

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Americans for Legal Immigration PAC

ADDRESS (number and street)

PO Box 30966

☐Check if different  
than previously  
reported. (ACC)

Raleigh

NC

27622

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00405878

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☒October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the  
State of(d) 30-Day  
Post -Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

07

01

2010

through

09

30

2010

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

Type or Print Name of Treasurer

Ms Jane Patterson

Signature of Treasurer

Electronically Filed by Ms Jane Patterson

Date

09

15

2010

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

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

A. Form/Schedule : **F3XN**  
Transaction ID :

This report has some problems due to data entry errors. I will be submitting an amended file to correct the errors.

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name  
Americans for Legal Immigration PAC

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 0 | 7 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

 To: 

|   |   |
|---|---|
| M | M |
| 0 | 9 |

|   |   |
|---|---|
| D | D |
| 3 | 0 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

|                                                                                                           | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|-----------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1                                                                          | 2010                    | 5298.36                           |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....                                                | 269.91                  |                                   |
| (c) Total Receipts (from Line 19) .....                                                                   | 45106.82                | 114887.61                         |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....      | 45376.73                | 120185.97                         |
| 7. Total Disbursements (from Line 31) .....                                                               | 40896.33                | 115705.57                         |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....                 | 4480.40                 | 4480.40                           |
| 9. Debts and Obligations owed TO<br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |
| 10. Debts and Obligations owed BY<br>the committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | 0.00                    |                                   |

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

### For further information contact:

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

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

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

Americans for Legal Immigration PAC

Report Covering the Period:

From:

M M  
0 7D D  
0 1Y Y Y Y  
2 0 1 0

To:

M M  
0 9D D  
3 0Y Y Y Y  
2 0 1 0

| I. Receipts                                                                                            | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:                                                             |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees                                                |                               |                                   |
| (i) Itemized (use Schedule A) .....                                                                    | 6938.59                       | 31993.59                          |
| (ii) Unitemized .....                                                                                  | 38168.23                      | 82619.02                          |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) .....                                                         | 45106.82                      | 114612.61                         |
| (b) Political Party Committees .....                                                                   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs) .....                                                    | 0.00                          | 0.00                              |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....     | 45106.82                      | 114612.61                         |
| 12. Transfers From Affiliated/Other Party Committees .....                                             | 0.00                          | 0.00                              |
| 13. All Loans Received .....                                                                           | 0.00                          | 0.00                              |
| 14. Loan Repayments Received .....                                                                     | 0.00                          | 0.00                              |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) ..... | 0.00                          | 270.00                            |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....           | 0.00                          | 0.00                              |
| 17. Other Federal Receipts (Dividends, Interest, etc.) .....                                           | 0.00                          | 5.00                              |
| 18. Transfers from Non-Federal and Levin Funds                                                         |                               |                                   |
| (a) Non-Federal Account (from Schedule H3) .....                                                       | 0.00                          | 0.00                              |
| (b) Levin Funds (from Schedule H5) .....                                                               | 0.00                          | 0.00                              |
| (c) Total Transfer (add 18(a) and 18(b)).                                                              | 0.00                          | 0.00                              |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....                          | 45106.82                      | 114887.61                         |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                    | 45106.82                      | 114887.61                         |

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

| II. DISBURSEMENTS                                                                              |          | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|------------------------------------------------------------------------------------------------|----------|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:                                                                    |          |                               |                                   |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4)                                     |          |                               |                                   |
| (i) Federal Share.....                                                                         | 0.00     | 0.00                          |                                   |
| (ii) Non-Federal Share.....                                                                    | 0.00     | 0.00                          |                                   |
| (b) Other Federal Operating Expenditures.....                                                  | 37648.14 | 105232.38                     |                                   |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤                        | 37648.14 | 105232.38                     |                                   |
| 22. Transfers to Affiliated/Other Party Committees.....                                        | 0.00     | 0.00                          |                                   |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 0.00     | 2000.00                       |                                   |
| 24. Independent Expenditure (use Schedule E) .....                                             | 3248.19  | 3248.19                       |                                   |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00     | 0.00                          |                                   |
| 26. Loan Repayments Made.....                                                                  | 0.00     | 0.00                          |                                   |
| 27. Loans Made.....                                                                            | 0.00     | 0.00                          |                                   |
| 28. Refunds of Contributions To:                                                               |          |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees .....                                  | 0.00     | 5225.00                       |                                   |
| (b) Political Party Committees                                                                 | 0.00     | 0.00                          |                                   |
| (c) Other Political Committees (such as PACs) .....                                            | 0.00     | 0.00                          |                                   |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....                           | 0.00     | 5225.00                       |                                   |
| 29. Other Disbursements.....                                                                   | 0.00     | 0.00                          |                                   |
| 30. Federal Election Activity (2 U.S.C 431(20))                                                |          |                               |                                   |
| (a) Shared Federal Election Activity (from Schedule H6)                                        |          |                               |                                   |
| (i) Federal Share .....                                                                        | 0.00     | 0.00                          |                                   |
| (ii) "Levin" Share .....                                                                       | 0.00     | 0.00                          |                                   |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           | 0.00     | 0.00                          |                                   |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....              | 0.00     | 0.00                          |                                   |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..       | 40896.33 | 115705.57                     |                                   |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 40896.33 | 115705.57                     |                                   |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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| III. Net Contributions/Operating Expenditures                                       | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|-------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>from Line 11(d), page 3) .....        | 45106.82                      | 114612.61                         |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                           | 0.00                          | 5225.00                           |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....   | 45106.82                      | 109387.61                         |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b))..... | 37648.14                      | 105232.38                         |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....               | 0.00                          | 270.00                            |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....             | 37648.14                      | 104962.38                         |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 67

(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

**A.**

Full Name (Last, First, Middle Initial)

Ricky Anderson

Mailing Address 4321 Hamm Rd

City

Barboursville

State

VA

Zip Code

22923

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Northrop GrummanOccupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | / | 2 | 5 | / | 2 | 0 | 1 | 0 |

Transaction ID: SA11AI.18080

Amount of Each Receipt this Period

100.00

C

**B.**

Full Name (Last, First, Middle Initial)

Ricky Anderson

Mailing Address 4321 Hamm Rd

City

Barboursville

State

VA

Zip Code

22923

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Northrop GrummanOccupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.18290

Amount of Each Receipt this Period

100.00

C

**C.**

Full Name (Last, First, Middle Initial)

Ricky Anderson

Mailing Address 4321 Hamm Rd

City

Barboursville

State

VA

Zip Code

22923

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Northrop GrummanOccupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | / | 2 | 0 | / | 2 | 0 | 1 | 0 |

Transaction ID: SA11AI.18639

Amount of Each Receipt this Period

100.00

C

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

300.00

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

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

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

FOR LINE NUMBER: PAGE 8 / 67

(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)

Jo Ann Baughman

Mailing Address PO Box 1269

City

Philomath

State

OR

Zip Code

97370

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
retired

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.19141

Amount of Each Receipt this Period

93.00

p

B.

Full Name (Last, First, Middle Initial)

Jo Ann Baughman

Mailing Address PO Box 1269

City

Philomath

State

OR

Zip Code

97370

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
retired

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.19161

Amount of Each Receipt this Period

74.00

p

C.

Full Name (Last, First, Middle Initial)

Kathryn K. Bell

Mailing Address 669 Rockledge Ct

City

Frisco

State

TX

Zip Code

75034

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 ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 2 / 2 0 1 0

Transaction ID: SA11AI.19205

Amount of Each Receipt this Period

500.00

k

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

667.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 9 / 67

☒ 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)

Kathryn K. Bell

Mailing Address 669 Rockledge Ct

City

Frisco

State

TX

Zip Code

75034

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 ▼

3025.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.18470

Amount of Each Receipt this Period

25.00

C

**B.**

Full Name (Last, First, Middle Initial)

Kathryn K. Bell

Mailing Address 669 Rockledge Ct

City

Frisco

State

TX

Zip Code

75034

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 ▼

3275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.18651

Amount of Each Receipt this Period

250.00

C

**C.**

Full Name (Last, First, Middle Initial)

Stephen Bellotti

Mailing Address 1555 Alta Glen Dr, #3

City

San Jose

State

CA

Zip Code

95125

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jerome A Bellotti & Associates

Occupation  
CPA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.18329

Amount of Each Receipt this Period

100.00

C

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

375.00

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

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

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

FOR LINE NUMBER: PAGE 10 / 67

(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)

John J. Bolling

Mailing Address 103 Pineda

City

Huntsville

State

AL

Zip Code

35811

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.19382

Amount of Each Receipt this Period

50.00

k

B.

Full Name (Last, First, Middle Initial)

Frederick Cieri

Mailing Address 55 willard avenue

City

newington

State

CT

Zip Code

06111

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

M M / D D / Y Y Y Y  
0 8 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.18460

Amount of Each Receipt this Period

100.00

C

C.

Full Name (Last, First, Middle Initial)

Kathryn S Cromer

Mailing Address 4342 Provinceline Rd

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Healthcare

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.17697

Amount of Each Receipt this Period

100.00

C

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

250.00

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

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

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

FOR LINE NUMBER: PAGE 11 / 67

(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)

Kathryn S Cromer

Mailing Address 4342 Provinceline Rd

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Healthcare

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.18534

Amount of Each Receipt this Period

50.00

C

**B.**

Full Name (Last, First, Middle Initial)

William Dunshie

Mailing Address 310 Parkway Dr

City

Conroe

State

TX

Zip Code

77303

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Transient

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.18515

Amount of Each Receipt this Period

100.00

C

**C.**

Full Name (Last, First, Middle Initial)

William Dunshie

Mailing Address 310 Parkway Dr

City

Conroe

State

TX

Zip Code

77303

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Transient

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.18613

Amount of Each Receipt this Period

500.00

C

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

650.00

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

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

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

FOR LINE NUMBER: PAGE 12 / 67

(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)

Jason Earwood

Mailing Address 7738 Rockledge Ct

City

Springfield

State

VA

Zip Code

22152

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DOI

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.18652

Amount of Each Receipt this Period

50.00

C

**B.**

Full Name (Last, First, Middle Initial)

Joan and Samuel Faiello

Mailing Address 7 Sandy Ridge Rd

City

Stockton

State

NJ

Zip Code

08559

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 ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.19261

Amount of Each Receipt this Period

25.00

k

**C.**

Full Name (Last, First, Middle Initial)

Joan and Samuel Faiello

Mailing Address 7 Sandy Ridge Rd

City

Stockton

State

NJ

Zip Code

08559

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 ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.19371

Amount of Each Receipt this Period

100.00

k

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

175.00

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

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

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

FOR LINE NUMBER: PAGE 13 / 67

(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)

Bridget Franssens

Mailing Address 632 N. Nesmith Ave

City

Sioux Falls

State

SD

Zip Code

57103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.19007

Amount of Each Receipt this Period

200.00

p

**B.**

Full Name (Last, First, Middle Initial)

Bridget Franssens

Mailing Address 632 N. Nesmith Ave

City

Sioux Falls

State

SD

Zip Code

57103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

481.59

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.19038

Amount of Each Receipt this Period

81.59

p

**C.**

Full Name (Last, First, Middle Initial)

Matthew Fuchs

Mailing Address 74 Redtail Drive

City

Grove City

State

OH

Zip Code

43123

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.19073

Amount of Each Receipt this Period

100.00

p

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

381.59

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

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

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

FOR LINE NUMBER: PAGE 14 / 67

(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)

John W. Gleeson

Mailing Address 7626 South Shenandoah Dr.

City

Elizabeth

State

CO

Zip Code

80107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Qwest Comm

Occupation

Computer Systems Engineer, Information

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.18906

Amount of Each Receipt this Period

50.00

p

**B.**

Full Name (Last, First, Middle Initial)

John W. Gleeson

Mailing Address 7626 South Shenandoah Dr.

City

Elizabeth

State

CO

Zip Code

80107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Qwest Comm

Occupation

Computer Systems Engineer, Information

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 1 / 2 0 1 0

Transaction ID: SA11AI.19106

Amount of Each Receipt this Period

100.00

p

**C.**

Full Name (Last, First, Middle Initial)

Laura Gutman

Mailing Address 310 Watts Street

City

Durham

State

NC

Zip Code

27701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Best Effort

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.19182

Amount of Each Receipt this Period

50.00

k

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

200.00

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

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

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

FOR LINE NUMBER: PAGE 15 / 67

(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)

Laura Gutman

Mailing Address 310 Watts Street

City

Durham

State

NC

Zip Code

27701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Best Effort

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.19427

Amount of Each Receipt this Period

100.00

k

**B.**

Full Name (Last, First, Middle Initial)

Rick Guynn

Mailing Address 200 fiddlers knoll ct.

City

Kernersville

State

NC

Zip Code

27284

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Starr Ele. Inc

Occupation  
Helpdesk Admin.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.18859

Amount of Each Receipt this Period

100.00

p

**C.**

Full Name (Last, First, Middle Initial)

Rick Guynn

Mailing Address 200 fiddlers knoll ct.

City

Kernersville

State

NC

Zip Code

27284

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Starr Ele. Inc

Occupation  
Helpdesk Admin.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.19014

Amount of Each Receipt this Period

50.00

p

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

250.00

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

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

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

FOR LINE NUMBER: PAGE 16 / 67

(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)

Rick Guynn

Mailing Address 200 fiddlers knoll ct.

City

Kernersville

State

NC

Zip Code

27284

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Starr Ele. Inc

Occupation

Helpdesk Admin.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.19130

Amount of Each Receipt this Period

100.00

p

**B.**

Full Name (Last, First, Middle Initial)

Hessie Harris

Mailing Address 12901 Blue Lane

City

Silver Springs

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 ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.17713

Amount of Each Receipt this Period

300.00

C

**C.**

Full Name (Last, First, Middle Initial)

Jerry C. Houchens

Mailing Address 2428 N. Valencia Ave.

City

Santa Ana

State

CA

Zip Code

92706

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.18966

Amount of Each Receipt this Period

25.00

p

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

425.00

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

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

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

FOR LINE NUMBER: PAGE 17 / 67

(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)

Jerry C. Houchens

Mailing Address 2428 N. Valencia Ave.

City

Santa Ana

State

CA

Zip Code

92706

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.19152

Amount of Each Receipt this Period

25.00

p

**B.**

Full Name (Last, First, Middle Initial)

Faye Joseph

Mailing Address 211 Glasgow Rd

City

Cary

State

NC

Zip Code

27311

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 ▼

5500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.19253

Amount of Each Receipt this Period

500.00

k

**C.**

Full Name (Last, First, Middle Initial)

Gayle Kesselman

Mailing Address 519 Hackensack St

City

Carlstadt

State

NJ

Zip Code

07072

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UMDNJ

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.18442

Amount of Each Receipt this Period

250.00

c

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

775.00

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

B. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.19253**

\$500.00 Refund Due

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

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

FOR LINE NUMBER: PAGE 19 / 67

(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)

Donald Kneram

Mailing Address 7808 Heatherbrook Ct

City

North Richland Hil

State

TX

Zip Code

76180

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 ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.19524

Amount of Each Receipt this Period

25.00

k

**B.**

Full Name (Last, First, Middle Initial)

Alice Massengill

Mailing Address 211 SOUTH CALIFORNIA ST

City

HOBART

State

IN

Zip Code

46342

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.18990

Amount of Each Receipt this Period

25.00

p

**C.**

Full Name (Last, First, Middle Initial)

Michael McMahon

Mailing Address 19 Fieldstone Way.

City

Plymouth

State

MA

Zip Code

23600

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Mt McMahon and Son

Occupation  
Carpenter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.19400

Amount of Each Receipt this Period

50.00

k

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

100.00

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

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

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

FOR LINE NUMBER: PAGE 20 / 67

(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)

Vera Moore

Mailing Address PO Box 1270

City

Hopewell

State

VA

Zip Code

23860

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  
0 9 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.19479

Amount of Each Receipt this Period

100.00

k

**B.**

Full Name (Last, First, Middle Initial)

Sheron M. Owen

Mailing Address 2622 S Kingston Ct

City

Aurora

State

CO

Zip Code

80014-1723

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.17972

Amount of Each Receipt this Period

100.00

C

**C.**

Full Name (Last, First, Middle Initial)

Sheron M. Owen

Mailing Address 2622 S Kingston Ct

City

Aurora

State

CO

Zip Code

80014-1723

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 ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.19270

Amount of Each Receipt this Period

100.00

k

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

300.00

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

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

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

FOR LINE NUMBER: PAGE 21 / 67

(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)

Sheron M. Owen

Mailing Address 2622 S Kingston Ct

City

Aurora

State

CO

Zip Code

80014-1723

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 ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.18165

Amount of Each Receipt this Period

50.00

c

**B.**

Full Name (Last, First, Middle Initial)

Linda Pass

Mailing Address P O Box 7965

City

Athens

State

GA

Zip Code

30604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Semi-Retired Accountant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.19081

Amount of Each Receipt this Period

75.00

p

**C.**

Full Name (Last, First, Middle Initial)

Edwin Peters

Mailing Address 2137 Ashland Ave

City

Santa Monica

State

CA

Zip Code

90405-6025

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.19297

Amount of Each Receipt this Period

500.00

k

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

625.00

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

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

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

FOR LINE NUMBER: PAGE 22 / 67

(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)

Christopher Rake

Mailing Address 1323 11th St. #10

City

Santa Monica

State

CA

Zip Code

90401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 8 / 2 0 1 0

Transaction ID: SA11AI.18311

Amount of Each Receipt this Period

200.00

C

B.

Full Name (Last, First, Middle Initial)

Helen Reske

Mailing Address 845 S. Pendleton Ave

City

Pendleton

State

IN

Zip Code

46064

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.19478

Amount of Each Receipt this Period

100.00

k

C.

Full Name (Last, First, Middle Initial)

Martin Silver

Mailing Address 134 Hidden Ponds Circle

City

Smithtown

State

NY

Zip Code

11787

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  
0 7 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.19250

Amount of Each Receipt this Period

50.00

k

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

350.00

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

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

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

FOR LINE NUMBER: PAGE 23 / 67

(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)

Martin Silver

Mailing Address 134 Hidden Ponds Circle

City

Smithtown

State

NY

Zip Code

11787

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 ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.19360

Amount of Each Receipt this Period

100.00

k

**B.**

Full Name (Last, First, Middle Initial)

Martin Silver

Mailing Address 134 Hidden Ponds Circle

City

Smithtown

State

NY

Zip Code

11787

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 ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.19523

Amount of Each Receipt this Period

100.00

k

**C.**

Full Name (Last, First, Middle Initial)

Robert Uhlhorn

Mailing Address 298 graceland

City

des plaines

State

IL

Zip Code

60016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.18362

Amount of Each Receipt this Period

100.00

C

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

300.00

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

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

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

FOR LINE NUMBER: PAGE 24 / 67

(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 Uhlhorn

Mailing Address 298 graceland

City

des plaines

State

IL

Zip Code

60016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.18654

Amount of Each Receipt this Period

15.00

C

B.

Full Name (Last, First, Middle Initial)

Victoria Watson

Mailing Address 1009 Crinella Drive

City

Petaluma

State

CA

Zip Code

94954

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnemployedOccupation  
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  
0 8 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.18471

Amount of Each Receipt this Period

100.00

C

C.

Full Name (Last, First, Middle Initial)

Charles Webster

Mailing Address 828 Winnetka Court

City

Manitowoc

State

WI

Zip Code

54220

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DOWCO, Inc.Occupation  
Best Effort

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.18201

Amount of Each Receipt this Period

500.00

C

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

615.00

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

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

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

FOR LINE NUMBER: PAGE 25 / 67

(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)

Karen Woodbury

Mailing Address 2720 35th Avenue

City

San Francisco

State

CA

Zip Code

94116

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.19156

Amount of Each Receipt this Period

100.00

p

B.

Full Name (Last, First, Middle Initial)

Robert Yeary

Mailing Address 1211 Honey Lake St

City

Las Vegas

State

NV

Zip Code

89110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.17980

Amount of Each Receipt this Period

50.00

C

C.

Full Name (Last, First, Middle Initial)

Robert Yeary

Mailing Address 1211 Honey Lake St

City

Las Vegas

State

NV

Zip Code

89110

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 ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.18446

Amount of Each Receipt this Period

50.00

C

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

200.00

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

6938.59

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 26 / 67

|                                         |                              |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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

|                                                                                                                                      |                                                                                                                                                                                                                                                           |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>Action Solutions                                                             | <b>Transaction ID:</b> SB21B.17547<br><b>Date of Disbursement</b>                                                                                                                                                                                         |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 707 SW Washington St                                                                                                 | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 7 |  | 1 | 2 |  | 2 | 0 | 1 | 0 |
| M                                                                                                                                    | M                                                                                                                                                                                                                                                         | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0                                                                                                                                    | 7                                                                                                                                                                                                                                                         |         | 1 | 2 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Portland State OR Zip Code 97205                                                                                                | <b>Amount of Each Disbursement this Period</b>                                                                                                                                                                                                            |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement fundraising                                                                                                  | <table border="1"> <tr> <td colspan="10">1575.00</td> </tr> </table>                                                                                                                                                                                      | 1575.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 1575.00                                                                                                                              |                                                                                                                                                                                                                                                           |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name                                                                                                                       | Category/<br>Type                                                                                                                                                                                                                                         |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                                                                                                                         |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>American Express                                                             | <b>Transaction ID:</b> SB21B.17545<br><b>Date of Disbursement</b>                                                                                                                                                                                         |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address PO Box 36001                                                                                                         | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 7 |  | 0 | 6 |  | 2 | 0 | 1 | 0 |
| M                                                                                                                                    | M                                                                                                                                                                                                                                                         | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0                                                                                                                                    | 7                                                                                                                                                                                                                                                         |         | 0 | 6 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Ft. Lauderdale State FL Zip Code 33336                                                                                          | <b>Amount of Each Disbursement this Period</b>                                                                                                                                                                                                            |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement Credit Card Fees                                                                                             | <table border="1"> <tr> <td colspan="10">0.81</td> </tr> </table>                                                                                                                                                                                         | 0.81    |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 0.81                                                                                                                                 |                                                                                                                                                                                                                                                           |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name                                                                                                                       | Category/<br>Type                                                                                                                                                                                                                                         |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                                                                                                                         |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>American Express                                                             | <b>Transaction ID:</b> SB21B.17565<br><b>Date of Disbursement</b>                                                                                                                                                                                         |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address PO Box 36001                                                                                                         | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 7 |  | 3 | 0 |  | 2 | 0 | 1 | 0 |
| M                                                                                                                                    | M                                                                                                                                                                                                                                                         | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0                                                                                                                                    | 7                                                                                                                                                                                                                                                         |         | 3 | 0 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Ft. Lauderdale State FL Zip Code 33336                                                                                          | <b>Amount of Each Disbursement this Period</b>                                                                                                                                                                                                            |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement Credit Card Processing                                                                                       | <table border="1"> <tr> <td colspan="10">4.95</td> </tr> </table>                                                                                                                                                                                         | 4.95    |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 4.95                                                                                                                                 |                                                                                                                                                                                                                                                           |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name                                                                                                                       | Category/<br>Type                                                                                                                                                                                                                                         |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                                                                                                                         |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

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

1580.76

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 27 / 67

|                                         |                              |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

American Express

Mailing Address PO Box 36001

City State Zip Code  
Ft. Lauderdale FL 33336

Purpose of Disbursement  
Credit Card Processing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.17570

Date of Disbursement

08 / 03 / 2010

Amount of Each Disbursement this Period

26.84

B.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 36001

City State Zip Code  
Ft. Lauderdale FL 33336

Purpose of Disbursement  
Credit Card Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.17609

Date of Disbursement

08 / 31 / 2010

Amount of Each Disbursement this Period

4.95

C.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 36001

City State Zip Code  
Ft. Lauderdale FL 33336

Purpose of Disbursement  
Credit Card Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.17617

Date of Disbursement

09 / 02 / 2010

Amount of Each Disbursement this Period

68.34

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

100.13

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 28 / 67

☒ 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

**A.**

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 36001

City

Ft. Lauderdale

State

FL

Zip Code

33336

Purpose of Disbursement

Credit Card Processing

Candidate Name

Category/  
Type

Office Sought:

☐ House

☐ Senate

☐ President

State:

District:

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

**Transaction ID:** SB21B.17652

Date of Disbursement

/   /

Amount of Each Disbursement this Period

4.95

**B.**

Full Name (Last, First, Middle Initial)

Authorize Net Corporation

Mailing Address 915 S. 500 E. Ste. 200

City

American Fork

State

VT

Zip Code

84003

Purpose of Disbursement

Credit Card Processing

Candidate Name

Category/  
Type

Office Sought:

☐ House

☐ Senate

☐ President

State:

District:

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

**Transaction ID:** SB21B.17543

Date of Disbursement

/   /

Amount of Each Disbursement this Period

43.45

**C.**

Full Name (Last, First, Middle Initial)

Authorize Net Corporation

Mailing Address 915 S. 500 E. Ste. 200

City

American Fork

State

VT

Zip Code

84003

Purpose of Disbursement

Credit Card Processing Fee

Candidate Name

Category/  
Type

Office Sought:

☐ House

☐ Senate

☐ President

State:

District:

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

**Transaction ID:** SB21B.17568

Date of Disbursement

/   /

Amount of Each Disbursement this Period

58.05

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

106.45

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 29 / 67

|                                         |                              |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

Authorize Net Corporation

Mailing Address 915 S. 500 E. Ste. 200

City American Fork State VT Zip Code 84003

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.17614

Date of Disbursement

09 / 02 / 2010

Amount of Each Disbursement this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Best Buy

Mailing Address P.O. Box 9312  
1-888-BEST BUY (1-888-237-8289)

City Minneapolis State MN Zip Code 55440

Purpose of Disbursement  
Office supplies and equipment

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.17632

Date of Disbursement

09 / 17 / 2010

Amount of Each Disbursement this Period

65.66

C.

Full Name (Last, First, Middle Initial)

Branch Banking and Trust

Mailing Address 200 West Second Street

City Winston-Salem State NC Zip Code 27101

Purpose of Disbursement  
Banking Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.17592

Date of Disbursement

08 / 23 / 2010

Amount of Each Disbursement this Period

184.00

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

299.66

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 30 / 67

|                                         |                              |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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

|                                                                                                                                      |                                                                                                                                                                                                                                                           |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Branch Banking and Trust                                                        | <b>Transaction ID:</b> SB21B.17635<br><b>Date of Disbursement</b>                                                                                                                                                                                         |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 200 West Second Street                                                                                               | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 0 | 9 |  | 2 | 1 |  | 2 | 0 | 1 | 0 |
| M                                                                                                                                    | M                                                                                                                                                                                                                                                         | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0                                                                                                                                    | 9                                                                                                                                                                                                                                                         |        | 2 | 1 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Winston-Salem State NC Zip Code 27101                                                                                           | <b>Amount of Each Disbursement this Period</b>                                                                                                                                                                                                            |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement Banking Fee<br>Candidate Name                                                                                | <table border="1"> <tr> <td colspan="10">33.25</td> </tr> </table>                                                                                                                                                                                        | 33.25  |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 33.25                                                                                                                                |                                                                                                                                                                                                                                                           |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                                                                                                                         |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>CenturyLink formerly Embarq                                                     | <b>Transaction ID:</b> SB21B.17549<br><b>Date of Disbursement</b>                                                                                                                                                                                         |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 100 CenturyLink Drive                                                                                                | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 0 | 7 |  | 1 | 5 |  | 2 | 0 | 1 | 0 |
| M                                                                                                                                    | M                                                                                                                                                                                                                                                         | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0                                                                                                                                    | 7                                                                                                                                                                                                                                                         |        | 1 | 5 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Monroe State LA Zip Code 71203                                                                                                  | <b>Amount of Each Disbursement this Period</b>                                                                                                                                                                                                            |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement Internet Serv.<br>Candidate Name                                                                             | <table border="1"> <tr> <td colspan="10">112.88</td> </tr> </table>                                                                                                                                                                                       | 112.88 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 112.88                                                                                                                               |                                                                                                                                                                                                                                                           |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                                                                                                                         |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>CenturyLink formerly Embarq                                                     | <b>Transaction ID:</b> SB21B.17575<br><b>Date of Disbursement</b>                                                                                                                                                                                         |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 100 CenturyLink Drive                                                                                                | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 0 | 8 |  | 0 | 9 |  | 2 | 0 | 1 | 0 |
| M                                                                                                                                    | M                                                                                                                                                                                                                                                         | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0                                                                                                                                    | 8                                                                                                                                                                                                                                                         |        | 0 | 9 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Monroe State LA Zip Code 71203                                                                                                  | <b>Amount of Each Disbursement this Period</b>                                                                                                                                                                                                            |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement Internet Serv.<br>Candidate Name                                                                             | <table border="1"> <tr> <td colspan="10">49.84</td> </tr> </table>                                                                                                                                                                                        | 49.84  |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 49.84                                                                                                                                |                                                                                                                                                                                                                                                           |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                                                                                                                         |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

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

195.97

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 31 / 67

|                                         |                              |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

CenturyLink formerly Embarq

Mailing Address 100 CenturyLink Drive

City  
Monroe

State  
LA

Zip Code  
71203

Purpose of Disbursement  
Internet Serv.

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.17619

Date of Disbursement

09 / 07 / 2010

Amount of Each Disbursement this Period

53.07

B.

Full Name (Last, First, Middle Initial)

Constant Contact

Mailing Address 1601 Trapelo Road, Suite 329  
866-289-2101

City  
Waltham

State  
MA

Zip Code  
02451

Purpose of Disbursement  
E-Mail Service

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.17564

Date of Disbursement

07 / 30 / 2010

Amount of Each Disbursement this Period

265.00

C.

Full Name (Last, First, Middle Initial)

Constant Contact

Mailing Address 1601 Trapelo Road, Suite 329  
866-289-2101

City  
Waltham

State  
MA

Zip Code  
02451

Purpose of Disbursement  
E-Mail Service

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.17607

Date of Disbursement

08 / 30 / 2010

Amount of Each Disbursement this Period

265.00

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

583.07

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 32 / 67

|                                         |                              |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

Constant Contact

Mailing Address 1601 Trapelo Road, Suite 329  
866-289-2101

City Waltham State MA Zip Code 02451

Purpose of Disbursement

E-Mail Service

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.17650

Date of Disbursement

09 / 30 / 2010

Amount of Each Disbursement this Period

265.00

**B.**

Full Name (Last, First, Middle Initial)

Cooksey Printing

Mailing Address 1920 Wenneca

City Ft. Worth State TX Zip Code 76102

Purpose of Disbursement

Printing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.17669

Date of Disbursement

08 / 24 / 2010

Amount of Each Disbursement this Period

401.61

**C.**

Full Name (Last, First, Middle Initial)

Cornerstone American

Mailing Address 12600 Deerfield Pkwy. Ste 375

City Alpharetta State GA Zip Code 30004

Purpose of Disbursement

Credit Card Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.17544

Date of Disbursement

07 / 02 / 2010

Amount of Each Disbursement this Period

37.06

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

703.67

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 33 / 67

|                                         |                              |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

Cornerstone American

Mailing Address 12600 Deerfield Pkwy. Ste 375

City Alpharetta State GA Zip Code 30004

Purpose of Disbursement  
Credit Card Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.17567

Date of Disbursement

08 / 03 / 2010

Amount of Each Disbursement this Period

303.91

B.

Full Name (Last, First, Middle Initial)

Cornerstone American

Mailing Address 12600 Deerfield Pkwy. Ste 375

City Alpharetta State GA Zip Code 30004

Purpose of Disbursement  
Credit Card Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.17611

Date of Disbursement

09 / 02 / 2010

Amount of Each Disbursement this Period

217.41

C.

Full Name (Last, First, Middle Initial)

Corporate Payroll Service

Mailing Address 1000 Miller Court West

City Norcross State GA Zip Code 30071

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.17539

Date of Disbursement

07 / 02 / 2010

Amount of Each Disbursement this Period

1510.63

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

2031.95

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 34 / 67

|                                         |                              |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

Corporate Payroll Service

Mailing Address 1000 Miller Court West

City Norcross State GA Zip Code 30071

Purpose of Disbursement

Payroll Processing Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.17540

Date of Disbursement

07 / 02 / 2010

Amount of Each Disbursement this Period

58.24

B.

Full Name (Last, First, Middle Initial)

Corporate Payroll Service

Mailing Address 1000 Miller Court West

City Norcross State GA Zip Code 30071

Purpose of Disbursement

Payroll Taxes

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.17572

Date of Disbursement

08 / 04 / 2010

Amount of Each Disbursement this Period

1510.63

C.

Full Name (Last, First, Middle Initial)

Corporate Payroll Service

Mailing Address 1000 Miller Court West

City Norcross State GA Zip Code 30071

Purpose of Disbursement

Payroll Processing Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.17573

Date of Disbursement

08 / 04 / 2010

Amount of Each Disbursement this Period

58.24

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

1627.11

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 35 / 67

|                                         |                              |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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

|                                                                                                                                      |                                                                                                                                                                                                                                                           |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>Corporate Payroll Service                                                    | <b>Transaction ID:</b> SB21B.17590<br><b>Date of Disbursement</b>                                                                                                                                                                                         |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 1000 Miller Court West                                                                                               | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 8 |  | 2 | 0 |  | 2 | 0 | 1 | 0 |
| M                                                                                                                                    | M                                                                                                                                                                                                                                                         | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0                                                                                                                                    | 8                                                                                                                                                                                                                                                         |         | 2 | 0 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Norcross State GA Zip Code 30071                                                                                                | <b>Amount of Each Disbursement this Period</b>                                                                                                                                                                                                            |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Payroll Tax<br>Candidate Name                                                                             | <table border="1"> <tr> <td colspan="10">307.32</td> </tr> </table>                                                                                                                                                                                       | 307.32  |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 307.32                                                                                                                               |                                                                                                                                                                                                                                                           |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                                                                                                                         |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Corporate Payroll Service                                                    | <b>Transaction ID:</b> SB21B.17615<br><b>Date of Disbursement</b>                                                                                                                                                                                         |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 1000 Miller Court West                                                                                               | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 9 |  | 0 | 3 |  | 2 | 0 | 1 | 0 |
| M                                                                                                                                    | M                                                                                                                                                                                                                                                         | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0                                                                                                                                    | 9                                                                                                                                                                                                                                                         |         | 0 | 3 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Norcross State GA Zip Code 30071                                                                                                | <b>Amount of Each Disbursement this Period</b>                                                                                                                                                                                                            |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Payroll Processing Fee<br>Candidate Name                                                                  | <table border="1"> <tr> <td colspan="10">58.24</td> </tr> </table>                                                                                                                                                                                        | 58.24   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 58.24                                                                                                                                |                                                                                                                                                                                                                                                           |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                                                                                                                         |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Corporate Payroll Service                                                    | <b>Transaction ID:</b> SB21B.17616<br><b>Date of Disbursement</b>                                                                                                                                                                                         |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 1000 Miller Court West                                                                                               | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 9 |  | 0 | 3 |  | 2 | 0 | 1 | 0 |
| M                                                                                                                                    | M                                                                                                                                                                                                                                                         | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0                                                                                                                                    | 9                                                                                                                                                                                                                                                         |         | 0 | 3 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Norcross State GA Zip Code 30071                                                                                                | <b>Amount of Each Disbursement this Period</b>                                                                                                                                                                                                            |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Payroll Taxes<br>Candidate Name                                                                           | <table border="1"> <tr> <td colspan="10">1510.63</td> </tr> </table>                                                                                                                                                                                      | 1510.63 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 1510.63                                                                                                                              |                                                                                                                                                                                                                                                           |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                                                                                                                         |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

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

1876.19

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 36 / 67

|                                         |                              |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

Discover Network

Mailing Address PO Box 3022

City  
New Albany

State  
OH

Zip Code  
43052

Purpose of Disbursement  
Credit Card Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.17541

Date of Disbursement

07 / 02 / 2010

Amount of Each Disbursement this Period

58.25

B.

Full Name (Last, First, Middle Initial)

Discover Network

Mailing Address PO Box 3022

City  
New Albany

State  
OH

Zip Code  
43052

Purpose of Disbursement  
Credit Card Processing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.17569

Date of Disbursement

08 / 03 / 2010

Amount of Each Disbursement this Period

51.67

C.

Full Name (Last, First, Middle Initial)

Discover Network

Mailing Address PO Box 3022

City  
New Albany

State  
OH

Zip Code  
43052

Purpose of Disbursement  
Credit Card Processing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.17612

Date of Disbursement

09 / 02 / 2010

Amount of Each Disbursement this Period

58.87

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

168.79

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 37 / 67

|                                         |                              |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

Dotster Inc.

Mailing Address PO Box 821066

City  
Vancouver

State  
WA

Zip Code  
98682

Purpose of Disbursement  
Domain Registration

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.17580

Date of Disbursement

/   /

Amount of Each Disbursement this Period

16.45

**B.**

Full Name (Last, First, Middle Initial)

Dotster Inc.

Mailing Address PO Box 821066

City  
Vancouver

State  
WA

Zip Code  
98682

Purpose of Disbursement  
Domain Registration

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.17581

Date of Disbursement

/   /

Amount of Each Disbursement this Period

49.35

**C.**

Full Name (Last, First, Middle Initial)

Dotster Inc.

Mailing Address PO Box 821066

City  
Vancouver

State  
WA

Zip Code  
98682

Purpose of Disbursement  
Domain Registration

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.17583

Date of Disbursement

/   /

Amount of Each Disbursement this Period

32.90

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

98.70

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 38 / 67

|                                         |                              |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

Dotster Inc.

Mailing Address PO Box 821066

City  
Vancouver

State  
WA

Zip Code  
98682

Purpose of Disbursement  
Domain Registration

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.17585

Date of Disbursement

08 / 18 / 2010

Amount of Each Disbursement this Period

49.35

B.

Full Name (Last, First, Middle Initial)

Facebook Inc.

Mailing Address 156 University Ave.

City  
Palo Alto

State  
CA

Zip Code  
94301-1605

Purpose of Disbursement  
Advertisement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.17554

Date of Disbursement

07 / 21 / 2010

Amount of Each Disbursement this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Facebook Inc.

Mailing Address 156 University Ave.

City  
Palo Alto

State  
CA

Zip Code  
94301-1605

Purpose of Disbursement  
Advertisement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.17556

Date of Disbursement

07 / 23 / 2010

Amount of Each Disbursement this Period

39.76

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

129.11

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 39 / 67

|                                         |                              |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

Facebook Inc.

Mailing Address 156 University Ave.

City Palo Alto State CA Zip Code 94301-1605

Purpose of Disbursement  
Advertisement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.17560

Date of Disbursement

07 / 28 / 2010

Amount of Each Disbursement this Period

43.62

**B.**

Full Name (Last, First, Middle Initial)

Facebook Inc.

Mailing Address 156 University Ave.

City Palo Alto State CA Zip Code 94301-1605

Purpose of Disbursement  
Advertisement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.17571

Date of Disbursement

08 / 04 / 2010

Amount of Each Disbursement this Period

3.78

**C.**

Full Name (Last, First, Middle Initial)

Facebook Inc.

Mailing Address 156 University Ave.

City Palo Alto State CA Zip Code 94301-1605

Purpose of Disbursement  
Advertisement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.17621

Date of Disbursement

09 / 07 / 2010

Amount of Each Disbursement this Period

26.68

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

74.08

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 40 / 67

|                                         |                              |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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

|                                                                                                                                      |                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Facebook Inc.                                                                   | <b>Transaction ID:</b> SB21B.17637<br><b>Date of Disbursement</b>                                                                 |
| Mailing Address 156 University Ave.                                                                                                  | <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 4 / 2 0 1 0</div> </div>                                                        |
| City Palo Alto State CA Zip Code 94301-1605                                                                                          | <b>Amount of Each Disbursement this Period</b>                                                                                    |
| Purpose of Disbursement<br>Advertisement<br>Candidate Name                                                                           | <div> <div>95.86</div> <div>Category/Type</div> </div>                                                                            |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Facebook Inc.                                                                   | <b>Transaction ID:</b> SB21B.17644<br><b>Date of Disbursement</b>                                                                 |
| Mailing Address 156 University Ave.                                                                                                  | <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 7 / 2 0 1 0</div> </div>                                                        |
| City Palo Alto State CA Zip Code 94301-1605                                                                                          | <b>Amount of Each Disbursement this Period</b>                                                                                    |
| Purpose of Disbursement<br>Advertisement Event<br>Candidate Name                                                                     | <div> <div>200.00</div> <div>Category/Type</div> </div>                                                                           |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Facebook Inc.                                                                   | <b>Transaction ID:</b> SB21B.17645<br><b>Date of Disbursement</b>                                                                 |
| Mailing Address 156 University Ave.                                                                                                  | <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 7 / 2 0 1 0</div> </div>                                                        |
| City Palo Alto State CA Zip Code 94301-1605                                                                                          | <b>Amount of Each Disbursement this Period</b>                                                                                    |
| Purpose of Disbursement<br>Advertisement Event<br>Candidate Name                                                                     | <div> <div>166.01</div> <div>Category/Type</div> </div>                                                                           |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

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

**461.87**

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 41 / 67

|                                         |                              |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

ILS Maryla

Mailing Address Best Effort

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.17603

Date of Disbursement

08 / 26 / 2010

Amount of Each Disbursement this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Daryl Jurbala

Mailing Address PO Box 30966

City Raleigh State NC Zip Code 27622

Purpose of Disbursement  
Consulting Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.17665

Date of Disbursement

08 / 08 / 2010

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mass Media Distribution

Mailing Address 12693 Tamiami Trl. E. # 222

City Naples State FL Zip Code 34113

Purpose of Disbursement  
Press Release

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.17537

Date of Disbursement

07 / 02 / 2010

Amount of Each Disbursement this Period

199.00

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

1499.00

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

A. Form/Schedule : **SB21B**  
Transaction ID : **SB21B.17603**

Unable to reach by telephone this evening for address. Will update by amendment ASAP

# **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 / 67

|                                         |                              |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

Mass Media Distribution

Mailing Address 12693 Tamiami Trl. E. # 222

City Naples State FL Zip Code 34113

Purpose of Disbursement  
Press Release

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.17550

Date of Disbursement

07 / 16 / 2010

Amount of Each Disbursement this Period

199.00

**B.**

Full Name (Last, First, Middle Initial)

Mass Media Distribution

Mailing Address 12693 Tamiami Trl. E. # 222

City Naples State FL Zip Code 34113

Purpose of Disbursement  
Press Release

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.17552

Date of Disbursement

07 / 19 / 2010

Amount of Each Disbursement this Period

199.00

**C.**

Full Name (Last, First, Middle Initial)

Mass Media Distribution

Mailing Address 12693 Tamiami Trl. E. # 222

City Naples State FL Zip Code 34113

Purpose of Disbursement  
Press Release

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.17559

Date of Disbursement

07 / 28 / 2010

Amount of Each Disbursement this Period

199.00

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

597.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 44 / 67

|                                         |                              |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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

|                                                                                                                                      |                                                                                                                                                                                                                                                           |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>Mass Media Distribution                                                      | <b>Transaction ID:</b> SB21B.17563<br><b>Date of Disbursement</b>                                                                                                                                                                                         |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 12693 Tamiami Trl. E. # 222                                                                                          | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 0 | 7 |  | 2 | 9 |  | 2 | 0 | 1 | 0 |
| M                                                                                                                                    | M                                                                                                                                                                                                                                                         | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0                                                                                                                                    | 7                                                                                                                                                                                                                                                         |        | 2 | 9 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Naples State FL Zip Code 34113                                                                                                  | <b>Amount of Each Disbursement this Period</b>                                                                                                                                                                                                            |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Press Release<br>Candidate Name                                                                           | <table border="1"> <tr> <td colspan="10">199.00</td> </tr> </table>                                                                                                                                                                                       | 199.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 199.00                                                                                                                               |                                                                                                                                                                                                                                                           |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                                                                                                                         |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Mass Media Distribution                                                      | <b>Transaction ID:</b> SB21B.17579<br><b>Date of Disbursement</b>                                                                                                                                                                                         |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 12693 Tamiami Trl. E. # 222                                                                                          | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 0 | 8 |  | 1 | 0 |  | 2 | 0 | 1 | 0 |
| M                                                                                                                                    | M                                                                                                                                                                                                                                                         | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0                                                                                                                                    | 8                                                                                                                                                                                                                                                         |        | 1 | 0 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Naples State FL Zip Code 34113                                                                                                  | <b>Amount of Each Disbursement this Period</b>                                                                                                                                                                                                            |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Press Release<br>Candidate Name                                                                           | <table border="1"> <tr> <td colspan="10">149.00</td> </tr> </table>                                                                                                                                                                                       | 149.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 149.00                                                                                                                               |                                                                                                                                                                                                                                                           |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                                                                                                                         |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Mass Media Distribution                                                      | <b>Transaction ID:</b> SB21B.17586<br><b>Date of Disbursement</b>                                                                                                                                                                                         |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 12693 Tamiami Trl. E. # 222                                                                                          | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 0 | 8 |  | 1 | 9 |  | 2 | 0 | 1 | 0 |
| M                                                                                                                                    | M                                                                                                                                                                                                                                                         | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0                                                                                                                                    | 8                                                                                                                                                                                                                                                         |        | 1 | 9 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Naples State FL Zip Code 34113                                                                                                  | <b>Amount of Each Disbursement this Period</b>                                                                                                                                                                                                            |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Press Release<br>Candidate Name                                                                           | <table border="1"> <tr> <td colspan="10">199.00</td> </tr> </table>                                                                                                                                                                                       | 199.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 199.00                                                                                                                               |                                                                                                                                                                                                                                                           |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                                                                                                                         |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

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

547.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 45 / 67

|                                         |                              |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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

|                                                                                                                                      |                                                                                                                                                                                                                                                           |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>Mass Media Distribution                                                      | <b>Transaction ID:</b> SB21B.17591<br><b>Date of Disbursement</b>                                                                                                                                                                                         |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 12693 Tamiami Trl. E. # 222                                                                                          | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 0 | 8 |  | 2 | 0 |  | 2 | 0 | 1 | 0 |
| M                                                                                                                                    | M                                                                                                                                                                                                                                                         | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0                                                                                                                                    | 8                                                                                                                                                                                                                                                         |        | 2 | 0 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Naples State FL Zip Code 34113                                                                                                  | <b>Amount of Each Disbursement this Period</b>                                                                                                                                                                                                            |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Press Release<br>Candidate Name                                                                           | <table border="1"> <tr> <td colspan="10">199.00</td> </tr> </table>                                                                                                                                                                                       | 199.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 199.00                                                                                                                               |                                                                                                                                                                                                                                                           |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                                                                                                                         |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Mass Media Distribution                                                      | <b>Transaction ID:</b> SB21B.17595<br><b>Date of Disbursement</b>                                                                                                                                                                                         |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 12693 Tamiami Trl. E. # 222                                                                                          | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 0 | 8 |  | 2 | 5 |  | 2 | 0 | 1 | 0 |
| M                                                                                                                                    | M                                                                                                                                                                                                                                                         | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0                                                                                                                                    | 8                                                                                                                                                                                                                                                         |        | 2 | 5 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Naples State FL Zip Code 34113                                                                                                  | <b>Amount of Each Disbursement this Period</b>                                                                                                                                                                                                            |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Press Release<br>Candidate Name                                                                           | <table border="1"> <tr> <td colspan="10">199.00</td> </tr> </table>                                                                                                                                                                                       | 199.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 199.00                                                                                                                               |                                                                                                                                                                                                                                                           |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                                                                                                                         |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Mass Media Distribution                                                      | <b>Transaction ID:</b> SB21B.17606<br><b>Date of Disbursement</b>                                                                                                                                                                                         |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 12693 Tamiami Trl. E. # 222                                                                                          | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 0 | 8 |  | 3 | 0 |  | 2 | 0 | 1 | 0 |
| M                                                                                                                                    | M                                                                                                                                                                                                                                                         | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0                                                                                                                                    | 8                                                                                                                                                                                                                                                         |        | 3 | 0 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Naples State FL Zip Code 34113                                                                                                  | <b>Amount of Each Disbursement this Period</b>                                                                                                                                                                                                            |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Press Release<br>Candidate Name                                                                           | <table border="1"> <tr> <td colspan="10">199.00</td> </tr> </table>                                                                                                                                                                                       | 199.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 199.00                                                                                                                               |                                                                                                                                                                                                                                                           |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                                                                                                                         |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

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

**597.00**

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR 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

A.

Full Name (Last, First, Middle Initial)

Mass Media Distribution

Mailing Address 12693 Tamiami Trl. E. # 222

City Naples State FL Zip Code 34113

Purpose of Disbursement  
Press Release

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.17608

Date of Disbursement

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 0

Amount of Each Disbursement this Period

199.00

B.

Full Name (Last, First, Middle Initial)

Mass Media Distribution

Mailing Address 12693 Tamiami Trl. E. # 222

City Naples State FL Zip Code 34113

Purpose of Disbursement  
Press Release

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.17610

Date of Disbursement

M M / D D / Y Y Y Y  
0 9 / 0 2 / 2 0 1 0

Amount of Each Disbursement this Period

199.00

C.

Full Name (Last, First, Middle Initial)

Mass Media Distribution

Mailing Address 12693 Tamiami Trl. E. # 222

City Naples State FL Zip Code 34113

Purpose of Disbursement  
Press Release

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.17618

Date of Disbursement

M M / D D / Y Y Y Y  
0 9 / 0 7 / 2 0 1 0

Amount of Each Disbursement this Period

199.00

SUBTOTAL of Disbursements This Page (optional) ▶

597.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 47 / 67

|                                         |                              |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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

|                                                                                                                                      |                                                                                                                                                                                                                                                           |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>Mass Media Distribution                                                      | <b>Transaction ID:</b> SB21B.17634<br><b>Date of Disbursement</b>                                                                                                                                                                                         |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 12693 Tamiami Trl. E. # 222                                                                                          | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 0 | 9 |  | 2 | 1 |  | 2 | 0 | 1 | 0 |
| M                                                                                                                                    | M                                                                                                                                                                                                                                                         | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0                                                                                                                                    | 9                                                                                                                                                                                                                                                         |        | 2 | 1 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Naples State FL Zip Code 34113                                                                                                  | <b>Amount of Each Disbursement this Period</b>                                                                                                                                                                                                            |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Press Release<br>Candidate Name                                                                           | <table border="1"> <tr> <td colspan="10">199.00</td> </tr> </table>                                                                                                                                                                                       | 199.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 199.00                                                                                                                               |                                                                                                                                                                                                                                                           |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                                                                                                                         |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Mass Media Distribution                                                      | <b>Transaction ID:</b> SB21B.17636<br><b>Date of Disbursement</b>                                                                                                                                                                                         |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 12693 Tamiami Trl. E. # 222                                                                                          | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 0 | 9 |  | 2 | 2 |  | 2 | 0 | 1 | 0 |
| M                                                                                                                                    | M                                                                                                                                                                                                                                                         | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0                                                                                                                                    | 9                                                                                                                                                                                                                                                         |        | 2 | 2 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Naples State FL Zip Code 34113                                                                                                  | <b>Amount of Each Disbursement this Period</b>                                                                                                                                                                                                            |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Press Release<br>Candidate Name                                                                           | <table border="1"> <tr> <td colspan="10">199.00</td> </tr> </table>                                                                                                                                                                                       | 199.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 199.00                                                                                                                               |                                                                                                                                                                                                                                                           |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                                                                                                                         |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Mass Media Distribution                                                      | <b>Transaction ID:</b> SB21B.17647<br><b>Date of Disbursement</b>                                                                                                                                                                                         |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 12693 Tamiami Trl. E. # 222                                                                                          | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 0 | 9 |  | 2 | 9 |  | 2 | 0 | 1 | 0 |
| M                                                                                                                                    | M                                                                                                                                                                                                                                                         | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0                                                                                                                                    | 9                                                                                                                                                                                                                                                         |        | 2 | 9 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Naples State FL Zip Code 34113                                                                                                  | <b>Amount of Each Disbursement this Period</b>                                                                                                                                                                                                            |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Press Release<br>Candidate Name                                                                           | <table border="1"> <tr> <td colspan="10">199.00</td> </tr> </table>                                                                                                                                                                                       | 199.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 199.00                                                                                                                               |                                                                                                                                                                                                                                                           |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                                                                                                                         |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

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

**597.00**

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 48 / 67

|                                         |                              |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

Mass Media Distribution

Mailing Address 12693 Tamiami Trl. E. # 222

City Naples State FL Zip Code 34113

Purpose of Disbursement  
Press Release

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.17651

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 3 | 0 |   | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

199.00

**B.**

Full Name (Last, First, Middle Initial)

Ms Jane Patterson

Mailing Address PO Box 30966

City Raleigh State NC Zip Code 27622-0966

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.17655

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 0 | 4 |   | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

646.45

**C.**

Full Name (Last, First, Middle Initial)

Ms Jane Patterson

Mailing Address PO Box 30966

City Raleigh State NC Zip Code 27622-0966

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.17659

Date of Disbursement

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

Amount of Each Disbursement this Period

646.45

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

1491.90

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

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

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

FOR LINE NUMBER:  
(check only one)

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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

A.

Full Name (Last, First, Middle Initial)

Ms Jane Patterson

Mailing Address PO Box 30966

City  
Raleigh

State  
NC

Zip Code  
27622-0966

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.17675

Date of Disbursement

09 / 04 / 2010

Amount of Each Disbursement this Period

646.45

B.

Full Name (Last, First, Middle Initial)

PayPal

Mailing Address 2145 Hamilton Avenue

City  
San Jose

State  
CA

Zip Code  
95125

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.19547

Date of Disbursement

07 / 30 / 2010

Amount of Each Disbursement this Period

157.72

C.

Full Name (Last, First, Middle Initial)

PayPal

Mailing Address 2145 Hamilton Avenue

City  
San Jose

State  
CA

Zip Code  
95125

Purpose of Disbursement  
Credit Card Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.19548

Date of Disbursement

08 / 30 / 2010

Amount of Each Disbursement this Period

145.62

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

949.79

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 50 / 67

|                                         |                              |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

PayPal

Mailing Address 2145 Hamilton Avenue

City  
San Jose

State  
CA

Zip Code  
95125

Purpose of Disbursement  
Credit Card Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.19549

Date of Disbursement

09 / 30 / 2010

Amount of Each Disbursement this Period

54.65

B.

Full Name (Last, First, Middle Initial)

Prez Web Design

Mailing Address <http://www.prezwebdesigns.com/>  
704-406-9883

City  
Raleigh

State  
NC

Zip Code  
28152

Purpose of Disbursement  
Website maintenance

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.17576

Date of Disbursement

08 / 09 / 2010

Amount of Each Disbursement this Period

275.00

C.

Full Name (Last, First, Middle Initial)

Rackspace Managed Hosting

Mailing Address 9725 Datapoint Drive, Suite 100  
210-447-4000

City  
San Antonio

State  
TX

Zip Code  
78229

Purpose of Disbursement  
Internet Server

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.17656

Date of Disbursement

07 / 01 / 2010

Amount of Each Disbursement this Period

735.00

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

1064.65

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 51 / 67

|                                         |                              |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

Rackspace Managed Hosting

Mailing Address 9725 Datapoint Drive, Suite 100  
210-447-4000

City San Antonio State TX Zip Code 78229

Purpose of Disbursement  
Internet Server

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.17657

Date of Disbursement

07 / 21 / 2010

Amount of Each Disbursement this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Rackspace Managed Hosting

Mailing Address 9725 Datapoint Drive, Suite 100  
210-447-4000

City San Antonio State TX Zip Code 78229

Purpose of Disbursement  
Internet Server

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.17664

Date of Disbursement

08 / 02 / 2010

Amount of Each Disbursement this Period

735.00

C.

Full Name (Last, First, Middle Initial)

Rackspace Managed Hosting

Mailing Address 9725 Datapoint Drive, Suite 100  
210-447-4000

City San Antonio State TX Zip Code 78229

Purpose of Disbursement  
Internet Server

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.17668

Date of Disbursement

08 / 20 / 2010

Amount of Each Disbursement this Period

300.00

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

1335.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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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

**A.**

Full Name (Last, First, Middle Initial)

Rackspace Managed Hosting

Mailing Address 9725 Datapoint Drive, Suite 100  
210-447-4000

City San Antonio State TX Zip Code 78229

Purpose of Disbursement  
Internet Server

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.17676

Date of Disbursement

09 / 02 / 2010

Amount of Each Disbursement this Period

735.00

**B.**

Full Name (Last, First, Middle Initial)

Radio Shack

Mailing Address 300 RadioShack Circle

City Fort Worth State TX Zip Code 76102-1964

Purpose of Disbursement  
Office equipment, routers, cables

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.17587

Date of Disbursement

08 / 19 / 2010

Amount of Each Disbursement this Period

338.71

**C.**

Full Name (Last, First, Middle Initial)

Radio Shack

Mailing Address 300 RadioShack Circle

City Fort Worth State TX Zip Code 76102-1964

Purpose of Disbursement  
Office supplies and cables

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.17588

Date of Disbursement

08 / 19 / 2010

Amount of Each Disbursement this Period

12.92

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

1086.63

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 53 / 67

|                                         |                              |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

Rental Service Management

Mailing Address 4651 paragon park rd.

City  
Raleigh

State  
NC

Zip Code  
27616

Purpose of Disbursement  
Rent and Deposit

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.17660

Date of Disbursement

08 / 19 / 2010

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

Rental Service Management

Mailing Address 4651 paragon park rd.

City  
Raleigh

State  
NC

Zip Code  
27616

Purpose of Disbursement  
Rent

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.17678

Date of Disbursement

09 / 19 / 2010

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Sage Payments Solutions

Mailing Address 1750 Old Meadow Rd. #300

City  
McLean

State  
VA

Zip Code  
22102

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.19541

Date of Disbursement

07 / 30 / 2010

Amount of Each Disbursement this Period

195.11

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

3195.11

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 54 / 67

|                                         |                              |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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

|                                                                                                                                      |                                                                                                                                                                                                                                                           |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Sage Payments Solutions                                                         | <b>Transaction ID:</b> SB21B.19542<br><b>Date of Disbursement</b>                                                                                                                                                                                         |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 1750 Old Meadow Rd. #300                                                                                             | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 0 | 8 |  | 3 | 0 |  | 2 | 0 | 1 | 0 |
| M                                                                                                                                    | M                                                                                                                                                                                                                                                         | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0                                                                                                                                    | 8                                                                                                                                                                                                                                                         |        | 3 | 0 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Mclean State VA Zip Code 22102                                                                                                  | <b>Amount of Each Disbursement this Period</b>                                                                                                                                                                                                            |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Credit Card Processing Fee<br>Candidate Name                                                              | <table border="1"> <tr> <td colspan="10">208.20</td> </tr> </table>                                                                                                                                                                                       | 208.20 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 208.20                                                                                                                               |                                                                                                                                                                                                                                                           |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                                                                                                                         |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Sage Payments Solutions                                                         | <b>Transaction ID:</b> SB21B.19543<br><b>Date of Disbursement</b>                                                                                                                                                                                         |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 1750 Old Meadow Rd. #300                                                                                             | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 0 | 9 |  | 3 | 0 |  | 2 | 0 | 1 | 0 |
| M                                                                                                                                    | M                                                                                                                                                                                                                                                         | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0                                                                                                                                    | 9                                                                                                                                                                                                                                                         |        | 3 | 0 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Mclean State VA Zip Code 22102                                                                                                  | <b>Amount of Each Disbursement this Period</b>                                                                                                                                                                                                            |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Credit Card Processing Fee<br>Candidate Name                                                              | <table border="1"> <tr> <td colspan="10">95.30</td> </tr> </table>                                                                                                                                                                                        | 95.30  |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 95.30                                                                                                                                |                                                                                                                                                                                                                                                           |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                                                                                                                         |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Time Warner Cable                                                               | <b>Transaction ID:</b> SB21B.17553<br><b>Date of Disbursement</b>                                                                                                                                                                                         |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 2505 Atlantic Ave. Ste. 101                                                                                          | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 0 | 7 |  | 1 | 9 |  | 2 | 0 | 1 | 0 |
| M                                                                                                                                    | M                                                                                                                                                                                                                                                         | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0                                                                                                                                    | 7                                                                                                                                                                                                                                                         |        | 1 | 9 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Raleigh State NC Zip Code 27604                                                                                                 | <b>Amount of Each Disbursement this Period</b>                                                                                                                                                                                                            |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Broad Band Cable<br>Candidate Name                                                                        | <table border="1"> <tr> <td colspan="10">92.82</td> </tr> </table>                                                                                                                                                                                        | 92.82  |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 92.82                                                                                                                                |                                                                                                                                                                                                                                                           |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                                                                                                                         |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

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

**396.32**

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

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

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

FOR LINE NUMBER:  
(check only one)

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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

**A.**

Full Name (Last, First, Middle Initial)

Time Warner Cable

Mailing Address 2505 Atlantic Ave. Ste. 101

City Raleigh State NC Zip Code 27604

Purpose of Disbursement  
Broad Band Cable

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.17584

Date of Disbursement

/   /

Amount of Each Disbursement this Period

108.99

**B.**

Full Name (Last, First, Middle Initial)

Time Warner Cable

Mailing Address 2505 Atlantic Ave. Ste. 101

City Raleigh State NC Zip Code 27604

Purpose of Disbursement  
Broadband Cable

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.17633

Date of Disbursement

/   /

Amount of Each Disbursement this Period

92.82

**C.**

Full Name (Last, First, Middle Initial)

US Postal Service

Mailing Address 4325 Glenwood Ave.

City Raleigh State NC Zip Code 27612

Purpose of Disbursement  
Postage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.17555

Date of Disbursement

/   /

Amount of Each Disbursement this Period

485.00

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

686.81

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

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

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

FOR LINE NUMBER:  
(check only one)

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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

**A.**

Full Name (Last, First, Middle Initial)

US Postal Service

Mailing Address 4325 Glenwood Ave.

City  
Raleigh

State  
NC

Zip Code  
27612

Purpose of Disbursement  
Postage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.17558

Date of Disbursement

/   /

Amount of Each Disbursement this Period

397.00

**B.**

Full Name (Last, First, Middle Initial)

US Postal Service

Mailing Address 4325 Glenwood Ave.

City  
Raleigh

State  
NC

Zip Code  
27612

Purpose of Disbursement  
Postage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.17679

Date of Disbursement

/   /

Amount of Each Disbursement this Period

176.00

**C.**

Full Name (Last, First, Middle Initial)

Verizon Wireless

Mailing Address 1 Verizon Way  
(800)214-3555

City  
Basking Ridge

State  
NJ

Zip Code  
07920-1025

Purpose of Disbursement  
Wireless Service and Phone

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.17551

Date of Disbursement

/   /

Amount of Each Disbursement this Period

124.14

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

697.14

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

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

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

FOR LINE NUMBER:  
(check only one)

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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

A.

Full Name (Last, First, Middle Initial)

Verizon Wireless

Mailing Address 1 Verizon Way  
(800)214-3555

City Basking Ridge State NJ Zip Code 07920-1025

Purpose of Disbursement  
Wireless Service and Phone

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.17582

Date of Disbursement

08 / 16 / 2010

Amount of Each Disbursement this Period

126.78

B.

Full Name (Last, First, Middle Initial)

Verizon Wireless

Mailing Address 1 Verizon Way  
(800)214-3555

City Basking Ridge State NJ Zip Code 07920-1025

Purpose of Disbursement  
Wireless Service and Phone

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.17631

Date of Disbursement

09 / 16 / 2010

Amount of Each Disbursement this Period

131.21

C.

Full Name (Last, First, Middle Initial)

Vonage

Mailing Address 23 Main St

City Holmdel State NJ Zip Code 07733

Purpose of Disbursement  
Telephone Service

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.17546

Date of Disbursement

07 / 07 / 2010

Amount of Each Disbursement this Period

53.53

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

311.52

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

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

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

FOR LINE NUMBER:  
(check only one)

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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

|                                                                                                                                      |                                                                                                                                                                                                                                                           |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>Vonage                                                                       | <b>Transaction ID:</b> SB21B.17574<br><b>Date of Disbursement</b>                                                                                                                                                                                         |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 23 Main St                                                                                                           | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M     | M | / | D | D | / | Y | Y | Y | Y | 0 | 8 |  | 0 | 9 |  | 2 | 0 | 1 | 0 |
| M                                                                                                                                    | M                                                                                                                                                                                                                                                         | /     | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0                                                                                                                                    | 8                                                                                                                                                                                                                                                         |       | 0 | 9 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Holmdel State NJ Zip Code 07733                                                                                                 | <b>Amount of Each Disbursement this Period</b>                                                                                                                                                                                                            |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement Telephone Service<br>Candidate Name                                                                          | <table border="1"> <tr> <td colspan="10">75.64</td> </tr> </table>                                                                                                                                                                                        | 75.64 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 75.64                                                                                                                                |                                                                                                                                                                                                                                                           |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                                                                                                                         |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Vonage                                                                       | <b>Transaction ID:</b> SB21B.17620<br><b>Date of Disbursement</b>                                                                                                                                                                                         |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 23 Main St                                                                                                           | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M     | M | / | D | D | / | Y | Y | Y | Y | 0 | 9 |  | 0 | 7 |  | 2 | 0 | 1 | 0 |
| M                                                                                                                                    | M                                                                                                                                                                                                                                                         | /     | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0                                                                                                                                    | 9                                                                                                                                                                                                                                                         |       | 0 | 7 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Holmdel State NJ Zip Code 07733                                                                                                 | <b>Amount of Each Disbursement this Period</b>                                                                                                                                                                                                            |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement Telephone Service<br>Candidate Name                                                                          | <table border="1"> <tr> <td colspan="10">3.00</td> </tr> </table>                                                                                                                                                                                         | 3.00  |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 3.00                                                                                                                                 |                                                                                                                                                                                                                                                           |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                                                                                                                         |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Vonage                                                                       | <b>Transaction ID:</b> SB21B.17626<br><b>Date of Disbursement</b>                                                                                                                                                                                         |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 23 Main St                                                                                                           | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M     | M | / | D | D | / | Y | Y | Y | Y | 0 | 9 |  | 0 | 7 |  | 2 | 0 | 1 | 0 |
| M                                                                                                                                    | M                                                                                                                                                                                                                                                         | /     | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0                                                                                                                                    | 9                                                                                                                                                                                                                                                         |       | 0 | 7 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Holmdel State NJ Zip Code 07733                                                                                                 | <b>Amount of Each Disbursement this Period</b>                                                                                                                                                                                                            |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement Telephone Service<br>Candidate Name                                                                          | <table border="1"> <tr> <td colspan="10">13.63</td> </tr> </table>                                                                                                                                                                                        | 13.63 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 13.63                                                                                                                                |                                                                                                                                                                                                                                                           |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                                                                                                                         |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

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

**92.27**

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 59 / 67

|                                         |                              |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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

|                                                                                                                                      |                                                                                                                                                                                                                                                           |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Wal-Mart                                                                        | <b>Transaction ID:</b> SB21B.17589<br><b>Date of Disbursement</b>                                                                                                                                                                                         |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 702 SW 8th Street                                                                                                    | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 8 |  | 2 | 0 |  | 2 | 0 | 1 | 0 |
| M                                                                                                                                    | M                                                                                                                                                                                                                                                         | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0                                                                                                                                    | 8                                                                                                                                                                                                                                                         |         | 2 | 0 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Bentonville State AR Zip Code 72716-8611                                                                                        | <b>Amount of Each Disbursement this Period</b>                                                                                                                                                                                                            |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement office equipment and supplies                                                                                | <table border="1"> <tr> <td>388.53</td> </tr> </table>                                                                                                                                                                                                    | 388.53  |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 388.53                                                                                                                               |                                                                                                                                                                                                                                                           |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name                                                                                                                       | Category/<br>Type                                                                                                                                                                                                                                         |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                                                                                                                         |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>William Gheen                                                                   | <b>Transaction ID:</b> SB21B.17654<br><b>Date of Disbursement</b>                                                                                                                                                                                         |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address PO Box 30966                                                                                                         | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 7 |  | 0 | 4 |  | 2 | 0 | 1 | 0 |
| M                                                                                                                                    | M                                                                                                                                                                                                                                                         | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0                                                                                                                                    | 7                                                                                                                                                                                                                                                         |         | 0 | 4 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Raleigh State NC Zip Code 27622                                                                                                 | <b>Amount of Each Disbursement this Period</b>                                                                                                                                                                                                            |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement Payroll                                                                                                      | <table border="1"> <tr> <td>3466.06</td> </tr> </table>                                                                                                                                                                                                   | 3466.06 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 3466.06                                                                                                                              |                                                                                                                                                                                                                                                           |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name                                                                                                                       | Category/<br>Type                                                                                                                                                                                                                                         |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                                                                                                                         |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>William Gheen                                                                   | <b>Transaction ID:</b> SB21B.17658<br><b>Date of Disbursement</b>                                                                                                                                                                                         |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address PO Box 30966                                                                                                         | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 8 |  | 0 | 4 |  | 2 | 0 | 1 | 0 |
| M                                                                                                                                    | M                                                                                                                                                                                                                                                         | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0                                                                                                                                    | 8                                                                                                                                                                                                                                                         |         | 0 | 4 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Raleigh State NC Zip Code 27622                                                                                                 | <b>Amount of Each Disbursement this Period</b>                                                                                                                                                                                                            |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement Payroll                                                                                                      | <table border="1"> <tr> <td>3466.06</td> </tr> </table>                                                                                                                                                                                                   | 3466.06 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 3466.06                                                                                                                              |                                                                                                                                                                                                                                                           |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name                                                                                                                       | Category/<br>Type                                                                                                                                                                                                                                         |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                                                                                                                         |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

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

**7320.65**

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 60 / 67

|                                         |                              |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 |

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

A.

Full Name (Last, First, Middle Initial)

William Gheen

Mailing Address PO Box 30966

City  
Raleigh

State  
NC

Zip Code  
27622

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.17674

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3466.06

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

3466.06

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

36565.36

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

|                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                   |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| NAME OF COMMITTEE (In Full)<br>Americans for Legal Immigration PAC                                                                                                                                                                                                                                                                                          |  | <b>FEC IDENTIFICATION NUMBER</b> ▼<br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00405878</div>                                                                                         |  |
| Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                   |  |
| Full Name (Last, First, Middle, Initial) of Payee<br>Callfire                                                                                                                                                                                                                                                                                               |  | Date<br><div style="display: flex; justify-content: space-between;"> <div><small>M M</small><br/>0 8</div> <div><small>D D</small><br/>2 2</div> <div><small>Y Y Y Y</small><br/>2 0 1 0</div> </div>                             |  |
| Mailing Address<br>1838 Corinth Ave #3                                                                                                                                                                                                                                                                                                                      |  | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">1000.00</div>                                                                                                                                |  |
| City State Zip Code<br>Los Angeles CA 90025                                                                                                                                                                                                                                                                                                                 |  | <b>Transaction ID:</b> SE.17514<br>Office Sought: <input type="checkbox"/> House State: _____<br><input type="checkbox"/> Senate District: _____<br><input type="checkbox"/> Presidential                                         |  |
| Purpose of Expenditure<br>Phone Bank Services Ind. Exp                                                                                                                                                                                                                                                                                                      |  | Category/Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>                                                                                                                      |  |
| Name of Federal Candidate supported or Opposed by expenditure:<br>JD HAYWORTH                                                                                                                                                                                                                                                                               |  | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) : _____ |  |
| Calendar Year-To-Date Per Election for Office Sought<br><div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">1798.19</div>                                                                                                                                                                                              |  |                                                                                                                                                                                                                                   |  |
| Full Name (Last, First, Middle, Initial) of Payee<br>Callfire                                                                                                                                                                                                                                                                                               |  | Date<br><div style="display: flex; justify-content: space-between;"> <div><small>M M</small><br/>0 8</div> <div><small>D D</small><br/>2 3</div> <div><small>Y Y Y Y</small><br/>2 0 1 0</div> </div>                             |  |
| Mailing Address<br>1838 Corinth Ave #3                                                                                                                                                                                                                                                                                                                      |  | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">1000.00</div>                                                                                                                                |  |
| City State Zip Code<br>Los Angeles CA 90025                                                                                                                                                                                                                                                                                                                 |  | <b>Transaction ID:</b> SE.17515<br>Office Sought: <input type="checkbox"/> House State: _____<br><input type="checkbox"/> Senate District: _____<br><input type="checkbox"/> Presidential                                         |  |
| Purpose of Expenditure<br>Phone Bank Services Ind. Exp                                                                                                                                                                                                                                                                                                      |  | Category/Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>                                                                                                                      |  |
| Name of Federal Candidate supported or Opposed by expenditure:<br>JD HAYWORTH                                                                                                                                                                                                                                                                               |  | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) : _____ |  |
| Calendar Year-To-Date Per Election for Office Sought<br><div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">2798.19</div>                                                                                                                                                                                              |  |                                                                                                                                                                                                                                   |  |
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....                                                                                                                                                                                                                                                                                              |  | <div style="border: 1px solid black; padding: 2px; display: inline-block;">2000.00</div>                                                                                                                                          |  |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                   |  |
| (c) <b>TOTAL</b> Independent Expenditures .....                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                   |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |  |                                                                                                                                                                                                                                   |  |
| Ms Jane Patterson<br>Signature                                                                                                                                                                                                                                                                                                                              |  | Date<br><div style="display: flex; justify-content: space-between;"> <div><small>M M</small><br/>0 9</div> <div><small>D D</small><br/>1 5</div> <div><small>Y Y Y Y</small><br/>2 0 1 0</div> </div>                             |  |

A. Form/Schedule : **SE**  
Transaction ID : **SE.17514**

There was a credit balance of \$324.86 from 2009, which was also used on this campaign. This expenditure was disseminated late in the day on 8/22.

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 63 / 67

FOR LINE 24 OF FORM 3X

|                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                        |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| NAME OF COMMITTEE (In Full)<br>Americans for Legal Immigration PAC                                                                                                                                                                                                                                                                                          |  | <b>FEC IDENTIFICATION NUMBER</b> ▼<br><b>C</b> C00405878                                                                                               |  |
| Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice                                                                                                                                                                                                                                                                    |  |                                                                                                                                                        |  |
| Full Name (Last, First, Middle, Initial) of Payee<br>Callfire                                                                                                                                                                                                                                                                                               |  | Date<br>M M / D D / Y Y Y Y<br>0 8 / 2 3 / 2 0 1 0                                                                                                     |  |
| Mailing Address<br>1838 Corinth Ave #3                                                                                                                                                                                                                                                                                                                      |  | Amount<br>350.00                                                                                                                                       |  |
| City State Zip Code<br>Los Angeles CA 90025                                                                                                                                                                                                                                                                                                                 |  | Transaction ID: SE.17516                                                                                                                               |  |
| Purpose of Expenditure<br>Phone Bank Services<br>Ind. Exp                                                                                                                                                                                                                                                                                                   |  | Office Sought: <input type="checkbox"/> House State: _____<br><input type="checkbox"/> Senate District: _____<br><input type="checkbox"/> Presidential |  |
| Name of Federal Candidate supported or Opposed by expenditure:<br>JD HAYWORTH                                                                                                                                                                                                                                                                               |  | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                                                                 |  |
| Calendar Year-To-Date Per Election<br>for Office Sought 3148.19                                                                                                                                                                                                                                                                                             |  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) : _____                |  |
| Full Name (Last, First, Middle, Initial) of Payee<br>Callfire                                                                                                                                                                                                                                                                                               |  | Date<br>M M / D D / Y Y Y Y<br>0 8 / 2 5 / 2 0 1 0                                                                                                     |  |
| Mailing Address<br>1838 Corinth Ave #3                                                                                                                                                                                                                                                                                                                      |  | Amount<br>100.00                                                                                                                                       |  |
| City State Zip Code<br>Los Angeles CA 90025                                                                                                                                                                                                                                                                                                                 |  | Transaction ID: SE.17598                                                                                                                               |  |
| Purpose of Expenditure<br>Phone Bank Services<br>Ind. Exp                                                                                                                                                                                                                                                                                                   |  | Office Sought: <input type="checkbox"/> House State: _____<br><input type="checkbox"/> Senate District: _____<br><input type="checkbox"/> Presidential |  |
| Name of Federal Candidate supported or Opposed by expenditure:<br>JD HAYWORTH                                                                                                                                                                                                                                                                               |  | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                                                                 |  |
| Calendar Year-To-Date Per Election<br>for Office Sought 3248.19                                                                                                                                                                                                                                                                                             |  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) : _____                |  |
| (a) SUBTOTAL of Itemized Independent Expenditures .....                                                                                                                                                                                                                                                                                                     |  | 450.00                                                                                                                                                 |  |
| (b) SUBTOTAL of Unitemized Independent Expenditures .....                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                        |  |
| (c) TOTAL Independent Expenditures .....                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                        |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |  |                                                                                                                                                        |  |
| Ms Jane Patterson<br>Signature                                                                                                                                                                                                                                                                                                                              |  | Date M M / D D / Y Y Y Y<br>0 9 / 1 5 / 2 0 1 0                                                                                                        |  |

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 64 / 67

FOR LINE 24 OF FORM 3X

|                                                                                          |  |                                                                                                                                                        |  |
|------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| NAME OF COMMITTEE (In Full)<br>Americans for Legal Immigration PAC                       |  | <b>FEC IDENTIFICATION NUMBER</b> ▼<br><b>C</b> C00405878                                                                                               |  |
| Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice |  |                                                                                                                                                        |  |
| Full Name (Last, First, Middle, Initial) of Payee<br>Facebook Inc.                       |  | Date<br>MM / DD / YYYY<br>08 / 09 / 2010                                                                                                               |  |
| Mailing Address<br>156 University Ave.                                                   |  | Amount<br>100.00                                                                                                                                       |  |
| City State Zip Code<br>Palo Alto CA 94301-1605                                           |  | Transaction ID: SE.17506                                                                                                                               |  |
| Purpose of Expenditure<br>Advertisement Ind. Exp                                         |  | Office Sought: <input type="checkbox"/> House State: _____<br><input type="checkbox"/> Senate District: _____<br><input type="checkbox"/> Presidential |  |
| Category/Type                                                                            |  | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                                                                 |  |
| Name of Federal Candidate supported or Opposed by expenditure:<br>JD HAYWORTH            |  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) : _____                |  |
| Calendar Year-To-Date Per Election for Office Sought<br>100.00                           |  |                                                                                                                                                        |  |

  

|                                                                               |  |                                                                                                                                                        |  |
|-------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle, Initial) of Payee<br>Facebook Inc.            |  | Date<br>MM / DD / YYYY<br>08 / 09 / 2010                                                                                                               |  |
| Mailing Address<br>156 University Ave.                                        |  | Amount<br>100.00                                                                                                                                       |  |
| City State Zip Code<br>Palo Alto CA 94301-1605                                |  | Transaction ID: SE.17507                                                                                                                               |  |
| Purpose of Expenditure<br>Advertisement Ind. Exp                              |  | Office Sought: <input type="checkbox"/> House State: _____<br><input type="checkbox"/> Senate District: _____<br><input type="checkbox"/> Presidential |  |
| Category/Type                                                                 |  | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                                                                 |  |
| Name of Federal Candidate supported or Opposed by expenditure:<br>JD HAYWORTH |  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) : _____                |  |
| Calendar Year-To-Date Per Election for Office Sought<br>200.00                |  |                                                                                                                                                        |  |

  

|                                                                  |        |
|------------------------------------------------------------------|--------|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....   | 200.00 |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... |        |
| (c) <b>TOTAL</b> Independent Expenditures .....                  |        |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms Jane Patterson

Signature

Date

MM / DD / YYYY  
09 / 15 / 2010

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 65 / 67

FOR LINE 24 OF FORM 3X

|                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                        |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| NAME OF COMMITTEE (In Full)<br>Americans for Legal Immigration PAC                                                                                                                                                                                                                                                                                          |  | <b>FEC IDENTIFICATION NUMBER</b> ▼<br><b>C</b> C00405878                                                                                               |  |
| Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice                                                                                                                                                                                                                                                                    |  |                                                                                                                                                        |  |
| Full Name (Last, First, Middle, Initial) of Payee<br>Facebook Inc.                                                                                                                                                                                                                                                                                          |  | Date<br>MM / DD / YYYY<br>08 / 10 / 2010                                                                                                               |  |
| Mailing Address<br>156 University Ave.                                                                                                                                                                                                                                                                                                                      |  | Amount<br>100.00                                                                                                                                       |  |
| City State Zip Code<br>Palo Alto CA 94301-1605                                                                                                                                                                                                                                                                                                              |  | Transaction ID: SE.17508                                                                                                                               |  |
| Purpose of Expenditure<br>Advertisement Ind. Exp                                                                                                                                                                                                                                                                                                            |  | Office Sought: <input type="checkbox"/> House State: _____<br><input type="checkbox"/> Senate District: _____<br><input type="checkbox"/> Presidential |  |
| Category/Type                                                                                                                                                                                                                                                                                                                                               |  | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                                                                 |  |
| Name of Federal Candidate supported or Opposed by expenditure:<br>JD HAYWORTH                                                                                                                                                                                                                                                                               |  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) : _____                |  |
| Calendar Year-To-Date Per Election for Office Sought<br>300.00                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                        |  |
| Full Name (Last, First, Middle, Initial) of Payee<br>Facebook Inc.                                                                                                                                                                                                                                                                                          |  | Date<br>MM / DD / YYYY<br>08 / 11 / 2010                                                                                                               |  |
| Mailing Address<br>156 University Ave.                                                                                                                                                                                                                                                                                                                      |  | Amount<br>100.00                                                                                                                                       |  |
| City State Zip Code<br>Palo Alto CA 94301-1605                                                                                                                                                                                                                                                                                                              |  | Transaction ID: SE.17509                                                                                                                               |  |
| Purpose of Expenditure<br>Advertisement Ind. Exp                                                                                                                                                                                                                                                                                                            |  | Office Sought: <input type="checkbox"/> House State: _____<br><input type="checkbox"/> Senate District: _____<br><input type="checkbox"/> Presidential |  |
| Category/Type                                                                                                                                                                                                                                                                                                                                               |  | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                                                                 |  |
| Name of Federal Candidate supported or Opposed by expenditure:<br>JD HAYWORTH                                                                                                                                                                                                                                                                               |  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) : _____                |  |
| Calendar Year-To-Date Per Election for Office Sought<br>400.00                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                        |  |
| (a) SUBTOTAL of Itemized Independent Expenditures .....                                                                                                                                                                                                                                                                                                     |  | 200.00                                                                                                                                                 |  |
| (b) SUBTOTAL of Unitemized Independent Expenditures .....                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                        |  |
| (c) TOTAL Independent Expenditures .....                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                        |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |  |                                                                                                                                                        |  |
| Ms Jane Patterson<br>Signature                                                                                                                                                                                                                                                                                                                              |  | Date<br>MM / DD / YYYY<br>09 / 15 / 2010                                                                                                               |  |

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 66 / 67

FOR LINE 24 OF FORM 3X

|                                                                                          |  |                                                                                                                                                                                                                                                                                        |  |
|------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| NAME OF COMMITTEE (In Full)<br>Americans for Legal Immigration PAC                       |  | <b>FEC IDENTIFICATION NUMBER</b> ▼<br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00405878</div>                                                                                                                                              |  |
| Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice |  |                                                                                                                                                                                                                                                                                        |  |
| Full Name (Last, First, Middle, Initial) of Payee<br>Facebook Inc.                       |  | Date<br><div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M<br/>08</div> <div style="border: 1px solid black; padding: 2px;">D<br/>12</div> <div style="border: 1px solid black; padding: 2px;">Y<br/>2010</div> </div> |  |
| Mailing Address<br>156 University Ave.                                                   |  | Amount<br><div style="border: 1px solid black; padding: 2px; text-align: right;">100.00</div>                                                                                                                                                                                          |  |
| City<br>Palo Alto                                                                        |  | State<br>CA                                                                                                                                                                                                                                                                            |  |
| Zip Code<br>94301-1605                                                                   |  | <b>Transaction ID:</b> SE.17510                                                                                                                                                                                                                                                        |  |
| Purpose of Expenditure<br>Advertisement Ind.<br>Exp                                      |  | Office Sought: <input type="checkbox"/> House State: _____<br><input type="checkbox"/> Senate District: _____<br><input type="checkbox"/> Presidential                                                                                                                                 |  |
| Category/<br>Type                                                                        |  | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                                                                                                                                                                                                 |  |
| Name of Federal Candidate supported or Opposed by expenditure:<br>JD HAYWORTH            |  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) : _____                                                                                                                                                |  |
| Calendar Year-To-Date Per Election<br>for Office Sought                                  |  | <div style="border: 1px solid black; padding: 2px; text-align: right;">500.00</div>                                                                                                                                                                                                    |  |

  

|                                                                               |  |                                                                                                                                                                                                                                                                                        |  |
|-------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle, Initial) of Payee<br>Facebook Inc.            |  | Date<br><div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M<br/>08</div> <div style="border: 1px solid black; padding: 2px;">D<br/>13</div> <div style="border: 1px solid black; padding: 2px;">Y<br/>2010</div> </div> |  |
| Mailing Address<br>156 University Ave.                                        |  | Amount<br><div style="border: 1px solid black; padding: 2px; text-align: right;">100.00</div>                                                                                                                                                                                          |  |
| City<br>Palo Alto                                                             |  | State<br>CA                                                                                                                                                                                                                                                                            |  |
| Zip Code<br>94301-1605                                                        |  | <b>Transaction ID:</b> SE.17511                                                                                                                                                                                                                                                        |  |
| Purpose of Expenditure<br>Advertisement Ind.<br>Exp                           |  | Office Sought: <input type="checkbox"/> House State: _____<br><input type="checkbox"/> Senate District: _____<br><input type="checkbox"/> Presidential                                                                                                                                 |  |
| Category/<br>Type                                                             |  | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                                                                                                                                                                                                 |  |
| Name of Federal Candidate supported or Opposed by expenditure:<br>JD HAYWORTH |  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) : _____                                                                                                                                                |  |
| Calendar Year-To-Date Per Election<br>for Office Sought                       |  | <div style="border: 1px solid black; padding: 2px; text-align: right;">600.00</div>                                                                                                                                                                                                    |  |

  

|                                                                  |                                                                  |
|------------------------------------------------------------------|------------------------------------------------------------------|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....   | <div style="border: 1px solid black; padding: 2px;">200.00</div> |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... |                                                                  |
| (c) <b>TOTAL</b> Independent Expenditures .....                  |                                                                  |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms Jane Patterson

Signature

Date

M  
09

D  
15

Y  
2010

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

|                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                        |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| NAME OF COMMITTEE (In Full)<br>Americans for Legal Immigration PAC                                                                                                                                                                                                                                                                                          |  | <b>FEC IDENTIFICATION NUMBER</b> ▼<br><b>C</b> C00405878                                                                                               |  |
| Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice                                                                                                                                                                                                                                                                    |  |                                                                                                                                                        |  |
| Full Name (Last, First, Middle, Initial) of Payee<br>Facebook Inc.                                                                                                                                                                                                                                                                                          |  | Date<br>MM / DD / YYYY<br>08 / 16 / 2010                                                                                                               |  |
| Mailing Address<br>156 University Ave.                                                                                                                                                                                                                                                                                                                      |  | Amount<br>100.00                                                                                                                                       |  |
| City State Zip Code<br>Palo Alto CA 94301-1605                                                                                                                                                                                                                                                                                                              |  | <b>Transaction ID:</b> SE.17512                                                                                                                        |  |
| Purpose of Expenditure<br>Advertisement Ind. Exp                                                                                                                                                                                                                                                                                                            |  | Office Sought: <input type="checkbox"/> House State: _____<br><input type="checkbox"/> Senate District: _____<br><input type="checkbox"/> Presidential |  |
| Category/Type                                                                                                                                                                                                                                                                                                                                               |  | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                                                                 |  |
| Name of Federal Candidate supported or Opposed by expenditure:<br>JD HAYWORTH                                                                                                                                                                                                                                                                               |  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) : _____                |  |
| Calendar Year-To-Date Per Election for Office Sought<br>700.00                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                        |  |
| Full Name (Last, First, Middle, Initial) of Payee<br>Facebook Inc.                                                                                                                                                                                                                                                                                          |  | Date<br>MM / DD / YYYY<br>08 / 16 / 2010                                                                                                               |  |
| Mailing Address<br>156 University Ave.                                                                                                                                                                                                                                                                                                                      |  | Amount<br>98.19                                                                                                                                        |  |
| City State Zip Code<br>Palo Alto CA 94301-1605                                                                                                                                                                                                                                                                                                              |  | <b>Transaction ID:</b> SE.17513                                                                                                                        |  |
| Purpose of Expenditure<br>Advertisement Ind. Exp                                                                                                                                                                                                                                                                                                            |  | Office Sought: <input type="checkbox"/> House State: _____<br><input type="checkbox"/> Senate District: _____<br><input type="checkbox"/> Presidential |  |
| Category/Type                                                                                                                                                                                                                                                                                                                                               |  | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                                                                 |  |
| Name of Federal Candidate supported or Opposed by expenditure:<br>JD HAYWORTH                                                                                                                                                                                                                                                                               |  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) : _____                |  |
| Calendar Year-To-Date Per Election for Office Sought<br>798.19                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                        |  |
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....                                                                                                                                                                                                                                                                                              |  | 198.19                                                                                                                                                 |  |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                        |  |
| (c) <b>TOTAL</b> Independent Expenditures .....                                                                                                                                                                                                                                                                                                             |  | 3248.19                                                                                                                                                |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |  |                                                                                                                                                        |  |
| Ms Jane Patterson<br>Signature                                                                                                                                                                                                                                                                                                                              |  | Date<br>MM / DD / YYYY<br>09 / 15 / 2010                                                                                                               |  |