

# 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

Immigrants' List

ADDRESS (number and street) 1555 Connecticut, NW  
Suite 200  
 Check if different than previously reported. (ACC)  
Washington DC 20036

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIPCODE

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 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- |                                      |                                      |                                       |  |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day **PRE-Election** Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

- (d) 30-Day **Post -Election** Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 04 01 2010 through 06 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 Mr Ira Kurzban

Signature of Treasurer Electronically Filed by Mr Ira Kurzban Date 01 31 2011

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

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Immigrants' List

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		3094.26
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	8920.69									
(c) Total Receipts (from Line 19) .....	14586.60	31430.03								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	23507.29	34524.29								
7. Total Disbursements (from Line 31) .....	12326.86	23343.86								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	11180.43	11180.43								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
Immigrants' List

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

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) .....	9900.00	24651.00
(ii) Unitemized .....	4686.27	6739.27
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	14586.27	31390.27
(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) .....	14586.27	31390.27
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.33	39.76
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)) .....	14586.60	31430.03
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	14586.60	31430.03

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	12326.86	23343.86
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	12326.86	23343.86
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
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	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) 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))..	12326.86	23343.86
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12326.86	23343.86

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	14586.27	31390.27
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	14586.27	31390.27
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	12326.86	23343.86
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	12326.86	23343.86

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 28  
(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

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

**A.**

Full Name (Last, First, Middle Initial) Royal Berg		Date of Receipt <table border="1" style="font-size: small; text-align: center;"><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>4</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	4		0	7		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		0	7		2	0	1	0													
Mailing Address 33 N. La Salle Street Suite 2300		<b>Transaction ID:</b> C4516483																				
City Chicago	State IL	Zip Code 60602																				
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"><tr><td>100.00</td></tr></table>	100.00																			
100.00																						
Name of Employer Self employed	Occupation Attorney																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"><tr><td>1050.00</td></tr></table>	1050.00																				
1050.00																						

**B.**

Full Name (Last, First, Middle Initial) Royal Berg		Date of Receipt <table border="1" style="font-size: small; text-align: center;"><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>4</td><td></td><td>2</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	4		2	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		2	6		2	0	1	0													
Mailing Address 33 N. La Salle Street Suite 2300		<b>Transaction ID:</b> C4516482																				
City Chicago	State IL	Zip Code 60602																				
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"><tr><td>100.00</td></tr></table>	100.00																			
100.00																						
Name of Employer Self employed	Occupation Attorney																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"><tr><td>1050.00</td></tr></table>	1050.00																				
1050.00																						

**C.**

Full Name (Last, First, Middle Initial) Royal Berg		Date of Receipt <table border="1" style="font-size: small; text-align: center;"><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>6</td><td></td><td>0</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	6		0	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		0	1		2	0	1	0													
Mailing Address 33 N. La Salle Street Suite 2300		<b>Transaction ID:</b> C4600913																				
City Chicago	State IL	Zip Code 60602																				
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"><tr><td>100.00</td></tr></table>	100.00																			
100.00																						
Name of Employer Self employed	Occupation Attorney																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"><tr><td>1050.00</td></tr></table>	1050.00																				
1050.00																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<table border="1" style="width: 100%; text-align: center;"><tr><td>300.00</td></tr></table>	300.00
300.00		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1" style="width: 100%; height: 20px;"></table>	

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

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

FOR LINE NUMBER: PAGE 7 / 28  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Immigrants' List

**A.** Full Name (Last, First, Middle Initial)  
Daryl Buffenstein

Mailing Address 600 Peachtree St. Suite 2400

City Atlanta State GA Zip Code 30308

FEC ID number of contributing federal political committee. C

Name of Employer Paul, Hastings, Janofsky & Walker LLP Occupation Attorney

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY  
05 / 26 / 2010

**Transaction ID:** C4545090

Amount of Each Receipt this Period 500.00

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

Mailing Address 2827 Fernway Drive

City Montgomery State AL Zip Code 36111-1703

FEC ID number of contributing federal political committee. C

Name of Employer Immigration Law Center, LLC Occupation Lawyer

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY  
04 / 21 / 2010

**Transaction ID:** C4510661

Amount of Each Receipt this Period 100.00

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

Mailing Address 2827 Fernway Drive

City Montgomery State AL Zip Code 36111-1703

FEC ID number of contributing federal political committee. C

Name of Employer Immigration Law Center, LLC Occupation Lawyer

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY  
05 / 21 / 2010

**Transaction ID:** C4558609

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... 700.00

**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 8 / 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Immigrants' List

<b>A.</b>	Full Name (Last, First, Middle Initial) Boyd F Campbell		Date of Receipt	
	Mailing Address 2827 Fernway Drive		M M / D D / Y Y Y Y 06 / 21 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> C4585371
	Montgomery	AL	36111-1703	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		100.00	
Name of Employer Immigration Law Center, LLC		Occupation Lawyer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		500.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Cory Caouette		Date of Receipt	
	Mailing Address 13312 Tireaton Rd		M M / D D / Y Y Y Y 04 / 04 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> C4384179
	San Diego	CA	92130	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		250.00	
Name of Employer BSIS		Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		250.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Joseph Ching		Date of Receipt	
	Mailing Address 1100 Poydras Street #2950		M M / D D / Y Y Y Y 04 / 26 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> C4510390
	New Orleans	LA	70116	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		500.00	
Name of Employer Information Requested		Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	850.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 28  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Immigrants' List

**A.** Full Name (Last, First, Middle Initial)  
John Coffey

Mailing Address 3 Plateau Circle East

City State Zip Code  
Bronxville NY 10708

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Bernstein Litowitz Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 26 / 2010  
**Transaction ID: C4545093**

Amount of Each Receipt this Period 1000.00

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

Mailing Address 1666 Connecticut Ave, NW, Suite 32  
Ste 325

City State Zip Code  
Washington DC 20009

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Deutsch, Killea and Eapen Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 28 / 2010  
**Transaction ID: C4599918**

Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Tammy Fox-Isicoff

Mailing Address 32016 N.E. 168 Street  
Ste 210

City State Zip Code  
North Miami FL 33160

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
self lawyer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 21 / 2010  
**Transaction ID: C4558606**

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... 1500.00

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

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 10 / 28  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Immigrants' List

**A.** Full Name (Last, First, Middle Initial)  
Jerome Grezca  
Mailing Address 440 W Fairfield Ct  
City Glendale State WI Zip Code 53217  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Information Requested Occupation Attorney  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 04 / 04 / 2010  
Transaction ID: C4384182  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Ronald klasko  
Mailing Address 25 country walk  
City cherry Hill State NJ Zip Code 08003  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self employed Occupation Attorney  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00  
Date of Receipt 05 / 14 / 2010  
Transaction ID: C4516469  
Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Karl Krooth  
Mailing Address 251 Cumberland Street  
City San Francisco State CA Zip Code 94114  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Information Requested Occupation Information Requested  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 04 / 07 / 2010  
Transaction ID: C4516484  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1250.00  
**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 / 28  
(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)  
Immigrants' List

**A.**

Full Name (Last, First, Middle Initial)  
Charles Kuck

Mailing Address 8010 Roswell Road #300  
Suite 300

City State Zip Code  
Atlanta GA 30350

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

Name of Employer Occupation  
Kuck Casablanca & Odom Attorney

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 1 0

Transaction ID: C4384188

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
Deborah Notkin

Mailing Address 370 Harrison Ave  
2 Park Avenue

City State Zip Code  
Harrisen NY 10528

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

Name of Employer Occupation  
Barst & Mukamal LLC Attorney

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 1 0

Transaction ID: C4384191

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
Michael Patrick

Mailing Address 250 West 94th Street  
Apt., 15F

City State Zip Code  
New York NY 10025-6954

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

Name of Employer Occupation  
Fragomen, Del Rey, Bernsen & Loewy, LL Attorney

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 0

Transaction ID: C4545089

Amount of Each Receipt this Period

500.00

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

1000.00

**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 / 28

(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

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

**A.**

Full Name (Last, First, Middle Initial)  
Jan Pederson

Mailing Address 2001 L St NW #450

City State Zip Code  
Washington DC 20036

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

Name of Employer Information Requested Occupation  
Attorney

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 1 0

Transaction ID: C4384192

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
Michael Phulwani

Mailing Address 888 Maywood Ave

City State Zip Code  
Maywood NJ 07607

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

Name of Employer Self employed Occupation  
Attorney

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 9 / 2 0 1 0

Transaction ID: C4545088

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
John Pinnix

Mailing Address PO Drawer 1270

City State Zip Code  
Raleigh NC 27602

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

Name of Employer Information Requested Occupation  
lawyer

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

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

Transaction ID: C4520795

Amount of Each Receipt this Period

500.00

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

1250.00

**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 / 28

(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)  
Immigrants' List

**A.**

Full Name (Last, First, Middle Initial)

John Pratt

Mailing Address 770 NW 69 St.

City State Zip Code  
Miami FL 33138

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

Name of Employer Information Requested Occupation  
Attorney

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 1 0

Transaction ID: C4384190

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)

Gordon Quan

Mailing Address 2 W. Terrace

City State Zip Code  
Houston TX 77007

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

Name of Employer Information Requested Occupation  
Attorney

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 2 / 2 0 1 0

Transaction ID: C4395839

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)

Gordon Quan

Mailing Address 2 W Terrace  
2 W. Terrace Dr.

City State Zip Code  
Houston TX 77007

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

Name of Employer Information Requested Occupation  
Attorney

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 4 / 2 0 1 0

Transaction ID: C4384181

Amount of Each Receipt this Period  
500.00

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

850.00

**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 14 / 28  
(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)  
Immigrants' List

**A.**

Full Name (Last, First, Middle Initial)  
Gordon Quan

Mailing Address 2 W. Terrace

City State Zip Code  
Houston TX 77007

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

Name of Employer Occupation  
Foster Quan Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 03 / 2010

**Transaction ID:** C4510679

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Gordon Quan

Mailing Address 2 W. Terrace

City State Zip Code  
Houston TX 77007

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

Name of Employer Occupation  
Foster Quan Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
06 / 02 / 2010

**Transaction ID:** C4558608

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Dale Schwartz

Mailing Address 5500 Interstate N Pkwy  
Suite 450

City State Zip Code  
Atlanta GA 30328

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

Name of Employer Occupation  
Dale M Schwartz & Associates LLP Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
06 / 01 / 2010

**Transaction ID:** C4600914

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **450.00**

**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 / 28  
(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)  
Immigrants' List

<p><b>A.</b> Full Name (Last, First, Middle Initial) Dale Schwartz</p> <p>Mailing Address 5500 Interstate N Pkwy Suite 450</p> <p>City Atlanta State GA Zip Code 30328</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Dale M Schwartz &amp; Associates LLP Occupation Attorney</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">500.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 29 / 2010</span></p> <p><b>Transaction ID:</b> C4599913</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">250.00</span></p>
--	---

<p><b>B.</b> Full Name (Last, First, Middle Initial) Marcine Seid</p> <p>Mailing Address 1530 The Alameda #310 Suite 310</p> <p>City San Jose State CA Zip Code 95126</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Self employed Occupation Attorney</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">750.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">04 / 04 / 2010</span></p> <p><b>Transaction ID:</b> C4384189</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">250.00</span></p>
--	---

<p><b>C.</b> Full Name (Last, First, Middle Initial) Marc Van Der Hout</p> <p>Mailing Address 515 Hill St. 5th Floor</p> <p>City San Francisco State CA Zip Code 94114</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Self employed Occupation Attorney</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">1000.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">04 / 06 / 2010</span></p> <p><b>Transaction ID:</b> C4384176</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">1000.00</span></p>
--	--

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">1500.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 16 / 28	
	(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"/> 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)  
Immigrants' List

A.

Full Name (Last, First, Middle Initial)  
Carol Wolchock Wolchok

Mailing Address 1814 Newton St, NW

City	State	Zip Code
Washington	DC	20010

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

Name of Employer Carlos Rosario Internatio- nal PCS	Occupation teacher, lawyer
---	-------------------------------

Receipt For:

Primary     General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	1	0

Transaction ID: C4599911

Amount of Each Receipt this Period

250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	9900.00



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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Immigrants' List

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D308670 Date of Disbursement
	Mailing Address P.O. Box 360001	<input type="text" value="04"/> / <input type="text" value="19"/> / <input type="text" value="2010"/>
	City Fort Lauderdale State FL Zip Code 33336	Amount of Each Disbursement this Period
	Purpose of Disbursement credit card processing fee - April Candidate Name	<input type="text" value="125.09"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D308671 Date of Disbursement
	Mailing Address P.O. Box 360001	<input type="text" value="05"/> / <input type="text" value="19"/> / <input type="text" value="2010"/>
	City Fort Lauderdale State FL Zip Code 33336	Amount of Each Disbursement this Period
	Purpose of Disbursement credit processing fee - May Candidate Name	<input type="text" value="22.44"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D308672 Date of Disbursement
	Mailing Address P.O. Box 360001	<input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2010"/>
	City Fort Lauderdale State FL Zip Code 33336	Amount of Each Disbursement this Period
	Purpose of Disbursement credit processing fee - June Candidate Name	<input type="text" value="8.12"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="155.65"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Immigrants' List

A.	Full Name (Last, First, Middle Initial) Authnet Gateway	Transaction ID: D308665 Date of Disbursement
	Mailing Address 1295 Charleston Road	<input type="text" value="04"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City Mountain View State CA Zip Code 94043	Amount of Each Disbursement this Period
	Purpose of Disbursement credit card processing fee - April	<input type="text" value="35.75"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Authnet Gateway	Transaction ID: D308666 Date of Disbursement
	Mailing Address 1295 Charleston Road	<input type="text" value="05"/> / <input type="text" value="04"/> / <input type="text" value="2010"/>
	City Mountain View State CA Zip Code 94043	Amount of Each Disbursement this Period
	Purpose of Disbursement credit card processing fee - May	<input type="text" value="42.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Authnet Gateway	Transaction ID: D308669 Date of Disbursement
	Mailing Address 1295 Charleston Road	<input type="text" value="06"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City Mountain View State CA Zip Code 94043	Amount of Each Disbursement this Period
	Purpose of Disbursement credit card processing - June	<input type="text" value="34.90"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="112.65"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Immigrants' List

A.	Full Name (Last, First, Middle Initial) Crossroads Campaigns	Transaction ID: D306793 Date of Disbursement
	Mailing Address 707 H Street, NW, Suite 300	<input type="text" value="06"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20001	Amount of Each Disbursement this Period
	Purpose of Disbursement Strategic consulting - June	<input type="text" value="2500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Crossroads Campaigns	Transaction ID: D306794 Date of Disbursement
	Mailing Address 707 H Street, NW, Suite 300	<input type="text" value="04"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20001	Amount of Each Disbursement this Period
	Purpose of Disbursement Strategic consulting - April	<input type="text" value="1250.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Cybersource	Transaction ID: D308673 Date of Disbursement
	Mailing Address 1295 Charleston Rd.	<input type="text" value="06"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Mountain View State CA Zip Code 94043	Amount of Each Disbursement this Period
	Purpose of Disbursement credit card processing fee - June	<input type="text" value="31.55"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3781.55"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Immigrants' List

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Cybersource</p> <p>Mailing Address 1295 Charleston Rd.</p> <p>City Mountain View State CA Zip Code 94043</p> <p>Purpose of Disbursement credit card processing fee - May</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D308674</p> <p>Date of Disbursement</p> <p><input type="text" value="05"/> <input type="text" value="04"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="50.88"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Cybersource</p> <p>Mailing Address 1295 Charleston Rd.</p> <p>City Mountain View State CA Zip Code 94043</p> <p>Purpose of Disbursement credit card processing - April</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D308675</p> <p>Date of Disbursement</p> <p><input type="text" value="04"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="32.44"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Gilbert &amp; Wolfand, P.C.</p> <p>Mailing Address 2201 Wisconsin Ave.</p> <p>City Washington State DC Zip Code 20007</p> <p>Purpose of Disbursement preparation of taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D306806</p> <p>Date of Disbursement</p> <p><input type="text" value="04"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="307.00"/></p>

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Immigrants' List

A.	Full Name (Last, First, Middle Initial) Amy Novick	Transaction ID: D306799 Date of Disbursement 04 / 01 / 2010
	Mailing Address 1555 Connecticut Ave., NW #200	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20036	
	Purpose of Disbursement Strategic consulting - April	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Amy Novick	Transaction ID: D306800 Date of Disbursement 04 / 01 / 2010
	Mailing Address 1555 Connecticut Ave., NW #200	Amount of Each Disbursement this Period 200.00
	City Washington State DC Zip Code 20036	
	Purpose of Disbursement rent - April	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Amy Novick	Transaction ID: D306801 Date of Disbursement 05 / 01 / 2010
	Mailing Address 1555 Connecticut Ave., NW #200	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20036	
	Purpose of Disbursement strategic consulting - May	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2200.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Immigrants' List

<p><b>A.</b> Full Name (Last, First, Middle Initial) Amy Novick</p> <p>Mailing Address 1555 Connecticut Ave., NW #200</p> <p>City Washington State DC Zip Code 20036</p> <p>Purpose of Disbursement rent - May</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D306802</p> <p>Date of Disbursement 05 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 200.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Amy Novick</p> <p>Mailing Address 1555 Connecticut Ave., NW #200</p> <p>City Washington State DC Zip Code 20036</p> <p>Purpose of Disbursement strategic consulting - June</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D306803</p> <p>Date of Disbursement 06 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Amy Novick</p> <p>Mailing Address 1555 Connecticut Ave., NW #200</p> <p>City Washington State DC Zip Code 20036</p> <p>Purpose of Disbursement rent- June</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D306804</p> <p>Date of Disbursement 06 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 200.00</p>

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

1400.00

**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)

<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)  
Immigrants' List

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) PNC Bank</p> <p>Mailing Address 1913 Massachusetts Avenue, NW</p> <p>City Washington State DC Zip Code 20036</p> <p>Purpose of Disbursement service fee - checking - June</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D308676</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="6.00"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) PNC Bank</p> <p>Mailing Address 1913 Massachusetts Avenue, NW</p> <p>City Washington State DC Zip Code 20036</p> <p>Purpose of Disbursement service fee- April</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D308652</p> <p>Date of Disbursement</p> <p><input type="text" value="04"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="12.00"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) PNC Bank</p> <p>Mailing Address 1913 Massachusetts Avenue, NW</p> <p>City Washington State DC Zip Code 20036</p> <p>Purpose of Disbursement service fee - May</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D308653</p> <p>Date of Disbursement</p> <p><input type="text" value="05"/> <input type="text" value="31"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="12.00"/></p>

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

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Immigrants' List

<b>A.</b>	Full Name (Last, First, Middle Initial) PNC Bank Mailing Address 1913 Massachusetts Avenue, NW City Washington State DC Zip Code 20036 Purpose of Disbursement service fee - June Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D308654 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 1 0	<b>Amount of Each Disbursement this Period</b> 12.00
<b>B.</b>	Full Name (Last, First, Middle Initial) Sandler, Reiff & Young, PC Mailing Address 300 M Street SE Suite 1102 City Washington State DC Zip Code 20003 Purpose of Disbursement legal fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D306798 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 1 0	<b>Amount of Each Disbursement this Period</b> 283.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Wired for Change Mailing Address 1700 Connecticut Ave., NW City Washington State DC Zip Code 20009 Purpose of Disbursement web hosting - June Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D306795 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 1 0	<b>Amount of Each Disbursement this Period</b> 300.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>595.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Immigrants' List

<p><b>A.</b> Full Name (Last, First, Middle Initial) Wired for Change</p> <p>Mailing Address 1700 Connecticut Ave., NW</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement web hosting - May</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D306796</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="300.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Wired for Change</p> <p>Mailing Address 1700 Connecticut Ave., NW</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement web hosting - April</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D306797</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="300.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Amy Novick</p> <p>Mailing Address 1555 Connecticut Ave., NW #200</p> <p>City Washington State DC Zip Code 20036</p> <p>Purpose of Disbursement reimbursement for expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D307116</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="57.00"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="657.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# 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)  
Immigrants' List

<b>A.</b> Full Name (Last, First, Middle Initial) PNC Bank <hr/> Mailing Address 1913 Massachusetts Avenue, NW <hr/> City Washington State DC Zip Code 20036 <hr/> Purpose of Disbursement mastercard - April Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D308677 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 8 / 2 0 1 0
	Amount of Each Disbursement this Period 2022.49
	Category/ Type
	[ ]

<b>B.</b> Full Name (Last, First, Middle Initial) Marriott Metro Center Hotel <hr/> Mailing Address 901 13th St NW <hr/> City Washington State DC Zip Code 20005-4005 <hr/> Purpose of Disbursement parking Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D309076 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 8 / 2 0 1 0
	Amount of Each Disbursement this Period 35.00
	Category/ Type
	[MEMO ITEM]

<b>C.</b> Full Name (Last, First, Middle Initial) Marriott Metro Center Hotel <hr/> Mailing Address 901 13th St NW <hr/> City Washington State DC Zip Code 20005-4005 <hr/> Purpose of Disbursement Spring event reception Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D309077 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 8 / 2 0 1 0
	Amount of Each Disbursement this Period 1779.30
	Category/ Type
	[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2022.49
<b>TOTAL</b> 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 / 28

<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)  
Immigrants' List

A.	Full Name (Last, First, Middle Initial) PNC Bank	Transaction ID: D308678 Date of Disbursement
	Mailing Address 1913 Massachusetts Avenue, NW	<input type="text" value="05"/> <input type="text" value="13"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period
	Purpose of Disbursement mastercard - May	<input type="text" value="3.12"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) PNC Bank	Transaction ID: D308679 Date of Disbursement
	Mailing Address 1913 Massachusetts Avenue, NW	<input type="text" value="06"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period
	Purpose of Disbursement mastercard - June	<input type="text" value="786.68"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) NGP Software, Inc.	Transaction ID: D309062 Date of Disbursement
	Mailing Address 1225 Eye St., NW	<input type="text" value="06"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement web site	<input type="text" value="750.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="789.80"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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)  
Immigrants' List

A.

Full Name (Last, First, Middle Initial)  
PNC Bank

Mailing Address 1913 Massachusetts Avenue, NW

City Washington State DC Zip Code 20036

Purpose of Disbursement  
late fee and charges

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D309063

Date of Disbursement

MM / DD / YYYY  
06 / 02 / 2010

Amount of Each Disbursement this Period

36.68

[MEMO ITEM]

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

0.00

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

12134.46