

**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

ZIP CODE

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:☐

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 (12G)

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

2009

through

12

31

2009

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

29

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)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name
Immigrants' List

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1		49118.68
(b) Cash on Hand at Beginning of Reporting Period	32459.55	
(c) Total Receipts (from Line 19)	23066.01	78542.89
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	55525.56	127661.57
7. Total Disbursements (from Line 31)	51931.30	124067.31
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	3594.26	3594.26
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)

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Write or Type Committee Name
Immigrants' List

Report Covering the Period:

From:

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

To:

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

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)	14178.00	57548.00
(ii) Unitemized	8589.00	20571.34
(iii) TOTAL (add Lines 11(a)(i) and (ii)	22767.00	78119.34
(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)	22767.00	78119.34
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)	280.00	280.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	19.01	143.55
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))	23066.01	78542.89
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	23066.01	78542.89

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B 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.....	50931.30	118067.31	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	50931.30	118067.31	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	6000.00	
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))..	51931.30	124067.31	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	51931.30	124067.31	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)	22767.00	78119.34
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	22767.00	78119.34
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	50931.30	118067.31
37. Offsets to Operating Expenditures (from Line 15, page 3)	280.00	280.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	50651.30	117787.31

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

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

FOR LINE NUMBER: PAGE 6 / 38

(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

A.

Full Name (Last, First, Middle Initial)

Royal Berg

Mailing Address 33 N. La Salle Street
Suite 2300

City State Zip Code
Chicago IL 60602

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self employed

Occupation
Attorney

Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

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

Transaction ID: C3611123

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Royal Berg

Mailing Address 33 N. La Salle Street
Suite 2300

City State Zip Code
Chicago IL 60602

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 ▼
2000.00

Date of Receipt

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

Transaction ID: C4019763

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

barry berke

Mailing Address 154 West 18th Street, Apt. 4AD

City State Zip Code
New York NY 10011

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kramer Levin et al

Occupation
Attorney

Receipt For: 2008
☐ Primary ☐ General
☒ Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

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

Transaction ID: C3994740

Amount of Each Receipt this Period

250.00

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 7 / 38

(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)

Roberta Freedman

Mailing Address 10701 Margate Rd.

City

Silver Spring

State

MD

Zip Code

20901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Clark Hill PLCOccupation
Attorney

Receipt For: 2008

☐ Primary ☐ General
☒ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C3613149

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Maurice Goldman

Mailing Address 1726 W. Windgate Place

City

Tucson

State

AZ

Zip Code

85737

FEC ID number of contributing
federal political committee.

C

Name of Employer
Goldman & Goldman, PCOccupation
Attorney

Receipt For: 2008

☐ Primary ☐ General
☒ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	3	/	2	0	0	9

Transaction ID: C3758433

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Malia Kaiser

Mailing Address 9339 Appolds Road

City

Rocky Ridge

State

MD

Zip Code

21778

FEC ID number of contributing
federal political committee.

C

Name of Employer
Merit Building Inc.Occupation
Comptroller

Receipt For: 2008

☐ Primary ☐ General
☒ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C3679203

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

6000.00

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 / 38

(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)

Mark Koestler

Mailing Address 44 Random Farms Circle
Kramer Levin

City State Zip Code
Chappaqua NY 10514

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kramer Levin

Occupation
Attorney

Receipt For: 2008
☐ Primary ☐ General
☒ Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M / D D / Y Y Y Y
07 07 2009

Transaction ID: C3611006

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Mark Koestler

Mailing Address 44 Random Farms Circle
Kramer Levin

City State Zip Code
Chappaqua NY 10514

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kramer Levin

Occupation
Attorney

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

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M / D D / Y Y Y Y
10 01 2009

Transaction ID: C3908088

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Mark Koestler

Mailing Address 44 Random Farms Circle
Kramer Levin

City State Zip Code
Chappaqua NY 10514

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kramer Levin

Occupation
Attorney

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

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M / D D / Y Y Y Y
12 08 2009

Transaction ID: C4019762

Amount of Each Receipt this Period

100.00

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 9 / 38

(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)

Magda Montiel Davis

Mailing Address 111 N.E. First Street, 5th Floor

City State Zip Code
 Miami FL 33132

FEC ID number of contributing
federal political committee.

C

Name of Employer
Montiel Davis & Fonte,
P.A.

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

876.00

Date of Receipt

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

Transaction ID: C3996681

Amount of Each Receipt this Period

526.00

B.

Full Name (Last, First, Middle Initial)

Michael Ratner

Mailing Address 124 Washington Place

City State Zip Code
 NY NY 10014

FEC ID number of contributing
federal political committee.

C

Name of Employer
SEF

Occupation
AUTHOR

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 4 / 2 0 0 9

Transaction ID: C3772875

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ted Ruthizer

Mailing Address 522 West End Avenue
 Apt. 10A

City State Zip Code
 New York NY 10024

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kramer Levin Naftalis &
Frankel LLP

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2805.00

Date of Receipt

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

Transaction ID: C3908090

Amount of Each Receipt this Period

305.00

SUBTOTAL of Receipts This Page (optional)

1081.00

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 / 38

(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)

Denyse Sabagh

Mailing Address 1728 Lamont Street NW

City

Washington

State

DC

Zip Code

20010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Duane Morris

Occupation
attorney

Receipt For: 2008

☐ Primary ☐ General
☒ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C3992248

Amount of Each Receipt this Period

1500.00

B.

Full Name (Last, First, Middle Initial)

David Schultz

Mailing Address 11 Riverside Dr
Apt 10SW

City

New York

State

NY

Zip Code

10023-3084

FEC ID number of contributing
federal political committee.

C

Name of Employer
Levin Sullivan

Occupation
attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C3908097

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Marcine Seid

Mailing Address 1530 The Alameda #310
Suite 310

City

San Jose

State

CA

Zip Code

95126

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 ▼

1647.00

Date of Receipt

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

Transaction ID: C3905912

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2300.00

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 / 38

(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)

Marcine Seid

Mailing Address 1530 The Alameda #310
Suite 310

City State Zip Code
San Jose CA 95126

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 ▼

1647.00

Date of Receipt

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

Transaction ID: C3905951

Amount of Each Receipt this Period

290.00

B.

Full Name (Last, First, Middle Initial)

Marcine Seid

Mailing Address 1530 The Alameda #310
Suite 310

City State Zip Code
San Jose CA 95126

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 ▼

1647.00

Date of Receipt

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

Transaction ID: C3905949

Amount of Each Receipt this Period

357.00

C.

Full Name (Last, First, Middle Initial)

Mary Sfasciotti

Mailing Address 763 Endicott Road

City State Zip Code
Highwood IL 60040

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 ▼

300.00

Date of Receipt

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

Transaction ID: C3613156

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

947.00

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 / 38

(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)

Francis Siciliano

Mailing Address 160 Nevada Avenue

City

Palo Alto

State

CA

Zip Code

94301

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stanford University

Occupation

Law Faculty

Receipt For: 2008

☐ Primary ☐ General

☒ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 7 / 2 0 0 9

Transaction ID: C3759250

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Richard Steel

Mailing Address 440 S. Broad St.
Apt. 2206

City

Philadelphia

State

PA

Zip Code

19146

FEC ID number of contributing
federal political committee.

C

Name of Employer
Steel Rudnick and Ruben

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 Y
0 7 / 2 1 / 2 0 0 9

Transaction ID: C3897106

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Steven Weinger

Mailing Address 1881 S. Bayshore Drive

City

Miami

State

FL

Zip Code

33133

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kurzban, Kurzban, Weinger
& Tetzeli

Occupation

lawyer

Receipt For:

☐ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C3984081

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1750.00

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 / 38

(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)

Vera Weisz

Mailing Address 9911 W Pico Blvd

City

Los Angeles

State

CA

Zip Code

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 ▼

1500.00

Date of Receipt

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

Transaction ID: C3556614

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

14178.00

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

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

FOR LINE NUMBER: PAGE 14 / 38

(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)

Immigrants List Civic Action

Mailing Address 1555 Connecticut Ave

City

Washington

State

DC

Zip Code

20036

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

280.00

Date of Receipt

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

Transaction ID: C3897100

Amount of Each Receipt this Period

280.00

SUBTOTAL of Receipts This Page (optional)

280.00

TOTAL This Period (last page this line number only)

280.00

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 15 / 38

<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

Mailing Address P.O. Box 360001

City Fort Lauderdale State FL Zip Code 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: D261164

Date of Disbursement

/ /

Amount of Each Disbursement this Period

43.38

B.

Full Name (Last, First, Middle Initial)
American Express

Mailing Address P.O. Box 360001

City Fort Lauderdale State FL Zip Code 33336

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: D286256

Date of Disbursement

/ /

Amount of Each Disbursement this Period

151.19

C.

Full Name (Last, First, Middle Initial)
American Express

Mailing Address P.O. Box 360001

City Fort Lauderdale State FL Zip Code 33336

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: D286663

Date of Disbursement

/ /

Amount of Each Disbursement this Period

31.42

SUBTOTAL of Disbursements This Page (optional)

225.99

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 16 / 38

<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

Mailing Address P.O. Box 360001

City Fort Lauderdale State FL Zip Code 33336

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: D286664

Date of Disbursement

10 / 01 / 2009

Amount of Each Disbursement this Period

14.33

B.

Full Name (Last, First, Middle Initial)
American Express

Mailing Address P.O. Box 360001

City Fort Lauderdale State FL Zip Code 33336

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: D286666

Date of Disbursement

11 / 01 / 2009

Amount of Each Disbursement this Period

2.95

C.

Full Name (Last, First, Middle Initial)
American Express

Mailing Address P.O. Box 360001

City Fort Lauderdale State FL Zip Code 33336

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: D286667

Date of Disbursement

12 / 01 / 2009

Amount of Each Disbursement this Period

23.92

SUBTOTAL of Disbursements This Page (optional)

41.20

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 17 / 38

<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)
Robert Baird

Mailing Address 3301 16th Street, NW

City Washington State DC Zip Code 20010

Purpose of Disbursement
web tech support

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: D286365

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)
Robert Baird

Mailing Address 3301 16th Street, NW

City Washington State DC Zip Code 20010

Purpose of Disbursement
postage, taxi

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: D286366

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)
Blue State Digital

Mailing Address 734 15th street

City Washington State DC Zip Code 20005

Purpose of Disbursement
web hosting - Feb-July 09

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: D261046

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

8404.90

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)

PAGE 18 / 38

<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) Blue State Digital	Transaction ID: D286267 Date of Disbursement																				
Mailing Address 734 15th 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>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	4		2	0	0	9												
City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period																				
Purpose of Disbursement web hosting Candidate Name	<table border="1"> <tr> <td colspan="10">1224.10</td> </tr> </table>	1224.10																			
1224.10																					
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) Blue State Digital	Transaction ID: D286352 Date of Disbursement																				
Mailing Address 734 15th 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>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	5		2	0	0	9												
City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period																				
Purpose of Disbursement web hosting - Sept Candidate Name	<table border="1"> <tr> <td colspan="10">1261.70</td> </tr> </table>	1261.70																			
1261.70																					
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) Blue State Digital	Transaction ID: D286353 Date of Disbursement																				
Mailing Address 734 15th 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>1</td><td>1</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	8		2	0	0	9												
City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period																				
Purpose of Disbursement web hosting - Nov Candidate Name	<table border="1"> <tr> <td colspan="10">1150.00</td> </tr> </table>	1150.00																			
1150.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

3635.80

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)
Immigrants' List

A. Full Name (Last, First, Middle Initial) Crossroads Campaigns	Transaction ID: D286346 Date of Disbursement																				
Mailing Address 707 H Street, NW, Suite 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>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		0	4		2	0	0	9												
City Washington State DC Zip Code 20001	Amount of Each Disbursement this Period																				
Purpose of Disbursement consulting fee- Sept Candidate Name	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
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) Crossroads Campaigns	Transaction ID: D286347 Date of Disbursement																				
Mailing Address 707 H Street, NW, Suite 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>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	5		2	0	0	9												
City Washington State DC Zip Code 20001	Amount of Each Disbursement this Period																				
Purpose of Disbursement consulting fee - Sept Candidate Name	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
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) Crossroads Campaigns	Transaction ID: D286348 Date of Disbursement																				
Mailing Address 707 H Street, NW, Suite 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>1</td><td>2</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		2	1		2	0	0	9												
City Washington State DC Zip Code 20001	Amount of Each Disbursement this Period																				
Purpose of Disbursement consulting - Dec Candidate Name	<table border="1"> <tr> <td colspan="10">1250.00</td> </tr> </table>	1250.00																			
1250.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

3250.00

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)
Immigrants' List

A. Full Name (Last, First, Middle Initial) Crossroads Campaigns	Transaction ID: D286349 Date of Disbursement																				
Mailing Address 707 H Street, NW, Suite 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>1</td><td>2</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	9		2	0	0	9												
City Washington State DC Zip Code 20001	Amount of Each Disbursement this Period																				
Purpose of Disbursement consulting fee - Oct & Nov	<table border="1"> <tr> <td>5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name	Category/ Type																				
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) Cybersource	Transaction ID: D286262 Date of Disbursement																				
Mailing Address 1295 Charleston Rd.	<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>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		3	0		2	0	0	9												
City Mountain View State CA Zip Code 94043	Amount of Each Disbursement this Period																				
Purpose of Disbursement credit card processing fees	<table border="1"> <tr> <td>73.54</td> </tr> </table>	73.54																			
73.54																					
Candidate Name	Category/ Type																				
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) Cybersource	Transaction ID: D261045 Date of Disbursement																				
Mailing Address 1295 Charleston Rd.	<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>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		0	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		0	1		2	0	0	9												
City Mountain View State CA Zip Code 94043	Amount of Each Disbursement this Period																				
Purpose of Disbursement credit card processing fees	<table border="1"> <tr> <td>38.85</td> </tr> </table>	38.85																			
38.85																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

5112.39

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 21 / 38

<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)

Cybersource

Mailing Address 1295 Charleston Rd.

City
Mountain ViewState
CAZip Code
94043Purpose of Disbursement
return contribution- AG#1

Candidate Name

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

State: District:

Transaction ID: D261162

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00									
---------	--	--	--	--	--	--	--	--	--

B.

Full Name (Last, First, Middle Initial)

Cybersource

Mailing Address 1295 Charleston Rd.

City
Mountain ViewState
CAZip Code
94043Purpose of Disbursement
return contribution - AG #2

Candidate Name

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

State: District:

Transaction ID: D261163

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	0	9

Amount of Each Disbursement this Period

1000.00									
---------	--	--	--	--	--	--	--	--	--

C.

Full Name (Last, First, Middle Initial)

Cybersource

Mailing Address 1295 Charleston Rd.

City
Mountain ViewState
CAZip Code
94043Purpose of Disbursement
credit card processing fee

Candidate Name

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

State: District:

Transaction ID: D286668

Date of Disbursement

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

Amount of Each Disbursement this Period

34.21									
-------	--	--	--	--	--	--	--	--	--

SUBTOTAL of Disbursements This Page (optional)

2034.21

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 22 / 38

<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)

Cybersource

Mailing Address 1295 Charleston Rd.

City
Mountain View

State
CA

Zip Code
94043

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: D286669

Date of Disbursement

10 / 20 / 2009

Amount of Each Disbursement this Period

36.21

B.

Full Name (Last, First, Middle Initial)

Cybersource

Mailing Address 1295 Charleston Rd.

City
Mountain View

State
CA

Zip Code
94043

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: D286670

Date of Disbursement

11 / 30 / 2009

Amount of Each Disbursement this Period

35.70

C.

Full Name (Last, First, Middle Initial)

Cybersource

Mailing Address 1295 Charleston Rd.

City
Mountain View

State
CA

Zip Code
94043

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: D286671

Date of Disbursement

12 / 20 / 2009

Amount of Each Disbursement this Period

31.89

SUBTOTAL of Disbursements This Page (optional)

103.80

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 23 / 38

<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)
DC Treasurer

Mailing Address 1350 Pennsylvania Ave. NW

City Washington State DC Zip Code 20004

Purpose of Disbursement
corporate taxes 2007 - penalty
Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D286272

Date of Disbursement

08 / 24 / 2009

Amount of Each Disbursement this Period

87.51

B.

Full Name (Last, First, Middle Initial)
IRS

Mailing Address Unknown

City Washington State DC Zip Code 20002

Purpose of Disbursement
2008 penalty & Interest
Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D257903

Date of Disbursement

07 / 02 / 2009

Amount of Each Disbursement this Period

142.87

C.

Full Name (Last, First, Middle Initial)
IRS

Mailing Address Unknown

City Washington State DC Zip Code 20002

Purpose of Disbursement
2007 interest
Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D257905

Date of Disbursement

07 / 07 / 2009

Amount of Each Disbursement this Period

43.63

SUBTOTAL of Disbursements This Page (optional)

274.01

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)
Immigrants' List

A.

Full Name (Last, First, Middle Initial)

Amy Novick

Mailing Address 1555 Connecticut Ave., NW #200

City Washington State DC Zip Code 20036

Purpose of Disbursement
rent-July

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: D257904

Date of Disbursement

07 / 06 / 2009

Amount of Each Disbursement this Period

660.00

B.

Full Name (Last, First, Middle Initial)

Amy Novick

Mailing Address 1555 Connecticut Ave., NW #200

City Washington State DC Zip Code 20036

Purpose of Disbursement
rent- August

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: D286266

Date of Disbursement

08 / 01 / 2009

Amount of Each Disbursement this Period

660.00

C.

Full Name (Last, First, Middle Initial)

Amy Novick

Mailing Address 1555 Connecticut Ave., NW #200

City Washington State DC Zip Code 20036

Purpose of Disbursement
rent- September

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: D286268

Date of Disbursement

09 / 01 / 2009

Amount of Each Disbursement this Period

660.00

SUBTOTAL of Disbursements This Page (optional)

1980.00

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 25 / 38

<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

Mailing Address 1555 Connecticut Ave., NW #200

City Washington State DC Zip Code 20036

Purpose of Disbursement
rent- October

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: D286269

Date of Disbursement

10 / 01 / 2009

Amount of Each Disbursement this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Amy Novick

Mailing Address 1555 Connecticut Ave., NW #200

City Washington State DC Zip Code 20036

Purpose of Disbursement
rent- November

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: D286270

Date of Disbursement

11 / 01 / 2009

Amount of Each Disbursement this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Amy Novick

Mailing Address 1555 Connecticut Ave., NW #200

City Washington State DC Zip Code 20036

Purpose of Disbursement
rent- December

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: D286271

Date of Disbursement

12 / 01 / 2009

Amount of Each Disbursement this Period

200.00

SUBTOTAL of Disbursements This Page (optional)

600.00

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)
Immigrants' List

A. Full Name (Last, First, Middle Initial) Amy Novick	Transaction ID: D286359 Date of Disbursement																				
Mailing Address 1555 Connecticut Ave., NW #200	<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>1</td><td>2</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	1		2	0	0	9												
City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period																				
Purpose of Disbursement consulting fee Candidate Name	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
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: D286360 Date of Disbursement																				
Mailing Address 1555 Connecticut Ave., NW #200	<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>1</td><td>1</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	1		2	0	0	9												
City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period																				
Purpose of Disbursement consulting fee Candidate Name	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
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: D286361 Date of Disbursement																				
Mailing Address 1555 Connecticut Ave., NW #200	<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>1</td><td>0</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	1		2	0	0	9												
City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period																				
Purpose of Disbursement consulting fee Candidate Name	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

3000.00

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

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NAME OF COMMITTEE (In Full)
Immigrants' List

A. Full Name (Last, First, Middle Initial) PAYCHEX	Transaction ID: D286672 Date of Disbursement
Mailing Address 3036 Williams Drive, Suite 200	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 1 / 2 0 0 9</div> </div>
City State Zip Code Fairfax VA 22031	Amount of Each Disbursement this Period
Purpose of Disbursement payroll fee Candidate Name	<div> <div>41.24</div> </div>
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) PAYCHEX	Transaction ID: D286673 Date of Disbursement
Mailing Address 3036 Williams Drive, Suite 200	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 3 0 / 2 0 0 9</div> </div>
City State Zip Code Fairfax VA 22031	Amount of Each Disbursement this Period
Purpose of Disbursement payroll fees Candidate Name	<div> <div>5.82</div> </div>
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) PAYCHEX	Transaction ID: D286674 Date of Disbursement
Mailing Address 3036 Williams Drive, Suite 200	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 0 9</div> </div>
City State Zip Code Fairfax VA 22031	Amount of Each Disbursement this Period
Purpose of Disbursement payroll fees Candidate Name	<div> <div>71.64</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

118.70

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)

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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) PAYCHEX	Transaction ID: D286261 Date of Disbursement																				
Mailing Address 3036 Williams Drive, Suite 200	<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>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		3	0		2	0	0	9												
City Fairfax State VA Zip Code 22031	Amount of Each Disbursement this Period																				
Purpose of Disbursement payroll fees Candidate Name	<table border="1"> <tr> <td colspan="10">71.83</td> </tr> </table>	71.83																			
71.83																					
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) PAYCHEX	Transaction ID: D261044 Date of Disbursement																				
Mailing Address 3036 Williams Drive, Suite 200	<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>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		3	0		2	0	0	9												
City Fairfax State VA Zip Code 22031	Amount of Each Disbursement this Period																				
Purpose of Disbursement payroll fees Candidate Name	<table border="1"> <tr> <td colspan="10">71.83</td> </tr> </table>	71.83																			
71.83																					
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) Sandler, Reiff & Young, PC	Transaction ID: D286356 Date of Disbursement																				
Mailing Address 300 M Street SE Suite 1102	<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>1</td><td>1</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	9		2	0	0	9												
City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement legal fees Candidate Name	<table border="1"> <tr> <td colspan="10">283.00</td> </tr> </table>	283.00																			
283.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

426.66

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)

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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)

Westend Press

Mailing Address 6130 Brandon Avenue

City
Springfield

State
VA

Zip Code
22150

Purpose of Disbursement
printing

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: D286351

Date of Disbursement

09 / 01 / 2009

Amount of Each Disbursement this Period

293.00

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 set up & Dec

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: D286357

Date of Disbursement

11 / 18 / 2009

Amount of Each Disbursement this Period

1300.00

C.

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 - Dec

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: D286358

Date of Disbursement

12 / 06 / 2009

Amount of Each Disbursement this Period

300.00

SUBTOTAL of Disbursements This Page (optional)

1893.00

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)
Immigrants' List

<p>A.</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 mastercard payment</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>Transaction ID: D261041</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="123.92"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Freeman Decorating</p> <p>Mailing Address P.O. 660613</p> <p>City Dallas State TX Zip Code 75266</p> <p>Purpose of Disbursement exhibiting</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>Transaction ID: D261043</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="116.00"/></p> <p>[MEMO ITEM]</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) PAYCHEX</p> <p>Mailing Address 3036 Williams Drive, Suite 200</p> <p>City Fairfax State VA Zip Code 22031</p> <p>Purpose of Disbursement payroll</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>Transaction ID: D261047</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5382.50"/></p>

SUBTOTAL of Disbursements This Page (optional)

5506.42

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)
Immigrants' List

A.

Full Name (Last, First, Middle Initial)
IRS

Mailing Address Unknown

City Washington State DC Zip Code 20002

Purpose of Disbursement
payroll taxes

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: D261049

Date of Disbursement

07 / 31 / 2009

Amount of Each Disbursement this Period

1765.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Maryland Comptroller

Mailing Address PO Box 17132

City Baltimore State MD Zip Code 21297-0175

Purpose of Disbursement
payroll taxes

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: D286696

Date of Disbursement

07 / 30 / 2009

Amount of Each Disbursement this Period

600.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Amy Novick

Mailing Address 1555 Connecticut Ave., NW #200

City Washington State DC Zip Code 20036

Purpose of Disbursement
salary

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: D261048

Date of Disbursement

07 / 31 / 2009

Amount of Each Disbursement this Period

3017.50

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

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 32 / 38

<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
mastercard

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: D286255

Date of Disbursement

08 / 25 / 2009

Amount of Each Disbursement this Period

763.47

B.

Full Name (Last, First, Middle Initial)
NGP Software, Inc.

Mailing Address 1225 Eye St., NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
web site fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: D261161

Date of Disbursement

08 / 03 / 2009

Amount of Each Disbursement this Period

750.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
PAYCHEX

Mailing Address 3036 Williams Drive, Suite 200

City Fairfax State VA Zip Code 22031

Purpose of Disbursement
payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: D286257

Date of Disbursement

08 / 30 / 2009

Amount of Each Disbursement this Period

5382.50

SUBTOTAL of Disbursements This Page (optional)

6145.97

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 PageFOR LINE NUMBER:
(check only one)

PAGE 33 / 38

<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)
IRS

Mailing Address Unknown

City Washington State DC Zip Code 20002

Purpose of Disbursement
payroll taxes

Candidate Name

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

State: District:

Transaction ID: D286259

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	0		2	0	0	9

Amount of Each Disbursement this Period

1765.00

[MEMO ITEM]**B.**Full Name (Last, First, Middle Initial)
Maryland Comptroller

Mailing Address PO Box 17132

City Baltimore State MD Zip Code 21297-0175

Purpose of Disbursement
payroll taxes

Candidate Name

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

State: District:

Transaction ID: D286693

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	0		2	0	0	9

Amount of Each Disbursement this Period

600.00

[MEMO ITEM]**C.**Full Name (Last, First, Middle Initial)
Amy Novick

Mailing Address 1555 Connecticut Ave., NW #200

City Washington State DC Zip Code 20036

Purpose of Disbursement
salary

Candidate Name

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

State: District:

Transaction ID: D286258

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	0		2	0	0	9

Amount of Each Disbursement this Period

3017.50

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)

0.00

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)
Immigrants' List

A. Full Name (Last, First, Middle Initial) Amy Novick	Transaction ID: D286273 Date of Disbursement																				
Mailing Address 1555 Connecticut Ave., NW #200	<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>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	0		2	0	0	9												
City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period																				
Purpose of Disbursement reimbursement	<table border="1"> <tr> <td>178.86</td> </tr> </table>	178.86																			
178.86																					
Candidate Name	Category/ Type																				
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: D286354 Date of Disbursement																				
Mailing Address 1555 Connecticut Ave., NW #200	<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>1</td><td>0</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	6		2	0	0	9												
City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period																				
Purpose of Disbursement web hosting	<table border="1"> <tr> <td>1150.00</td> </tr> </table>	1150.00																			
1150.00																					
Candidate Name	Category/ Type																				
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) Blue State Digital	Transaction ID: D286355 Date of Disbursement																				
Mailing Address 734 15th 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>1</td><td>0</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	6		2	0	0	9												
City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period																				
Purpose of Disbursement web hosting - Oct	<table border="1"> <tr> <td>1150.00</td> </tr> </table>	1150.00																			
1150.00																					
Candidate Name	Category/ Type																				
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) ▼																				

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

1328.86

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

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NAME OF COMMITTEE (In Full)
Immigrants' List

A.

Full Name (Last, First, Middle Initial)
PAYCHEX

Mailing Address 3036 Williams Drive, Suite 200

City State Zip Code
Fairfax VA 22031

Purpose of Disbursement
payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: D286676

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5382.50

B.

Full Name (Last, First, Middle Initial)
IRS

Mailing Address Unknown

City State Zip Code
Washington DC 20002

Purpose of Disbursement
Payroll taxes

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: D286685

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1765.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Maryland Comptroller

Mailing Address PO Box 17132

City State Zip Code
Baltimore MD 21297-0175

Purpose of Disbursement
Payroll taxes

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: D286688

Date of Disbursement

/ /

Amount of Each Disbursement this Period

600.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

5382.50

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 / 38

<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

Mailing Address 1555 Connecticut Ave., NW #200

City Washington State DC Zip Code 20036

Purpose of Disbursement
salary

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: D286681

Date of Disbursement

09 / 30 / 2009

Amount of Each Disbursement this Period

3017.50

[MEMO ITEM]

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
mastercard

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: D286701

Date of Disbursement

11 / 30 / 2009

Amount of Each Disbursement this Period

755.16

C.

Full Name (Last, First, Middle Initial)

NGP Software, Inc.

Mailing Address 1225 Eye St., NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
web site fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: D286703

Date of Disbursement

11 / 30 / 2009

Amount of Each Disbursement this Period

750.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

755.16

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 / 38

<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
mastercard

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D286702

Date of Disbursement

/ /

Amount of Each Disbursement this Period

39.47

SUBTOTAL of Disbursements This Page (optional)

39.47

TOTAL This Period (last page this line number only)

50259.04

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 / 38

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)
Eric Massa For Congress

Mailing Address 60 East Market Street Suite 244

City Corning State NY Zip Code 14830

Purpose of Disbursement
contribution to committee

Candidate Name
Eric Massa

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 29

Transaction ID: D261050

Date of Disbursement

07 / 31 / 2009

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Quigley for Congress

Mailing Address 500 N. Clark #3008

City Chicago State IL Zip Code 60654

Purpose of Disbursement
contribution to campaign

Candidate Name
Quigley for Congress

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼
Special

State: IL District: 05

Transaction ID: D261051

Date of Disbursement

07 / 31 / 2009

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

1000.00