

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

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Immigrants' List

ADDRESS (number and street)

2001 S Street, NW

Suite 550

☐ Check if different than previously reported. (ACC)

Washington

DC

20009

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00430280

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

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

in the
State of

(d) 30-Day

POST-Election

Report for the:

☒ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

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

in the
State of

DC

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
10 18 2012

through

M M M / D D D / Y Y Y Y Y Y
11 26 2012

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 Ira Kurzban

Signature of Treasurer

Ira Kurzban

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
03 23 2015

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

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Immigrants' List

Report Covering the Period: From: To:

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, YYYY		19740.85
(b) Cash on Hand at Beginning of Reporting Period.....	46066.80	
(c) Total Receipts (from Line 19)	2300.76	83484.25
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	48367.56	103225.10
7. Total Disbursements (from Line 31)	30662.74	85520.28
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	17704.82	17704.82
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



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)

Page 3

Write or Type Committee Name

Immigrants' List

Report Covering the Period:

From:

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

To:

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	800.00	60320.00
(ii) Unitemized	1500.76	22062.76
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	2300.76	82382.76
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ►	2300.76	82882.76
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	600.00
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	1.49
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ►	2300.76	83484.25
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ►	2300.76	83484.25

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	8859.00	59216.54
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	8859.00	59216.54
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	3500.00
24. Independent Expenditures (use Schedule E)	21803.74	21803.74
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	1000.00
(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	1000.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	30662.74	85520.28
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	30662.74	85520.28

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	2300.76	82882.76
34. Total Contribution Refunds (from Line 28(d))	0.00	1000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2300.76	81882.76
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	8859.00	59216.54
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	600.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	8859.00	58616.54

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

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

FOR LINE NUMBER: PAGE 6 OF 14
(check only one)

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

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

NAME OF COMMITTEE (In Full)

Immigrants' List

Full Name (Last, First, Middle Initial)

A. Elizabeth Barna

Mailing Address 305 Broadway Suite 305
Suite 305

City State Zip Code
New York NY 10007-3623

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self employed

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 21 / 2012

Transaction ID : C8057346

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Elizabeth Barna

Mailing Address 305 Broadway Suite 305
Suite 305

City State Zip Code
New York NY 10007-3623

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self employed

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 26 / 2012

Transaction ID : C8057320

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Elizabeth Barna

Mailing Address 305 Broadway Suite 305
Suite 305

City State Zip Code
New York NY 10007-3623

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self employed

Attorney

Receipt For: 2012

☐ Primary ☐ General
☒ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 03 / 2012

Transaction ID : C3095889

Amount of Each Receipt this Period

100.00

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

150.00

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 7 OF 14
(check only one)

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

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

NAME OF COMMITTEE (In Full)

Immigrants' List

Full Name (Last, First, Middle Initial)

A. Cory Caouette

Mailing Address 13312 Tireaton Rd

City State Zip Code
 San Diego CA 92130

FEC ID number of contributing
federal political committee.

C

Name of Employer

BSIS

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 16 2012

Transaction ID : C8059119

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Roberto Reveles

Mailing Address 10904 E. Sleepy Hollow Trail

City State Zip Code
 Gold Canyon AZ 85118

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

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 Y Y
 10 29 2012

Transaction ID : C8059159

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Vera Weisz

Mailing Address 9911 W Pico Blvd

City State Zip Code
 Los Angeles CA 90035

FEC ID number of contributing
federal political committee.

C

Name of Employer

Law Office of Vera A Weisz

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 31 2012

Transaction ID : C8059155

Amount of Each Receipt this Period

500.00

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

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

650.00

800.00

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

Immigrants' List

A. Salsa Labs, Inc.

Three digital displays are shown side-by-side, separated by slashes. The first display shows '11' with two small squares above it. The second display shows '06' with two small squares above it. The third display shows '2012' with four small squares above it.

Category/
Type

300.00

State: District:

B. Sandler, Reiff, Young & Lamb, P.C.

Category/
Type

300.00

State: District:

C. Target Smart

Category/
Type

1959.00

State: District:

2559.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 14

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

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NAME OF COMMITTEE (In Full)

Immigrants' List

Full Name (Last, First, Middle Initial)

A. The Raben Group

Mailing Address 1640 Rhode Island Ave, NW

City Washington State DC Zip Code 20036

Purpose of Disbursement
Fundraising for Iowa race to support Vilsack (vs King) 10hrs

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 20 / 2012

Transaction ID : D512684

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

2000.00

8859.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 11 OF 14
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Immigrants' List			FEC IDENTIFICATION NUMBER ▼ C C00430280		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Mount Vernon Printing			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y		
Mailing Address 13201 Mid Atlantic Blvd Suite 100			Amount 15479.83		
City Laurel		State MD	Zip Code 20708		Transaction ID : D515194
Purpose of Expenditure Mailing		Category/ Type		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 19 / 2012	
Name of Federal Candidate STEVE MR. KING			☐ Support ☒ Oppose Office Sought: ☒ House District: 04 ☐ President ☐ Senate State: IA		
Calendar Year-To-Date Per Election for Office Sought 19455.83			Disbursement For: ☐ Primary ☒ General 2012 ☐ Other (specify) ▶		
Full Name of Payee La Prensa Hispanic Newspaper			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y		
Mailing Address 1309 1st Avenue N #110			Amount 2068.00		
City Denison		State IA	Zip Code 51442		Transaction ID : D515195
Purpose of Expenditure Newspaper Ad		Category/ Type		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 19 / 2012	
Name of Federal Candidate STEVE MR. KING			☐ Support ☒ Oppose Office Sought: ☒ House District: 04 ☐ President ☐ Senate State: IA		
Calendar Year-To-Date Per Election for Office Sought 19455.83			Disbursement For: ☐ Primary ☒ General 2012 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			17547.83		
(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.					
Ira Kurzban			[Electronically Filed]		
Signature			Date M M / D D / Y Y Y Y Y Y 03 / 23 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 12 OF 14
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Immigrants' List		FEC IDENTIFICATION NUMBER ▼ C C00430280	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Carroll Broadcasting Co.		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y	
Mailing Address 1119 East Plaza Drive		Amount 1008.00	
City Carroll	State IA	Zip Code 51401	Transaction ID : D515197
Purpose of Expenditure Radio Ad		Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2012
Name of Federal Candidate STEVE MR. KING		☐ Support ☒ Oppose	Office Sought: ☒ House District: 04 ☐ President ☐ Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		19455.83	Disbursement For: ☐ Primary ☒ General 2012 ☐ Other (specify) ▶
Full Name of Payee Sioux City Journal		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y	
Mailing Address 515 Pavonia Street		Amount 500.00	
City Sioux City	State IA	Zip Code 51101	Transaction ID : D515198
Purpose of Expenditure Online Ad		Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2012
Name of Federal Candidate Christie Vilsack		☒ Support ☐ Oppose	Office Sought: ☒ House District: 04 ☐ President ☐ Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		19455.83	Disbursement For: ☐ Primary ☒ General 2012 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		1508.00	
(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.			
Signature Ira Kurzban		[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 03 / 23 / 2015	

Full Name of Payee Carroll Broadcasting Co.		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address 1119 East Plaza Drive		Amount 400.00	
City Carroll	State IA	Zip Code 51401	Transaction ID : D515201
Purpose of Expenditure Radio Advertising		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate CHRISTIE VILSACK		☒ Support ☐ Oppose	Office Sought: ☒ House ☐ President ☐ Senate District: 04 State: IA
Calendar Year-To-Date Per Election for Office Sought		19455.83	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address		Amount \$
City	State	Zip Code
Purpose of Expenditure	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate	☐ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	400.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	21803.74

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.

Date _____

Signature

03 / 23 / 2015