<u>CHICAGO</u>	<u>IL</u>	<u>60647</u>
Purpose of Disbursement <u>DONATION FOR TRIP TO DC</u>		Amount of Each Disbursement this Period
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		, , <u>50.00</u>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:	

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

, , 78.99

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

27039504164

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 20 OF 43

21b  22  23  24  25  26  
 27  28a  28b  28c  29  30b

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NAME OF COMMITTEE (In Full)

AMERICANS FOR LEGAL IMMIGRATION PAC

Full Name (Last, First, Middle Initial)

A. <u>STAPLES, INC</u>		Date of Disbursement
Mailing Address <u>2950 MILLBROOK Rd</u>		04 23 2007
City <u>RALEIGH</u>	State <u>NC</u>	Zip Code <u>27604</u>
Purpose of Disbursement <u>PAMPHLET PRINTING</u>		Amount of Each Disbursement this Period <u>240.37</u>
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:	

B. <u>MULLHOLLANDS</u>		Date of Disbursement
Mailing Address <u>1332 N. MAIN ST.</u>		04 23 2007
City <u>FORT WORTH</u>	State <u>TX</u>	Zip Code <u>76164</u>
Purpose of Disbursement <u>NAME BADGES</u>		Amount of Each Disbursement this Period <u>216.50</u>
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:	

C. <u>LONG PRINTING</u>		Date of Disbursement
Mailing Address <u>4910 DEPARTURE DR.</u>		04 23 2007
City <u>RALEIGH</u>	State <u>NC</u>	Zip Code <u>27622</u>
Purpose of Disbursement <u>BUSINESS CARDS</u>		Amount of Each Disbursement this Period <u>80.06</u>
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:	

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

536.93

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

27039504165

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

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NAME OF COMMITTEE (In Full)  
**Americans FOR LEGAL IMMIGRATION PAC**

**A. DUBLINER ATM MACHINE**  
 Mailing Address: **520 N. CAPITAL**  
 City: **WASHINGTON** State: **DC**  
 Purpose of Disbursement: **CASH FOR CABS + SUBWAY**  
 Date of Disbursement: **04 24 2007**  
 Amount of Each Disbursement this Period: **122.00**  
 Category/Type:   
 Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify)   
 State:  District:

**B. DUBLINER RESTAURANT**  
 Mailing Address: **520 N. CAPITAL**  
 City: **WASHINGTON** State: **DC**  
 Purpose of Disbursement: **LEADERSHIP LUNCH**  
 Date of Disbursement: **04 24 2007**  
 Amount of Each Disbursement this Period: **39.59**  
 Category/Type:   
 Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify)   
 State:  District:

**C. VINO CHICAGO GRILL #70**  
 Mailing Address: **UNION STATION**  
 City: **WASHINGTON** State: **DC**  
 Purpose of Disbursement: **Food FOR Bloggers + VOLUNTEERS**  
 Date of Disbursement: **04 25 2007**  
 Amount of Each Disbursement this Period: **222.35**  
 Category/Type:   
 Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify)   
 State:  District:

**SUBTOTAL of Disbursements This Page (optional)..... ▶ 383.94**  
**TOTAL This Period (last page this line number only)..... ▶**

27039504166

**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)

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<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)

*AMERICANS FOR LEGAL IMMIGRATION PAC*

Full Name (Last, First, Middle Initial)

A. <i>THUNDER GRILL</i>		Date of Disbursement
Mailing Address <i>Union STATION</i>		<i>04' 25' 2007</i>
City <i>WASHINGTON</i> State <i>DC</i> Zip Code		
Purpose of Disbursement <i>Volunteer Dinner</i>		Amount of Each Disbursement this Period <i>1,266.7</i>
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:		

B. <i>Union Wine Shop</i>		Date of Disbursement
Mailing Address <i>Union STATION</i>		<i>04' 25' 2007</i>
City <i>WASHINGTON</i> State <i>DC</i> Zip Code		
Purpose of Disbursement <i>DC MAPS</i>		Amount of Each Disbursement this Period <i>12.00</i>
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:		

C. <i>SUN TRUST ATM</i>		Date of Disbursement
Mailing Address <i>TWO MASSACHUSETTS AVE</i>		<i>04' 26' 2007</i>
City <i>WASHINGTON</i> State <i>DC</i> Zip Code		
Purpose of Disbursement <i>CASH FOR PARKING FEC</i>		Amount of Each Disbursement this Period <i>44.00</i>
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:		

SUBTOTAL of Disbursements This Page (optional).....▶	<i>1,826.7</i>
TOTAL This Period (last page this line number only).....▶	

27039504167

**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)

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21b  22  23  24  25  26  
 27  28a  28b  28c  29  30b

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NAME OF COMMITTEE (In Full)

AMERICANS FOR LEGAL IMMIGRATION PAC

Full Name (Last, First, Middle Initial)

**A.** VNO CHICAGO GRILL #70

Mailing Address: UNION STATION  
City: WASHINGTON DC Zip Code: 20001  
Purpose of Disbursement: DINNER FOR VOLUNTEERS  
Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President  
State: \_\_\_\_\_ District: \_\_\_\_\_

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 04 26 2007  
Amount of Each Disbursement this Period: 113.11

**B.** AMERICA SUPPLIES

Mailing Address: BEST EFFORT  
City: WASHINGTON DC Zip Code: 20001  
Purpose of Disbursement: FLAGS + SIGN BOARDS  
Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President  
State: \_\_\_\_\_ District: \_\_\_\_\_

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 04 27 2007  
Amount of Each Disbursement this Period: 98.25

**C.** WEB 24 Seven, Inc.

Mailing Address: PHOENIX PARK HOTEL 520 N. CAPITOL BLVD  
City: WASHINGTON DC Zip Code: 20001  
Purpose of Disbursement: BUSINESS CENTER FEES  
Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President  
State: \_\_\_\_\_ District: \_\_\_\_\_

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 04 27 2007  
Amount of Each Disbursement this Period: 8.84

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

220.20

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

27039504168

**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)

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<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)

*AMERICANS FOR LEGAL IMMIGRATION PAC*

Full Name (Last, First, Middle Initial)

A. <i>PHOENIX PARK HOTEL</i>		Date of Disbursement
Mailing Address <i>520 N. CAPITOL NW</i>		<i>04 30 2007</i>
City <i>WASHINGTON</i>	State <i>DC</i>	Zip Code <i>20001</i>
Purpose of Disbursement <i>Room For leaders, volunteers, + STORAGE</i>		Amount of Each Disbursement this Period
Candidate Name		<i>3,165.41</i>
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:	

B. <i>FAST MART #53</i>		Date of Disbursement
Mailing Address <i>12342 STONEWALL JACKSON Rd.</i>		<i>04 30 2007</i>
City <i>WOODFORD</i>	State <i>VA</i>	Zip Code
Purpose of Disbursement <i>GAS FOR DC TRAVEL</i>		Amount of Each Disbursement this Period
Candidate Name		<i>41.88</i>
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:	

C. <i>AMERICAN EXPRESS</i>		Date of Disbursement
Mailing Address <i>PO BOX 36001</i>		<i>05 01 2007</i>
City <i>FT LAUDERDALE</i>	State <i>FL</i>	Zip Code <i>33336</i>
Purpose of Disbursement <i>CREDIT CARD FEES</i>		Amount of Each Disbursement this Period
Candidate Name		<i>4.50</i>
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:	

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

*3,211.79*

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

27039504169

**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)

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<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)

**AMERICANS FOR LEGAL IMMIGRATION PAC**

Full Name (Last, First, Middle Initial)

A. <b>CORNERSTONE AMERICAN</b>		Date of Disbursement
Mailing Address <b>12600 Deerfield Pkwy. Ste 37</b>		M M ' D D ' Y Y Y Y <b>05 02 2007</b>
City <b>ALPHARETTA</b>	State <b>GA</b>	Amount of Each Disbursement this Period <b>47.64</b>
Zip Code <b>30004</b>		
Purpose of Disbursement <b>CREDIT CARD TRANS FEES</b>		Category/ Type
Candidate Name		
Office Sought:	Disbursement For:	
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼	
<input type="checkbox"/> President		
State:	District:	

B. <b>DISCOVER NETWORK</b>		Date of Disbursement
Mailing Address <b>PO BOX 3022</b>		M M ' D D ' Y Y Y Y <b>05 02 2007</b>
City <b>NEW ALBANY</b>	State <b>OH</b>	Amount of Each Disbursement this Period <b>44.95</b>
Zip Code <b>43052</b>		
Purpose of Disbursement <b>CREDIT CARD TRANS FEES</b>		Category/ Type
Candidate Name		
Office Sought:	Disbursement For:	
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼	
<input type="checkbox"/> President		
State:	District:	

C. <b>AMERICAN EXPRESS</b>		Date of Disbursement
Mailing Address <b>PO BOX 3601</b>		M M ' D D ' Y Y Y Y <b>05 03 2007</b>
City <b>FT. LAUDERDALE</b>	State <b>FL</b>	Amount of Each Disbursement this Period <b>37.95</b>
Zip Code <b>33336</b>		
Purpose of Disbursement <b>CREDIT CARD TRANS FEES</b>		Category/ Type
Candidate Name		
Office Sought:	Disbursement For:	
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼	
<input type="checkbox"/> President		
State:	District:	

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

**130.54**

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

27039504170

**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)

AMERICANS FOR LEGAL IMMIGRATION PAC

Full Name (Last, First, Middle Initial)

A. SERVER BEACH LTD		Date of Disbursement
Mailing Address 112 E. PECAN STE 1200		05 07 2007
City	State	Zip Code
SAN ANTONIO	TX	78205
Purpose of Disbursement	Amount of Each Disbursement this Period	
WEB HOSTING	229.00	
Candidate Name	Category/Type	
Office Sought:	Disbursement For:	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

B. US POSTAL SERVICE		Date of Disbursement
Mailing Address 4325 GLENWOOD AVE		05 07 2007
City	State	Zip Code
RALEIGH	NC	27612
Purpose of Disbursement	Amount of Each Disbursement this Period	
POSTAGE	14.05	
Candidate Name	Category/Type	
Office Sought:	Disbursement For:	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

C. MICHELLE JACOBSON		Date of Disbursement
Mailing Address 1701 N. AIRWAY AVE #212R		05 08 2007
City	State	Zip Code
CHICAGO	IL	60647
Purpose of Disbursement	Amount of Each Disbursement this Period	
DONATION FOR DC TRIP	100.00	
Candidate Name	Category/Type	
Office Sought:	Disbursement For:	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

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

343.05

27039504171

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 27 OF 43

<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)

*AMERICAN FOR LEGAL IMMIGRATION PAC*

A. Full Name (Last, First, Middle Initial) <i>RUTH Miller</i>		Date of Disbursement M M ' D D ' Y Y Y Y <i>05 08 2007</i>
Mailing Address		Amount of Each Disbursement this Period <i>100.00</i>
City	State Zip Code	
Purpose of Disbursement <i>Camera Purchase</i>	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State:	District:	

B. Full Name (Last, First, Middle Initial) <i>MASS MEDIA DISTRIBUTION</i>		Date of Disbursement M M ' D D ' Y Y Y Y <i>05 09 2007</i>
Mailing Address <i>12693 TAMiami TRl E. #222</i>		Amount of Each Disbursement this Period <i>199.00</i>
City <i>NAPLES</i>	State Zip Code <i>FL 34113</i>	
Purpose of Disbursement <i>PRESS Release Fee</i>	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State:	District:	

C. Full Name (Last, First, Middle Initial) <i>EMBARQ</i>		Date of Disbursement M M ' D D ' Y Y Y Y <i>05 10 2007</i>
Mailing Address <i>PO BOX 96064</i>		Amount of Each Disbursement this Period <i>403.57</i>
City <i>CHARLOTTE</i>	State Zip Code <i>NC 28296</i>	
Purpose of Disbursement <i>PHONES + LONG DISTANCE</i>	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	<i>702.57</i>
TOTAL This Period (last page this line number only).....▶	

27039504172

**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)

*AMERICANS FOR LEGAL IMMIGRATION PAC*

Full Name (Last, First, Middle Initial)

A. <i>CIRCVIT CITY</i>		Date of Disbursement
Mailing Address <i>5000 Glenwood Ave</i>		<i>05 14 2007</i>
City <i>Raleigh</i>	State <i>NC</i>	Zip Code <i>27612</i>
Purpose of Disbursement <i>CAMCORDER DISKS</i>		Amount of Each Disbursement this Period <i>16.00</i>
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:	

B. <i>CLOUDMARK SPANNET</i>		Date of Disbursement
Mailing Address <i>BEST EFFORT</i>		<i>05 14 2007</i>
City	State	Zip Code
Purpose of Disbursement <i>SPAM SOFTWARE</i>		Amount of Each Disbursement this Period <i>3.99</i>
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:	

C. <i>YOU SEND IT, INC.</i>		Date of Disbursement
Mailing Address <i>100 View St. Ste 201</i>		<i>05 18 2007</i>
City <i>Mountain View</i>	State <i>CA</i>	Zip Code <i>94041</i>
Purpose of Disbursement <i>FILE TRANSFER SERVICE</i>		Amount of Each Disbursement this Period <i>4.99</i>
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:	

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

*24.98*

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

27039504173

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 9 OF 43

<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)

**AMERICANS FOR LEGAL IMMIGRATION PAC**

Full Name (Last, First, Middle Initial)

A. **ASKNET-SHOPS.COM**

Mailing Address **VINCENT-PIESSNITZ-STR. 3**

City **KARLSRUHE** State **BARBADOS** Zip Code **76131**

Purpose of Disbursement **Video SOFTWARE**

Candidate Name

Date of Disbursement

05' 21' 2007

Amount of Each Disbursement this Period

60.98

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. **WILLIAM O'HEEN**

Mailing Address **PO BOX 30966**

City **RALEIGH** State **NC** Zip Code **27602**

Purpose of Disbursement **PAY FOR MARCH 2007**

Candidate Name

Date of Disbursement

05' 24' 2007

Amount of Each Disbursement this Period

3,500.00

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. **MASS MEDIA DISTRIBUTION**

Mailing Address **12693 TAMiami TRLE # 222**

City **NAPLES** State **FL** Zip Code **34113**

Purpose of Disbursement **PRESS Release Fee**

Candidate Name

Date of Disbursement

05' 25' 2007

Amount of Each Disbursement this Period

199.00

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

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

3759.98

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

27039504174

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 20 OF 93

21b  22  23  24  25  26  
 27  28a  28b  28c  29  30b

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NAME OF COMMITTEE (In Full)

*AMERICANS FOR LEGAL IMMIGRATION PAC*

Full Name (Last, First, Middle Initial)

A. *RUTH MILLER*

Mailing Address

City

State

Zip Code

Purpose of Disbursement

*CAMERA PURCHASE PAYMENT*

Candidate Name

Category/  
Type

Date of Disbursement

*05 29 2007*

Amount of Each Disbursement this Period

*200.06*

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. *CIRCUIT CITY*

Mailing Address

*5000 Glenwood Ave*

City

State

Zip Code

*RALEIGH NC 27612*

Purpose of Disbursement

*COMPUTER MEMORY + VIDEO UPGRADES*

Candidate Name

Category/  
Type

Date of Disbursement

*05 30 2007*

Amount of Each Disbursement this Period

*672.92*

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. *AMERICAN EXPRESS*

Mailing Address

*PO BOX 36001*

City

State

Zip Code

*FT. LAUDERDALE FL 33326*

Purpose of Disbursement

*CREDIT CARD TRANS FEES*

Candidate Name

Category/  
Type

Date of Disbursement

*05 30 2007*

Amount of Each Disbursement this Period

*4.50*

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

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

*877.42*

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

27039504175



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 22 OF 43

<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)

**AMERICANS FOR LEGAL IMMIGRATION PAC**

Full Name (Last, First, Middle Initial)

A. <b>DISCOVER NETWORK</b>		Date of Disbursement
Mailing Address <b>PO BOX 3022</b>		<b>06 04 2007</b>
City <b>NEW ALBANY</b> State <b>OH</b> Zip Code <b>43052</b>		Amount of Each Disbursement this Period <b>57.36</b>
Purpose of Disbursement <b>CREDIT CARD TRANS FEES</b>		
Candidate Name		Category/Type
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:	

B. <b>HESS MART GAS</b>		Date of Disbursement
Mailing Address <b>100 E MAIN ST</b>		<b>06 04 2007</b>
City <b>FRACKVILLE</b> State <b>PA</b> Zip Code <b>3845</b>		Amount of Each Disbursement this Period <b>46.16</b>
Purpose of Disbursement <b>GAS FOR HAZLETON TRIP</b>		
Candidate Name		Category/Type
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:	

C. <b>EP MART #8</b>		Date of Disbursement
Mailing Address <b>BEST EFFORT</b>		<b>06 04 2007</b>
City <b>HAZLETON</b> State <b>PA</b> Zip Code		Amount of Each Disbursement this Period <b>45.94</b>
Purpose of Disbursement <b>GAS FOR HAZLETON TRIP</b>		
Candidate Name		Category/Type
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:	

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

**149.46**

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

27039504177

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE 3 OF 43
	<input checked="" type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b	

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NAME OF COMMITTEE (In Full)  
**AMERICANS FOR LEGAL IMMIGRATION PAC**

A. <b>AUTHORIZE.NET CORP</b> Mailing Address <b>915 S. 500 E. Ste 200</b> City <b>AMERICAN FORK</b> State <b>VT</b> Zip Code <b>05400</b>		Date of Disbursement <b>06' 04' 2007</b>
Purpose of Disbursement <b>CREDIT CARD TRANS FEES</b> Candidate Name		Amount of Each Disbursement this Period <b>37.55</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B. <b>RAMADA INN</b> Mailing Address <b>ROUTE 309 NORTH</b> City <b>HAZLETON</b> State <b>PA</b> Zip Code <b>18201</b>		Date of Disbursement <b>06' 05' 2007</b>
Purpose of Disbursement <b>LODGING FOR HAZLETON TRIP</b> Candidate Name		Amount of Each Disbursement this Period <b>110.99</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C. <b>ZOLA'S LAMP POST</b> Mailing Address <b>HARLEIGH TERRACE</b> City <b>HAZLETON</b> State <b>PA</b> Zip Code <b>18201</b>		Date of Disbursement <b>06' 05' 2007</b>
Purpose of Disbursement <b>DINER FOR VOLUNTEERS</b> Candidate Name		Amount of Each Disbursement this Period <b>44.56</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	<b>193.10</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

27039504178

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

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

FOR LINE NUMBER: (check only one)

PAGE 34 OF 92

<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)

**AMERICANS FOR LEGAL IMMIGRATION PAC**

Full Name (Last, First, Middle Initial)

A. <b>SHELL SERVICE STATION</b>		Date of Disbursement
Mailing Address <b>BEST EFFORT</b>		M M ' D D ' Y Y Y Y <b>06 05 2007</b>
City	State	Amount of Each Disbursement this Period <b>29.42</b>
Zip Code		
Purpose of Disbursement <b>GAS FOR HAZLETON EVENT</b>		Category/Type
Candidate Name		
Office Sought:	Disbursement For:	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

B. <b>CINCULAR LATT</b>		Date of Disbursement
Mailing Address <b>175 E. HOUSTON ST.</b>		M M ' D D ' Y Y Y Y <b>06 06 2007</b>
City	State	Amount of Each Disbursement this Period <b>283.22</b>
Zip Code		
Purpose of Disbursement <b>CELL PHONE BILL</b>		Category/Type
Candidate Name		
Office Sought:	Disbursement For:	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

C. <b>MASS MEDIA DISTRIBUTION</b>		Date of Disbursement
Mailing Address <b>12693 TAMiami TRL. E #222</b>		M M ' D D ' Y Y Y Y <b>06 07 2007</b>
City	State	Amount of Each Disbursement this Period <b>199.00</b>
Zip Code		
Purpose of Disbursement <b>PRESS RELEASE FEE</b>		Category/Type
Candidate Name		
Office Sought:	Disbursement For:	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

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

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

**511.64**

27039504179

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

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

FOR LINE NUMBER:  
(check only one)

PAGE **35** OF **95**

<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)

**Americans For Legal Immigration PA**

Full Name (Last, First, Middle Initial)

**A. Best Western**

Mailing Address  
**32 N. Church St.**

City **HAZLETON** State **PA** Zip Code **18201**

Purpose of Disbursement  
**LOBBING FOR HAZLETON AREA**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

**06' 07' 2007**

Amount of Each Disbursement this Period

**111.00**

**B. GOTOmeeting.com**

Mailing Address  
**5385 Hollister Ave.**

City **SANTA BARBARA** State **CA** Zip Code **93111**

Purpose of Disbursement  
**ONLINE meeting SOFTWARE**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

**06' 11' 2007**

Amount of Each Disbursement this Period

**99.00**

**C. CLOUDMARK SPAMNET**

Mailing Address  
**BEST EFFORT**

City State Zip Code

Purpose of Disbursement  
**SPAM SOFTWARE**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

**06' 12' 2007**

Amount of Each Disbursement this Period

**399**

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

**213.99**

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

178292828

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

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

FOR LINE NUMBER: (check only one)

PAGE 6 OF 43

<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)

*AMERICANS FOR LEGAL IMMIGRATION PAC*

Full Name (Last, First, Middle Initial)

A. <i>PAPER Edition</i>		Date of Disbursement
Mailing Address <i>100 E. Main St</i>		<i>06 ' 18 ' 2007</i>
City <i>Huntersville NC</i> State Zip Code <i>28078</i>		Amount of Each Disbursement this Period <i>100.00</i>
Purpose of Disbursement <i>Proof Reading Service</i>		
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:		

B. <i>You Sendit, Inc</i>		Date of Disbursement
Mailing Address <i>100 View St. Ste 201</i>		<i>06 ' 18 ' 2007</i>
City <i>Mountain View CA</i> State Zip Code <i>94041</i>		Amount of Each Disbursement this Period <i>4.99</i>
Purpose of Disbursement <i>File Transfer Service</i>		
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:		

C. <i>Unite to Fight</i>		Date of Disbursement
Mailing Address <i>PO BOX 612</i>		<i>06 ' 18 ' 2007</i>
City <i>Neenah WI</i> State Zip Code <i>54957</i>		Amount of Each Disbursement this Period <i>250.00</i>
Purpose of Disbursement <i>Donation to Radio Show</i>		
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:		

SUBTOTAL of Disbursements This Page (optional).....▶	<i>354.99</i>
TOTAL This Period (last page this line number only).....▶	

27039504181

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE <u>27</u> OF <u>43</u>
	<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)  
AMERICANS FOR LEGAL IMMIGRATION

Full Name (Last, First, Middle Initial) <u>Bell South</u>		Date of Disbursement <u>06 '19' 2007</u>
Mailing Address <u>PO BOX 1262</u>		Amount of Each Disbursement this Period <u>269.13</u>
City <u>Charlotte</u>	State <u>NC</u> Zip Code <u>28201</u>	
Purpose of Disbursement <u>Phones + Long Distance</u>		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:	

Full Name (Last, First, Middle Initial) <u>Dotster.com, Inc</u>		Date of Disbursement <u>06 '19' 2007</u>
Mailing Address <u>PO BOX 821066</u>		Amount of Each Disbursement this Period <u>129.75</u>
City <u>Vancouver</u>	State <u>WA</u> Zip Code <u>98682</u>	
Purpose of Disbursement <u>Domain Registration Fees</u>		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:	

Full Name (Last, First, Middle Initial) <u>Target</u>		Date of Disbursement <u>06 '20' 2007</u>
Mailing Address <u>12000 Retail DR.</u>		Amount of Each Disbursement this Period <u>196.77</u>
City <u>Wake Forest</u>	State <u>NC</u> Zip Code <u>27587</u>	
Purpose of Disbursement <u>Printer + Storage Disks</u>		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:	

SUBTOTAL of Disbursements This Page (optional).....	<u>605.65</u>
TOTAL This Period (last page this line number only).....	

27039504182

**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)

**AMERICANS FOR LEGAL IMMIGRATION PAC**

Full Name (Last, First, Middle Initial)

A. <b>ASTERISK DIALER</b>		Date of Disbursement
Mailing Address <b>1838 CORINTH AVE. STE 3</b>		<b>06 21 2007</b>
City <b>LOS ANGELES</b>	State <b>CA</b>	Zip Code <b>90025</b>
Purpose of Disbursement <b>PHONE BANKS + VOTER CONTACT</b>		Amount of Each Disbursement this Period <b>6,000.00</b>
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:	

B. <b>JAMES PUCKETT</b>		Date of Disbursement
Mailing Address <b>305 COLONIAL DR.</b>		<b>06 21 2007</b>
City <b>ROANOKE RAPIDS</b>	State <b>NC</b>	Zip Code <b>27870</b>
Purpose of Disbursement <b>COMPUTER REPAIRS</b>		Amount of Each Disbursement this Period <b>100.00</b>
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:	

C. <b>ASTERISK DIALER</b>		Date of Disbursement
Mailing Address <b>1838 CORINTH AVE. STE. 3</b>		<b>06 22 2007</b>
City <b>LOS ANGELES</b>	State <b>CA</b>	Zip Code <b>90025</b>
Purpose of Disbursement <b>PHONE BANKS + VOTER CONTACT</b>		Amount of Each Disbursement this Period <b>6,000.00</b>
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:	

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

**12,100.00**

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

27039504183

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 39 OF 43

<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)

AMERICANS FOR LEGAL IMMIGRATION PAC

Full Name (Last, First, Middle Initial)

**A.** ASTERISK Dialer

Mailing Address: 1838 CORINTH AVE STE. 3

City: LOS ANGELES State: CA Zip Code: 90025

Purpose of Disbursement: PHONE BANKS + VOTER CONTACT

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement: 06'25'2007

Amount of Each Disbursement this Period: 6,000.00

**B.** Home Wood Suites ATM

Mailing Address: 1475 MASSACHUSETTS AVE. NW

City: WASHINGTON State: DC Zip Code: 20005

Purpose of Disbursement: CASH FOR CABS + METRO IDL.

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement: 06'25'2007

Amount of Each Disbursement this Period: 204.00

**C.** William O'Heen

Mailing Address: PO BOX 30966

City: RALEIGH State: NC Zip Code: 27622

Purpose of Disbursement: PAY FOR APRIL

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement: 06'25'2007

Amount of Each Disbursement this Period: 3500.00

**SUBTOTAL** of Disbursements This Page (optional)..... 9,704.00

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

27039504184

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 40 OF 43

21b  22  23  24  25  26  
 27  28a  28b  28c  29  30b

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NAME OF COMMITTEE (In Full)

AMERICANS FOR LEGAL IMMIGRATION PAC

Full Name (Last, First, Middle Initial)

A. HORNE'S AMBEST TRAVEL CENTER

Mailing Address

1670 US HWY. 601 N.

City

MOCKSVILLE

State

NC

Zip Code

27028

Purpose of Disbursement

GAS: ASHEVILLE EVENT

Candidate Name

Office Sought:

House

Senate

President

State:

District:

Disbursement For:

Primary

General

Other (specify) ▼

Date of Disbursement

06 / 25 / 2007

Amount of Each Disbursement this Period

38.98

B. AMOCO OIL # 874

Mailing Address

6540 EDSALL RD

City

ALEXANDRIA

State

VA

Zip Code

22312

Purpose of Disbursement

GAS: EVENT TRAVEL

Candidate Name

Office Sought:

House

Senate

President

State:

District:

Disbursement For:

Primary

General

Other (specify) ▼

Date of Disbursement

06 / 26 / 2007

Amount of Each Disbursement this Period

47.75

C. SHELL OIL

Mailing Address

5115 DAVIDSON HWY.

City

CONCORD

State

NC

Zip Code

28027

Purpose of Disbursement

GAS: EVENT TRAVEL

Candidate Name

Office Sought:

House

Senate

President

State:

District:

Disbursement For:

Primary

General

Other (specify) ▼

Date of Disbursement

06 / 26 / 2007

Amount of Each Disbursement this Period

36.60

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

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

123.33

27039504185

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE <u>41</u> OF <u>93</u>
	<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)  
**AMERICANS FOR LEGAL IMMIGRATION PAC**

**A. MASS MEDIA DISTRIBUTION**

Full Name (Last, First, Middle Initial)

Mailing Address: **12693 TAMiami TRl. E. #222**

City: **NAPLES** State: **FL** Zip Code: **34113**

Purpose of Disbursement: **PRESS Release Fee**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: **06 27 2007**

Amount of Each Disbursement this Period: **199.00**

**B. Homewood Suites ATM**

Full Name (Last, First, Middle Initial)

Mailing Address: **1475 MASSACHUSETTS AVE NW**

City: **WASHINGTON DC** State: Zip Code: **20005**

Purpose of Disbursement: **CASH FOR CAR RETAL**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: **06 27 2007**

Amount of Each Disbursement this Period: **204.50**

**C. EMBARQ**

Full Name (Last, First, Middle Initial)

Mailing Address: **PO BOX 96064**

City: **CHARLOTTE NC** State: Zip Code: **28296**

Purpose of Disbursement: **PHONES + long Distances**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: **06 28 2007**

Amount of Each Disbursement this Period: **85.23**

**SUBTOTAL** of Disbursements This Page (optional).....▶ **588.73**

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

27039504186

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

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

FOR LINE NUMBER: (check only one)

PAGE 42 OF 42

<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)

**AMERICANS FOR LEGAL IMMIGRATION PA**

Full Name (Last, First, Middle Initial)

A. <b>AMAZON.COM</b>		Date of Disbursement
Mailing Address <b>605 5TH AVE S.</b>		<b>06 28 2007</b>
City <b>SEATTLE</b>	State <b>WA</b>	Amount of Each Disbursement this Period <b>147.84</b>
Zip Code <b>98134</b>		
Purpose of Disbursement <b>COPIES OF CORSI'S BOOK</b>		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:		

B. <b>BORDERS BOOKS</b>		Date of Disbursement
Mailing Address <b>100 PHOENIX DR.</b>		<b>06 29 2007</b>
City <b>ANN HARBOR</b>	State <b>MI</b>	Amount of Each Disbursement this Period <b>219.54</b>
Zip Code <b>48108</b>		
Purpose of Disbursement		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:		

C. <b>AMAZON BOOKS</b>		Date of Disbursement
Mailing Address <b>605 5TH AVE S.</b>		<b>06 29 2007</b>
City <b>SEATTLE</b>	State <b>WA</b>	Amount of Each Disbursement this Period <b>105.60</b>
Zip Code <b>98134</b>		
Purpose of Disbursement <b>COPIES OF CORSI'S BOOK</b>		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:		

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

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

**472.98**

27039504187

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

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

FOR LINE NUMBER:  
(check only one)

PAGE **43** OF **43**

<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)

**AMERICANS FOR LEGAL IMMIGRATION PAC**

Full Name (Last, First, Middle Initial)

**A. Jim PALMER**

Date of Disbursement  
06 / 29 / 2007

Mailing Address  
**PO BOX 1992**

City **Old Fort** State **NC** Zip Code **28762**

Purpose of Disbursement  
**REIMBURSEMENT FOR EVENT BLAZER**

Amount of Each Disbursement this Period  
**160.00**

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

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

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

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

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

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

**160.00**

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

**57,194.83**

27039504188

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked  
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked  
8/7/07

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date  
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

*Juro*  
 PREPARER

*8/8/07*  
 DATE PREPARED

27039504189