

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) PO Box 30966
 Check if different than previously reported. (ACC)
Raleigh NC 27622

2. **FEC IDENTIFICATION NUMBER** C00405878
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 07 01 2010 through 09 30 2010

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

Type or Print Name of Treasurer Ms Jane Patterson

Signature of Treasurer Electronically Filed by Ms Jane Patterson Date 10 26 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									
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FEC FORM 3X
(Rev. 12/2004)

A. Form/Schedule : **F3XA**

Transaction ID :

Four Receipts were zeroed out because they should be recorded in the next quarter. A refund from American Airlines was previously omitted. Adjustments were made to credit card fees from Discover and PayPal.

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Americans for Legal Immigration PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A 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		5298.36
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	269.91									
(c) Total Receipts (from Line 19)	45025.02	114805.81								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	45294.93	120104.17								
7. Total Disbursements (from Line 31)	40963.59	115772.83								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	4331.34	4331.34								
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)

Write or Type Committee Name
Americans for Legal Immigration PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

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)	6938.59	31993.59
(ii) Unitemized	37968.23	82419.02
(iii) TOTAL (add Lines 11(a)(i) and (ii)	44906.82	114412.61
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	44906.82	114412.61
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	118.20	388.20
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	5.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	45025.02	114805.81
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	45025.02	114805.81

DETAILED SUMMARY PAGE

of Disbursements

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.....	37715.40	105299.64
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	37715.40	105299.64
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	2000.00
24. Independent Expenditure (use Schedule E)	3248.19	3248.19
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	5225.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	5225.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	40963.59	115772.83
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	40963.59	115772.83

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	44906.82	114412.61
34. Total Contribution Refunds (from Line 28(d))	0.00	5225.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	44906.82	109187.61
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	37715.40	105299.64
37. Offsets to Operating Expenditures (from Line 15, page 3)	118.20	388.20
38. Net Operating Expenditures (subtract Line 37 from Line 36)	37597.20	104911.44

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 68

(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)
Americans for Legal Immigration PAC

A.

Full Name (Last, First, Middle Initial)
Ricky Anderson

Mailing Address 4321 Hamm Rd

City State Zip Code
Barboursville VA 22923

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Northrop Grumman Engineer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 25 / 2010

Transaction ID: SA11AI.18080

Amount of Each Receipt this Period 100.00

C

B.

Full Name (Last, First, Middle Initial)
Ricky Anderson

Mailing Address 4321 Hamm Rd

City State Zip Code
Barboursville VA 22923

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Northrop Grumman Engineer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 02 / 2010

Transaction ID: SA11AI.18290

Amount of Each Receipt this Period 100.00

C

C.

Full Name (Last, First, Middle Initial)
Ricky Anderson

Mailing Address 4321 Hamm Rd

City State Zip Code
Barboursville VA 22923

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Northrop Grumman Engineer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 20 / 2010

Transaction ID: SA11AI.18639

Amount of Each Receipt this Period 100.00

C

SUBTOTAL of Receipts This Page (optional) 300.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 68
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Americans for Legal Immigration PAC

A. Full Name (Last, First, Middle Initial)
Jo Ann Baughman
Mailing Address PO Box 1269
City Philomath State OR Zip Code 97370
FEC ID number of contributing federal political committee. **C**
Name of Employer retired Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 287.00
Date of Receipt 09 / 17 / 2010
Transaction ID: SA11AI.19141
Amount of Each Receipt this Period 93.00
p

B. Full Name (Last, First, Middle Initial)
Jo Ann Baughman
Mailing Address PO Box 1269
City Philomath State OR Zip Code 97370
FEC ID number of contributing federal political committee. **C**
Name of Employer retired Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 361.00
Date of Receipt 09 / 19 / 2010
Transaction ID: SA11AI.19161
Amount of Each Receipt this Period 74.00
p

C. Full Name (Last, First, Middle Initial)
Kathryn K. Bell
Mailing Address 669 Rockledge Ct
City Frisco State TX Zip Code 75034
FEC ID number of contributing federal political committee. **C**
Name of Employer Retired Occupation Retired
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3000.00
Date of Receipt 07 / 12 / 2010
Transaction ID: SA11AI.19205
Amount of Each Receipt this Period 500.00
k

SUBTOTAL of Receipts This Page (optional) ▶ 667.00
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 68
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Americans for Legal Immigration PAC

A.	Full Name (Last, First, Middle Initial) Kathryn K. Bell	Date of Receipt MM / DD / YYYY 08 / 23 / 2010
	Mailing Address 669 Rockledge Ct	Transaction ID: SA11AI.18470
	City State Zip Code Frisco TX 75034	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	C
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3025.00	

B.	Full Name (Last, First, Middle Initial) Kathryn K. Bell	Date of Receipt MM / DD / YYYY 09 / 20 / 2010
	Mailing Address 669 Rockledge Ct	Transaction ID: SA11AI.18651
	City State Zip Code Frisco TX 75034	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	C
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3275.00	

C.	Full Name (Last, First, Middle Initial) Stephen Bellotti	Date of Receipt MM / DD / YYYY 08 / 09 / 2010
	Mailing Address 1555 Alta Glen Dr, #3	Transaction ID: SA11AI.18329
	City State Zip Code San Jose CA 95125	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	C
Name of Employer Jerome A Bellotti & Associates	Occupation CPA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	375.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 68
	<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)
Americans for Legal Immigration PAC

A. Full Name (Last, First, Middle Initial)
John J. Bolling

Mailing Address 103 Pineda

City State Zip Code
Huntsville AL 35811

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

Name of Employer Retired Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 08 / 26 / 2010
Transaction ID: SA11AI.19382
Amount of Each Receipt this Period: 50.00

B. Full Name (Last, First, Middle Initial)
Frederick Cieri

Mailing Address 55 willard avenue

City State Zip Code
newington CT 06111

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

Name of Employer Best Effort Occupation Best Effort

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 08 / 22 / 2010
Transaction ID: SA11AI.18460
Amount of Each Receipt this Period: 100.00

C. Full Name (Last, First, Middle Initial)
Kathryn S Cromer

Mailing Address 4342 Provinceline Rd

City State Zip Code
Princeton NJ 08540

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

Name of Employer Self-Employed Occupation Healthcare

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 07 / 01 / 2010
Transaction ID: SA11AI.17697
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 11 / 68
(check only one)

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

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NAME OF COMMITTEE (In Full)
Americans for Legal Immigration PAC

A.

Full Name (Last, First, Middle Initial)
Kathryn S Cromer

Mailing Address 4342 Provinceline Rd

City State Zip Code
Princeton NJ 08540

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

Name of Employer Self-Employed Occupation
Healthcare

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 17 / 2010

Transaction ID: SA11AI.18534

Amount of Each Receipt this Period
50.00

C

B.

Full Name (Last, First, Middle Initial)
William Dunshie

Mailing Address 310 Parkway Dr

City State Zip Code
Conroe TX 77303

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

Name of Employer Retired Occupation
Transient

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 09 / 2010

Transaction ID: SA11AI.18515

Amount of Each Receipt this Period
100.00

C

C.

Full Name (Last, First, Middle Initial)
William Dunshie

Mailing Address 310 Parkway Dr

City State Zip Code
Conroe TX 77303

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

Name of Employer Retired Occupation
Transient

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 19 / 2010

Transaction ID: SA11AI.18613

Amount of Each Receipt this Period
500.00

C

SUBTOTAL of Receipts This Page (optional) ► **650.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 68
	<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)
Americans for Legal Immigration PAC

A.	Full Name (Last, First, Middle Initial) Jason Earwood	Date of Receipt MM / DD / YYYY 09 / 20 / 2010
	Mailing Address 7738 Rockledge Ct	Transaction ID: SA11AI.18652
	City State Zip Code Springfield VA 22152	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	C
Name of Employer DOI	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

B.	Full Name (Last, First, Middle Initial) Joan and Samuel Faiello	Date of Receipt MM / DD / YYYY 07 / 27 / 2010
	Mailing Address 7 Sandy Ridge Rd	Transaction ID: SA11AI.19261
	City State Zip Code Stockton NJ 08559	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	k
Name of Employer Best Effort	Occupation Best Effort	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

C.	Full Name (Last, First, Middle Initial) Joan and Samuel Faiello	Date of Receipt MM / DD / YYYY 08 / 23 / 2010
	Mailing Address 7 Sandy Ridge Rd	Transaction ID: SA11AI.19371
	City State Zip Code Stockton NJ 08559	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	k
Name of Employer Best Effort	Occupation Best Effort	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

SUBTOTAL of Receipts This Page (optional)	175.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 68
(check only one)

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

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NAME OF COMMITTEE (In Full)
Americans for Legal Immigration PAC

A.

Full Name (Last, First, Middle Initial)
Bridget Franssens

Mailing Address 632 N. Nesmith Ave

City State Zip Code
Sioux Falls SD 57103

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

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

Transaction ID: SA11AI.19007

Amount of Each Receipt this Period
200.00

p

B.

Full Name (Last, First, Middle Initial)
Bridget Franssens

Mailing Address 632 N. Nesmith Ave

City State Zip Code
Sioux Falls SD 57103

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
481.59

Date of Receipt

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

Transaction ID: SA11AI.19038

Amount of Each Receipt this Period
81.59

p

C.

Full Name (Last, First, Middle Initial)
Matthew Fuchs

Mailing Address 74 Redtail Drive

City State Zip Code
Grove City OH 43123

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

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

Transaction ID: SA11AI.19073

Amount of Each Receipt this Period
100.00

p

SUBTOTAL of Receipts This Page (optional) ► **381.59**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 68
	<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)
Americans for Legal Immigration PAC

A.

Full Name (Last, First, Middle Initial)
John W. Gleeson

Mailing Address 7626 South Shenandoah Dr.

City Elizabeth State CO Zip Code 80107

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

Name of Employer Qwest Comm Occupation Computer Systems Engineer, Information

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 29 / 2010

Transaction ID: SA11AI.18906

Amount of Each Receipt this Period 50.00

p

B.

Full Name (Last, First, Middle Initial)
John W. Gleeson

Mailing Address 7626 South Shenandoah Dr.

City Elizabeth State CO Zip Code 80107

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

Name of Employer Qwest Comm Occupation Computer Systems Engineer, Information

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 11 / 2010

Transaction ID: SA11AI.19106

Amount of Each Receipt this Period 100.00

p

C.

Full Name (Last, First, Middle Initial)
Laura Gutman

Mailing Address 310 Watts Street

City Durham State NC Zip Code 27701

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

Name of Employer Self-Employed Occupation Best Effort

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 07 / 06 / 2010

Transaction ID: SA11AI.19182

Amount of Each Receipt this Period 50.00

k

SUBTOTAL of Receipts This Page (optional) ▶ 200.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 68
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Americans for Legal Immigration PAC

A.	Full Name (Last, First, Middle Initial) Laura Gutman	Date of Receipt MM / DD / YYYY 08 / 26 / 2010
	Mailing Address 310 Watts Street	Transaction ID: SA11AI.19427
	City State Zip Code Durham NC 27701	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	k
	Name of Employer Occupation Self-Employed Best Effort	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 900.00		

B.	Full Name (Last, First, Middle Initial) Rick Guynn	Date of Receipt MM / DD / YYYY 07 / 19 / 2010
	Mailing Address 200 fiddlers knoll ct.	Transaction ID: SA11AI.18859
	City State Zip Code Kernersville NC 27284	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	p
	Name of Employer Occupation Starr Ele. Inc Helpdesk Admin.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		

C.	Full Name (Last, First, Middle Initial) Rick Guynn	Date of Receipt MM / DD / YYYY 08 / 10 / 2010
	Mailing Address 200 fiddlers knoll ct.	Transaction ID: SA11AI.19014
	City State Zip Code Kernersville NC 27284	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	p
	Name of Employer Occupation Starr Ele. Inc Helpdesk Admin.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00		

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 16 / 68
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Americans for Legal Immigration PAC

A. Full Name (Last, First, Middle Initial)
Rick Guynn

Mailing Address 200 fiddlers knoll ct.

City State Zip Code
Kernersville NC 27284

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

Name of Employer Occupation
Starr Ele. Inc Helpdesk Admin.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 17 / 2010

Transaction ID: SA11AI.19130

Amount of Each Receipt this Period
100.00

p

B. Full Name (Last, First, Middle Initial)
Hessie Harris

Mailing Address 12901 Blue Lane

City State Zip Code
Silver Springs MD 20906

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

Name of Employer Occupation
Compliance, Inc. General Worker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2800.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 01 / 2010

Transaction ID: SA11AI.17713

Amount of Each Receipt this Period
300.00

C

C. Full Name (Last, First, Middle Initial)
Jerry C. Houchens

Mailing Address 2428 N. Valencia Ave.

City State Zip Code
Santa Ana CA 92706

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

Name of Employer Occupation
Retired Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 30 / 2010

Transaction ID: SA11AI.18966

Amount of Each Receipt this Period
25.00

p

SUBTOTAL of Receipts This Page (optional) ▶ **425.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 68
(check only one)

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

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NAME OF COMMITTEE (In Full)
Americans for Legal Immigration PAC

A. Full Name (Last, First, Middle Initial)
Jerry C. Houchens

Mailing Address 2428 N. Valencia Ave.

City Santa Ana State CA Zip Code 92706

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

Name of Employer Retired Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 19 / 2010

Transaction ID: SA11AI.19152

Amount of Each Receipt this Period 25.00

p

B. Full Name (Last, First, Middle Initial)
Faye Joseph

Mailing Address 211 Glasgow Rd

City Cary State NC Zip Code 27311

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

Name of Employer Best Effort Occupation Best Effort

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5500.00

Date of Receipt 07 / 27 / 2010

Transaction ID: SA11AI.19253

Amount of Each Receipt this Period 500.00

k

C. Full Name (Last, First, Middle Initial)
Gayle Kesselman

Mailing Address 519 Hackensack St

City Carlstadt State NJ Zip Code 07072

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

Name of Employer UMDNJ Occupation Doctor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 08 / 22 / 2010

Transaction ID: SA11AI.18442

Amount of Each Receipt this Period 250.00

c

SUBTOTAL of Receipts This Page (optional) ▶ 775.00

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

B. Form/Schedule : **SA11AI**

\$500.00 Refund Issued.

Transaction ID : **SA11AI.19253**

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

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

FOR LINE NUMBER: PAGE 19 / 68
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Americans for Legal Immigration PAC

A. Full Name (Last, First, Middle Initial)
Donald Kneram

Mailing Address 7808 Heatherbrook Ct

City State Zip Code
North Richland Hill TX 76180

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

Name of Employer Retired Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: SA11AI.19524
Amount of Each Receipt this Period: 25.00

B. Full Name (Last, First, Middle Initial)
Alice Massengill

Mailing Address 211 SOUTH CALIFORNIA ST

City State Zip Code
HOBART IN 46342

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt: 08 / 09 / 2010
Transaction ID: SA11AI.18990
Amount of Each Receipt this Period: 25.00

C. Full Name (Last, First, Middle Initial)
Michael McMahon

Mailing Address 19 Fieldstone Way.

City State Zip Code
Plymouth MA 23600

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

Name of Employer Self-Mt McMahon and Son Occupation Carpenter

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 08 / 26 / 2010
Transaction ID: SA11AI.19400
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ► 100.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 68
(check only one)

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

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NAME OF COMMITTEE (In Full)
Americans for Legal Immigration PAC

A.

Full Name (Last, First, Middle Initial)
Vera Moore

Mailing Address PO Box 1270

City State Zip Code
Hopewell VA 23860

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

Name of Employer Best Effort Occupation Best Effort

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 16 / 2010

Transaction ID: SA11AI.19479

Amount of Each Receipt this Period
100.00

k

B.

Full Name (Last, First, Middle Initial)
Sheron M. Owen

Mailing Address 2622 S Kingston Ct

City State Zip Code
Aurora CO 80014-1723

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

Name of Employer Best Effort Occupation Best Effort

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
07 / 17 / 2010

Transaction ID: SA11AI.17972

Amount of Each Receipt this Period
100.00

C

C.

Full Name (Last, First, Middle Initial)
Sheron M. Owen

Mailing Address 2622 S Kingston Ct

City State Zip Code
Aurora CO 80014-1723

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

Name of Employer Best Effort Occupation Best Effort

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt
MM / DD / YYYY
07 / 27 / 2010

Transaction ID: SA11AI.19270

Amount of Each Receipt this Period
100.00

k

SUBTOTAL of Receipts This Page (optional) ► **300.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 68
(check only one)

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

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NAME OF COMMITTEE (In Full)
Americans for Legal Immigration PAC

A.

Full Name (Last, First, Middle Initial)
Sheron M. Owen

Mailing Address 2622 S Kingston Ct

City Aurora State CO Zip Code 80014-1723

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

Name of Employer Best Effort Occupation Best Effort

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt: 07 / 29 / 2010
Transaction ID: SA11AI.18165
Amount of Each Receipt this Period: 50.00

B.

Full Name (Last, First, Middle Initial)
Linda Pass

Mailing Address P O Box 7965

City Athens State GA Zip Code 30604

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

Name of Employer Self-employed Occupation Semi-Retired Accountant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 08 / 26 / 2010
Transaction ID: SA11AI.19081
Amount of Each Receipt this Period: 75.00

C.

Full Name (Last, First, Middle Initial)
Edwin Peters

Mailing Address 2137 Ashland Ave

City Santa Monica State CA Zip Code 90405-6025

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

Name of Employer Best Effort Occupation Best Effort

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 08 / 05 / 2010
Transaction ID: SA11AI.19297
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ **625.00**

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

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

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

FOR LINE NUMBER: PAGE 22 / 68
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Americans for Legal Immigration PAC

A. Full Name (Last, First, Middle Initial)
Christopher Rake
Mailing Address 1323 11th St. #10
City Santa Monica State CA Zip Code 90401
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 08 / 08 / 2010
Transaction ID: SA11AI.18311
Amount of Each Receipt this Period 200.00
c

B. Full Name (Last, First, Middle Initial)
Helen Reske
Mailing Address 845 S. Pendleton Ave
City Pendleton State IN Zip Code 46064
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 09 / 16 / 2010
Transaction ID: SA11AI.19478
Amount of Each Receipt this Period 100.00
k

C. Full Name (Last, First, Middle Initial)
Martin Silver
Mailing Address 134 Hidden Ponds Circle
City Smithtown State NY Zip Code 11787
FEC ID number of contributing federal political committee. **C**
Name of Employer Best Effort Occupation Best Effort
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00
Date of Receipt 07 / 27 / 2010
Transaction ID: SA11AI.19250
Amount of Each Receipt this Period 50.00
k

SUBTOTAL of Receipts This Page (optional) ► 350.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 68
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Americans for Legal Immigration PAC

A.	Full Name (Last, First, Middle Initial) Martin Silver	Date of Receipt MM / DD / YYYY 08 / 23 / 2010
	Mailing Address 134 Hidden Ponds Circle	Transaction ID: SA11AI.19360
	City State Zip Code Smithtown NY 11787	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	k
	Name of Employer Best Effort Occupation Best Effort	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

B.	Full Name (Last, First, Middle Initial) Martin Silver	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 134 Hidden Ponds Circle	Transaction ID: SA11AI.19523
	City State Zip Code Smithtown NY 11787	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	k
	Name of Employer Best Effort Occupation Best Effort	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

C.	Full Name (Last, First, Middle Initial) Robert Uhlhorn	Date of Receipt MM / DD / YYYY 08 / 10 / 2010
	Mailing Address 298 graceland	Transaction ID: SA11AI.18362
	City State Zip Code des plaines IL 60016	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	c
	Name of Employer Retired Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	300.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 68
(check only one)

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

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NAME OF COMMITTEE (In Full)
Americans for Legal Immigration PAC

A.

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

Mailing Address 298 graceland

City State Zip Code
des plaines IL 60016

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

Name of Employer Retired Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 265.00

Date of Receipt: 09 / 21 / 2010
Transaction ID: SA11AI.18654

Amount of Each Receipt this Period: 15.00

C

B.

Full Name (Last, First, Middle Initial)
Victoria Watson

Mailing Address 1009 Crinella Drive

City State Zip Code
Petaluma CA 94954

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

Name of Employer Unemployed Occupation Best Effort

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 08 / 23 / 2010
Transaction ID: SA11AI.18471

Amount of Each Receipt this Period: 100.00

C

C.

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

Mailing Address 828 Winnetka Court

City State Zip Code
Manitowoc WI 54220

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

Name of Employer DOWCO, Inc. Occupation Best Effort

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 07 / 30 / 2010
Transaction ID: SA11AI.18201

Amount of Each Receipt this Period: 500.00

C

SUBTOTAL of Receipts This Page (optional) ▶ **615.00**

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

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

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

FOR LINE NUMBER: PAGE 25 / 68
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Americans for Legal Immigration PAC

A. Full Name (Last, First, Middle Initial)
Karen Woodbury
Mailing Address 2720 35th Avenue
City San Francisco State CA Zip Code 94116
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 09 / 19 / 2010
Transaction ID: SA11AI.19156
Amount of Each Receipt this Period 100.00
p

B. Full Name (Last, First, Middle Initial)
Robert Yeary
Mailing Address 1211 Honey Lake St
City Las Vegas State NV Zip Code 89110
FEC ID number of contributing federal political committee. **C**
Name of Employer Retired Occupation Retired
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00
Date of Receipt 07 / 17 / 2010
Transaction ID: SA11AI.17980
Amount of Each Receipt this Period 50.00
C

C. Full Name (Last, First, Middle Initial)
Robert Yeary
Mailing Address 1211 Honey Lake St
City Las Vegas State NV Zip Code 89110
FEC ID number of contributing federal political committee. **C**
Name of Employer Retired Occupation Retired
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 275.00
Date of Receipt 08 / 22 / 2010
Transaction ID: SA11AI.18446
Amount of Each Receipt this Period 50.00
C

SUBTOTAL of Receipts This Page (optional) ► 200.00
TOTAL This Period (last page this line number only) ► 6938.59

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

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

FOR LINE NUMBER:
(check only one)

PAGE 26 / 68

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

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NAME OF COMMITTEE (In Full)
Americans for Legal Immigration PAC

A.	Full Name (Last, First, Middle Initial) Action Solutions	Transaction ID: SB21B.17547 Date of Disbursement
	Mailing Address 707 SW Washington St	<input type="text" value="07"/> / <input type="text" value="12"/> / <input type="text" value="2010"/>
	City Portland State OR Zip Code 97205	Amount of Each Disbursement this Period
	Purpose of Disbursement fundraising	<input type="text" value="1575.00"/>
	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) American Express	Transaction ID: SB21B.17545 Date of Disbursement
	Mailing Address PO Box 36001	<input type="text" value="07"/> / <input type="text" value="06"/> / <input type="text" value="2010"/>
	City Ft. Lauderdale State FL Zip Code 33336	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Fees	<input type="text" value="0.81"/>
	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) American Express	Transaction ID: SB21B.17565 Date of Disbursement
	Mailing Address PO Box 36001	<input type="text" value="07"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City Ft. Lauderdale State FL Zip Code 33336	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing	<input type="text" value="4.95"/>
	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)	<input type="text" value="1580.76"/>
TOTAL 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)

PAGE 27 / 68

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

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NAME OF COMMITTEE (In Full)
Americans for Legal Immigration PAC

A. Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 36001 City Ft. Lauderdale State FL Zip Code 33336 Purpose of Disbursement Credit Card Processing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B.17570 Date of Disbursement 08 / 03 / 2010
	Amount of Each Disbursement this Period 26.84 Category/Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B. Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 36001 City Ft. Lauderdale State FL Zip Code 33336 Purpose of Disbursement Credit Card Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B.17609 Date of Disbursement 08 / 31 / 2010
	Amount of Each Disbursement this Period 4.95 Category/Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C. Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 36001 City Ft. Lauderdale State FL Zip Code 33336 Purpose of Disbursement Credit Card Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B.17617 Date of Disbursement 09 / 02 / 2010
	Amount of Each Disbursement this Period 68.34 Category/Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	100.13
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Americans for Legal Immigration PAC

<p>A. Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address PO Box 36001</p> <p>City Ft. Lauderdale State FL Zip Code 33336</p> <p>Purpose of Disbursement Credit Card Processing</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>Transaction ID: SB21B.17652</p> <p>Date of Disbursement 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 4.95</p>
<p>B. Full Name (Last, First, Middle Initial) Authorize Net Corporation</p> <p>Mailing Address 915 S. 500 E. Ste. 200</p> <p>City American Fork State VT Zip Code 84003</p> <p>Purpose of Disbursement Credit Card Processing</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>Transaction ID: SB21B.17543</p> <p>Date of Disbursement 07 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 43.45</p>
<p>C. Full Name (Last, First, Middle Initial) Authorize Net Corporation</p> <p>Mailing Address 915 S. 500 E. Ste. 200</p> <p>City American Fork State VT Zip Code 84003</p> <p>Purpose of Disbursement Credit Card Processing Fee</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>Transaction ID: SB21B.17568</p> <p>Date of Disbursement 08 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 58.05</p>

SUBTOTAL of Disbursements This Page (optional) ▶

106.45

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Americans for Legal Immigration PAC

<p>A. Full Name (Last, First, Middle Initial) Authorize Net Corporation</p> <p>Mailing Address 915 S. 500 E. Ste. 200</p> <p>City American Fork State VT Zip Code 84003</p> <p>Purpose of Disbursement Credit Card Processing Fee</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>Transaction ID: SB21B.17614 Date of Disbursement 09 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 50.00</p>
<p>B. Full Name (Last, First, Middle Initial) Best Buy</p> <p>Mailing Address P.O. Box 9312 1-888-BEST BUY (1-888-237-8289)</p> <p>City Minneapolis State MN Zip Code 55440</p> <p>Purpose of Disbursement Office supplies and equipment</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>Transaction ID: SB21B.17632 Date of Disbursement 09 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 65.66</p>
<p>C. Full Name (Last, First, Middle Initial) Branch Banking and Trust</p> <p>Mailing Address 200 West Second Street</p> <p>City Winston-Salem State NC Zip Code 27101</p> <p>Purpose of Disbursement Banking Fee</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>Transaction ID: SB21B.17592 Date of Disbursement 08 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 184.00</p>

SUBTOTAL of Disbursements This Page (optional)	299.66
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Americans for Legal Immigration PAC

A. Full Name (Last, First, Middle Initial) Branch Banking and Trust Mailing Address 200 West Second Street City Winston-Salem State NC Zip Code 27101 Purpose of Disbursement Banking Fee Candidate Name 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: SB21B.17635 Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2010
	Amount of Each Disbursement this Period 33.25
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) CenturyLink formerly Embarq Mailing Address 100 CenturyLink Drive City Monroe State LA Zip Code 71203 Purpose of Disbursement Internet Serv. Candidate Name 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: SB21B.17549 Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2010
	Amount of Each Disbursement this Period 112.88
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) CenturyLink formerly Embarq Mailing Address 100 CenturyLink Drive City Monroe State LA Zip Code 71203 Purpose of Disbursement Internet Serv. Candidate Name 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: SB21B.17575 Date of Disbursement M M / D D / Y Y Y Y 08 / 09 / 2010
	Amount of Each Disbursement this Period 49.84
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	195.97
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Americans for Legal Immigration PAC

<p>A. Full Name (Last, First, Middle Initial) CenturyLink formerly Embarq</p> <p>Mailing Address 100 CenturyLink Drive</p> <p>City Monroe State LA Zip Code 71203</p> <p>Purpose of Disbursement Internet Serv.</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>Transaction ID: SB21B.17619</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <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="53.07"/></p>
<p>B. Full Name (Last, First, Middle Initial) Constant Contact</p> <p>Mailing Address 1601 Trapelo Road, Suite 329 866-289-2101</p> <p>City Waltham State MA Zip Code 02451</p> <p>Purpose of Disbursement E-Mail Service</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>Transaction ID: SB21B.17564</p> <p>Date of Disbursement</p> <p><input type="text" value="07"/> <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="265.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) Constant Contact</p> <p>Mailing Address 1601 Trapelo Road, Suite 329 866-289-2101</p> <p>City Waltham State MA Zip Code 02451</p> <p>Purpose of Disbursement E-Mail Service</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>Transaction ID: SB21B.17607</p> <p>Date of Disbursement</p> <p><input type="text" value="08"/> <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="265.00"/></p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="583.07"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Americans for Legal Immigration PAC

A.	Full Name (Last, First, Middle Initial) Constant Contact	Transaction ID: SB21B.17650 Date of Disbursement
	Mailing Address 1601 Trapelo Road, Suite 329 866-289-2101	<input type="text" value="09"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Waltham State MA Zip Code 02451	Amount of Each Disbursement this Period
	Purpose of Disbursement E-Mail Service	<input type="text" value="265.00"/>
	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) Cooksey Printing	Transaction ID: SB21B.17669 Date of Disbursement
	Mailing Address 1920 Wenneca	<input type="text" value="08"/> <input type="text" value="24"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Ft. Worth State TX Zip Code 76102	Amount of Each Disbursement this Period
	Purpose of Disbursement Printing	<input type="text" value="401.61"/>
	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) Cornerstone American	Transaction ID: SB21B.17544 Date of Disbursement
	Mailing Address 12600 Deerfield Pkwy. Ste 375	<input type="text" value="07"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Alpharetta State GA Zip Code 30004	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Fees	<input type="text" value="37.06"/>
	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)	<input type="text" value="703.67"/>
TOTAL 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)
Americans for Legal Immigration PAC

A.	Full Name (Last, First, Middle Initial) Cornerstone American	Transaction ID: SB21B.17567 Date of Disbursement
	Mailing Address 12600 Deerfield Pkwy. Ste 375	<input type="text" value="08"/> / <input type="text" value="03"/> / <input type="text" value="2010"/>
	City Alphareta State GA Zip Code 30004	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Fees	<input type="text" value="303.91"/>
	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) Cornerstone American	Transaction ID: SB21B.17611 Date of Disbursement
	Mailing Address 12600 Deerfield Pkwy. Ste 375	<input type="text" value="09"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City Alphareta State GA Zip Code 30004	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Fees	<input type="text" value="217.41"/>
	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) Corporate Payroll Service	Transaction ID: SB21B.17539 Date of Disbursement
	Mailing Address 1000 Miller Court West	<input type="text" value="07"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City Norcross State GA Zip Code 30071	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Taxes	<input type="text" value="1510.63"/>
	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)	<input type="text" value="2031.95"/>
TOTAL 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)
Americans for Legal Immigration PAC

A.	Full Name (Last, First, Middle Initial) Corporate Payroll Service	Transaction ID: SB21B.17540 Date of Disbursement
	Mailing Address 1000 Miller Court West	<input type="text" value="07"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Norcross State GA Zip Code 30071	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Processing Fee	<input type="text" value="58.24"/>
	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) Corporate Payroll Service	Transaction ID: SB21B.17572 Date of Disbursement
	Mailing Address 1000 Miller Court West	<input type="text" value="08"/> <input type="text" value="04"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Norcross State GA Zip Code 30071	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Taxes	<input type="text" value="1510.63"/>
	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) Corporate Payroll Service	Transaction ID: SB21B.17573 Date of Disbursement
	Mailing Address 1000 Miller Court West	<input type="text" value="08"/> <input type="text" value="04"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Norcross State GA Zip Code 30071	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Processing Fee	<input type="text" value="58.24"/>
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1627.11"/>
TOTAL 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)
Americans for Legal Immigration PAC

A.	Full Name (Last, First, Middle Initial) Corporate Payroll Service Mailing Address 1000 Miller Court West City Norcross State GA Zip Code 30071 Purpose of Disbursement Payroll Tax 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) ▼	Transaction ID: SB21B.17590 Date of Disbursement 08 / 20 / 2010 Amount of Each Disbursement this Period 307.32 Category/ Type
B.	Full Name (Last, First, Middle Initial) Corporate Payroll Service Mailing Address 1000 Miller Court West City Norcross State GA Zip Code 30071 Purpose of Disbursement Payroll Processing Fee 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) ▼	Transaction ID: SB21B.17615 Date of Disbursement 09 / 03 / 2010 Amount of Each Disbursement this Period 58.24 Category/ Type
C.	Full Name (Last, First, Middle Initial) Corporate Payroll Service Mailing Address 1000 Miller Court West City Norcross State GA Zip Code 30071 Purpose of Disbursement Payroll Taxes Candidate Name 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: SB21B.17616 Date of Disbursement 09 / 03 / 2010 Amount of Each Disbursement this Period 1510.63 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

1876.19

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Americans for Legal Immigration PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Discover Network</p> <p>Mailing Address PO Box 3022</p> <p>City New Albany State OH Zip Code 43052</p> <p>Purpose of Disbursement Credit Card Fees</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>Transaction ID: SB21B.17541</p> <p>Date of Disbursement 07 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 58.25</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Discover Network</p> <p>Mailing Address PO Box 3022</p> <p>City New Albany State OH Zip Code 43052</p> <p>Purpose of Disbursement Credit Card Processing</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>Transaction ID: SB21B.17569</p> <p>Date of Disbursement 08 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 51.67</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Discover Network</p> <p>Mailing Address PO Box 3022</p> <p>City New Albany State OH Zip Code 43052</p> <p>Purpose of Disbursement Credit Card Processing</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>Transaction ID: SB21B.19553</p> <p>Date of Disbursement 08 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 25.00</p>

SUBTOTAL of Disbursements This Page (optional)	134.92
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)
Americans for Legal Immigration PAC

A.	Full Name (Last, First, Middle Initial) Discover Network	Transaction ID: SB21B.17612 Date of Disbursement
	Mailing Address PO Box 3022	<input type="text" value="09"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City New Albany State OH Zip Code 43052	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing	<input type="text" value="58.87"/>
	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) Discover Network	Transaction ID: SB21B.19554 Date of Disbursement
	Mailing Address PO Box 3022	<input type="text" value="09"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City New Albany State OH Zip Code 43052	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing	<input type="text" value="10.00"/>
	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) Dotster Inc.	Transaction ID: SB21B.17580 Date of Disbursement
	Mailing Address PO Box 821066	<input type="text" value="08"/> <input type="text" value="13"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Vancouver State WA Zip Code 98682	Amount of Each Disbursement this Period
	Purpose of Disbursement Domain Registration	<input type="text" value="16.45"/>
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="85.32"/>
TOTAL 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)
Americans for Legal Immigration PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Dotster Inc.</p> <p>Mailing Address PO Box 821066</p> <p>City Vancouver State WA Zip Code 98682</p> <p>Purpose of Disbursement Domain Registration</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>Transaction ID: SB21B.17581</p> <p>Date of Disbursement 08 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 49.35</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Dotster Inc.</p> <p>Mailing Address PO Box 821066</p> <p>City Vancouver State WA Zip Code 98682</p> <p>Purpose of Disbursement Domain Registration</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>Transaction ID: SB21B.17583</p> <p>Date of Disbursement 08 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 32.90</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Dotster Inc.</p> <p>Mailing Address PO Box 821066</p> <p>City Vancouver State WA Zip Code 98682</p> <p>Purpose of Disbursement Domain Registration</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>Transaction ID: SB21B.17585</p> <p>Date of Disbursement 08 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 49.35</p>

SUBTOTAL of Disbursements This Page (optional)	131.60
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Americans for Legal Immigration PAC

<p>A. Full Name (Last, First, Middle Initial) Facebook Inc.</p> <p>Mailing Address 156 University Ave.</p> <p>City Palo Alto State CA Zip Code 94301-1605</p> <p>Purpose of Disbursement Advertisement</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>Transaction ID: SB21B.17554</p> <p>Date of Disbursement 07 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 40.00</p>
<p>B. Full Name (Last, First, Middle Initial) Facebook Inc.</p> <p>Mailing Address 156 University Ave.</p> <p>City Palo Alto State CA Zip Code 94301-1605</p> <p>Purpose of Disbursement Advertisement</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>Transaction ID: SB21B.17556</p> <p>Date of Disbursement 07 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 39.76</p>
<p>C. Full Name (Last, First, Middle Initial) Facebook Inc.</p> <p>Mailing Address 156 University Ave.</p> <p>City Palo Alto State CA Zip Code 94301-1605</p> <p>Purpose of Disbursement Advertisement</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>Transaction ID: SB21B.17560</p> <p>Date of Disbursement 07 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 43.62</p>

SUBTOTAL of Disbursements This Page (optional) ▶

123.38

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Americans for Legal Immigration PAC

A.	Full Name (Last, First, Middle Initial) Facebook Inc. Mailing Address 156 University Ave. City Palo Alto State CA Zip Code 94301-1605 Purpose of Disbursement Advertisement 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) ▼	Transaction ID: SB21B.17571 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 1 0 Amount of Each Disbursement this Period 3.78
B.	Full Name (Last, First, Middle Initial) Facebook Inc. Mailing Address 156 University Ave. City Palo Alto State CA Zip Code 94301-1605 Purpose of Disbursement Advertisement Candidate Name 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: SB21B.17621 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 1 0 Amount of Each Disbursement this Period 26.68
C.	Full Name (Last, First, Middle Initial) Facebook Inc. Mailing Address 156 University Ave. City Palo Alto State CA Zip Code 94301-1605 Purpose of Disbursement Advertisement Candidate Name 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: SB21B.17637 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 4 / 2 0 1 0 Amount of Each Disbursement this Period 95.86

SUBTOTAL of Disbursements This Page (optional) ▶

126.32

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Americans for Legal Immigration PAC

A.	Full Name (Last, First, Middle Initial) Facebook Inc.	Transaction ID: SB21B.17644 Date of Disbursement
	Mailing Address 156 University Ave.	<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2010"/>
	City Palo Alto State CA Zip Code 94301-1605	Amount of Each Disbursement this Period
	Purpose of Disbursement Advertisement Event Candidate Name	<input type="text" value="200.00"/>
	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) Facebook Inc.	Transaction ID: SB21B.17645 Date of Disbursement
	Mailing Address 156 University Ave.	<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2010"/>
	City Palo Alto State CA Zip Code 94301-1605	Amount of Each Disbursement this Period
	Purpose of Disbursement Advertisement Event Candidate Name	<input type="text" value="166.01"/>
	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) ILS Maryla	Transaction ID: SB21B.17603 Date of Disbursement
	Mailing Address Best Effort	<input type="text" value="08"/> / <input type="text" value="26"/> / <input type="text" value="2010"/>
	City Best Effort State MD Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement Research Candidate Name	<input type="text" value="300.00"/>
	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)	<input type="text" value="666.01"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

C. Form/Schedule : **SB21B**

Contracted and paid online. Seeking Address. Ind. Listing Service.

Transaction ID : **SB21B.17603**

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Americans for Legal Immigration PAC

<p>A. Full Name (Last, First, Middle Initial) Daryl Jurbala</p> <p>Mailing Address PO Box 30966</p> <p>City Raleigh State NC Zip Code 27622</p> <p>Purpose of Disbursement Consulting Fee</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: SB21B.17665</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <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="1000.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) Mass Media Distribution</p> <p>Mailing Address 12693 Tamiami Trl. E. # 222</p> <p>City Naples State FL Zip Code 34113</p> <p>Purpose of Disbursement Press Release</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: SB21B.17537</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <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="199.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) Mass Media Distribution</p> <p>Mailing Address 12693 Tamiami Trl. E. # 222</p> <p>City Naples State FL Zip Code 34113</p> <p>Purpose of Disbursement Press Release</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: SB21B.17550</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="1"/> <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="199.00"/></p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="1398.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Americans for Legal Immigration PAC

A. Full Name (Last, First, Middle Initial) Mass Media Distribution Mailing Address 12693 Tamiami Trl. E. # 222 City Naples State FL Zip Code 34113 Purpose of Disbursement Press Release Candidate Name 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: SB21B.17552 Date of Disbursement 07 / 19 / 2010
	Amount of Each Disbursement this Period 199.00

B. Full Name (Last, First, Middle Initial) Mass Media Distribution Mailing Address 12693 Tamiami Trl. E. # 222 City Naples State FL Zip Code 34113 Purpose of Disbursement Press Release Candidate Name 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: SB21B.17559 Date of Disbursement 07 / 28 / 2010
	Amount of Each Disbursement this Period 199.00

C. Full Name (Last, First, Middle Initial) Mass Media Distribution Mailing Address 12693 Tamiami Trl. E. # 222 City Naples State FL Zip Code 34113 Purpose of Disbursement Press Release Candidate Name 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: SB21B.17563 Date of Disbursement 07 / 29 / 2010
	Amount of Each Disbursement this Period 199.00

SUBTOTAL of Disbursements This Page (optional) ▶	597.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Americans for Legal Immigration PAC

A. Full Name (Last, First, Middle Initial) Mass Media Distribution Mailing Address 12693 Tamiami Trl. E. # 222 City Naples State FL Zip Code 34113 Purpose of Disbursement Press Release 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) ▼	Transaction ID: SB21B.17579 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 1 0
	Amount of Each Disbursement this Period 149.00

B. Full Name (Last, First, Middle Initial) Mass Media Distribution Mailing Address 12693 Tamiami Trl. E. # 222 City Naples State FL Zip Code 34113 Purpose of Disbursement Press Release Candidate Name 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: SB21B.17586 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 9 / 2 0 1 0
	Amount of Each Disbursement this Period 199.00

C. Full Name (Last, First, Middle Initial) Mass Media Distribution Mailing Address 12693 Tamiami Trl. E. # 222 City Naples State FL Zip Code 34113 Purpose of Disbursement Press Release Candidate Name 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: SB21B.17591 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 0 / 2 0 1 0
	Amount of Each Disbursement this Period 199.00

SUBTOTAL of Disbursements This Page (optional) ▶	547.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Americans for Legal Immigration PAC

A. Full Name (Last, First, Middle Initial) Mass Media Distribution Mailing Address 12693 Tamiami Trl. E. # 222 City Naples State FL Zip Code 34113 Purpose of Disbursement Press Release 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) ▼	Transaction ID: SB21B.17595 Date of Disbursement 08 / 25 / 2010
	Amount of Each Disbursement this Period 199.00

B. Full Name (Last, First, Middle Initial) Mass Media Distribution Mailing Address 12693 Tamiami Trl. E. # 222 City Naples State FL Zip Code 34113 Purpose of Disbursement Press Release Candidate Name 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: SB21B.17606 Date of Disbursement 08 / 30 / 2010
	Amount of Each Disbursement this Period 199.00

C. Full Name (Last, First, Middle Initial) Mass Media Distribution Mailing Address 12693 Tamiami Trl. E. # 222 City Naples State FL Zip Code 34113 Purpose of Disbursement Press Release Candidate Name 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: SB21B.17608 Date of Disbursement 08 / 31 / 2010
	Amount of Each Disbursement this Period 199.00

SUBTOTAL of Disbursements This Page (optional) ▶	597.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Americans for Legal Immigration PAC

A. Full Name (Last, First, Middle Initial) Mass Media Distribution Mailing Address 12693 Tamiami Trl. E. # 222 City Naples State FL Zip Code 34113 Purpose of Disbursement Press Release 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) ▼	Transaction ID: SB21B.17610 Date of Disbursement 09 / 02 / 2010
	Amount of Each Disbursement this Period 199.00

B. Full Name (Last, First, Middle Initial) Mass Media Distribution Mailing Address 12693 Tamiami Trl. E. # 222 City Naples State FL Zip Code 34113 Purpose of Disbursement Press Release Candidate Name 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: SB21B.17618 Date of Disbursement 09 / 07 / 2010
	Amount of Each Disbursement this Period 199.00

C. Full Name (Last, First, Middle Initial) Mass Media Distribution Mailing Address 12693 Tamiami Trl. E. # 222 City Naples State FL Zip Code 34113 Purpose of Disbursement Press Release Candidate Name 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: SB21B.17634 Date of Disbursement 09 / 21 / 2010
	Amount of Each Disbursement this Period 199.00

SUBTOTAL of Disbursements This Page (optional) ▶	597.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Americans for Legal Immigration PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Mass Media Distribution</p> <p>Mailing Address 12693 Tamiami Trl. E. # 222</p> <p>City Naples State FL Zip Code 34113</p> <p>Purpose of Disbursement Press Release</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>Transaction ID: SB21B.17636</p> <p>Date of Disbursement 09 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 199.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Mass Media Distribution</p> <p>Mailing Address 12693 Tamiami Trl. E. # 222</p> <p>City Naples State FL Zip Code 34113</p> <p>Purpose of Disbursement Press Release</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>Transaction ID: SB21B.17647</p> <p>Date of Disbursement 09 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 199.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Mass Media Distribution</p> <p>Mailing Address 12693 Tamiami Trl. E. # 222</p> <p>City Naples State FL Zip Code 34113</p> <p>Purpose of Disbursement Press Release</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>Transaction ID: SB21B.17651</p> <p>Date of Disbursement 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 199.00</p>

SUBTOTAL of Disbursements This Page (optional)	597.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Americans for Legal Immigration PAC

A.	Full Name (Last, First, Middle Initial) Ms Jane Patterson	Transaction ID: SB21B.17655 Date of Disbursement 07 / 04 / 2010
	Mailing Address PO Box 30966	
	City Raleigh State NC Zip Code 27622-0966	Amount of Each Disbursement this Period 646.45
	Purpose of Disbursement Payroll 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) Ms Jane Patterson	Transaction ID: SB21B.17659 Date of Disbursement 08 / 04 / 2010
	Mailing Address PO Box 30966	
	City Raleigh State NC Zip Code 27622-0966	Amount of Each Disbursement this Period 646.45
	Purpose of Disbursement Payroll 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) Ms Jane Patterson	Transaction ID: SB21B.17675 Date of Disbursement 09 / 04 / 2010
	Mailing Address PO Box 30966	
	City Raleigh State NC Zip Code 27622-0966	Amount of Each Disbursement this Period 646.45
	Purpose of Disbursement Payroll 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)	▶	1939.35
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)
Americans for Legal Immigration PAC

A.	Full Name (Last, First, Middle Initial) PayPal	Transaction ID: SB21B.19547 Date of Disbursement 07 / 30 / 2010
	Mailing Address 2145 Hamilton Avenue	Amount of Each Disbursement this Period 157.72
	City San Jose State CA Zip Code 95125	
	Purpose of Disbursement Credit Card Processing Fee	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) PayPal	Transaction ID: SB21B.19548 Date of Disbursement 08 / 30 / 2010
	Mailing Address 2145 Hamilton Avenue	Amount of Each Disbursement this Period 145.62
	City San Jose State CA Zip Code 95125	
	Purpose of Disbursement Credit Card Fee	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) PayPal	Transaction ID: SB21B.19549 Date of Disbursement 09 / 30 / 2010
	Mailing Address 2145 Hamilton Avenue	Amount of Each Disbursement this Period 86.91
	City San Jose State CA Zip Code 95125	
	Purpose of Disbursement Credit Card Fee	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) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	390.25
TOTAL This Period (last page this line number only)	▶	

C. Form/Schedule : **SB21B**

Corrected Disbursement Amount

Transaction ID : **SB21B.19549**

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Americans for Legal Immigration PAC

<p>A. Full Name (Last, First, Middle Initial) Prez Web Design</p> <p>Mailing Address http://www.prezwebdesigns.com/ 704-406-9883</p> <p>City Raleigh State NC Zip Code 28152</p> <p>Purpose of Disbursement Website maintenance</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>Transaction ID: SB21B.17576 Date of Disbursement 08 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 275.00</p>
<p>B. Full Name (Last, First, Middle Initial) Rackspace Managed Hosting</p> <p>Mailing Address 9725 Datapoint Drive, Suite 100 210-447-4000</p> <p>City San Antonio State TX Zip Code 78229</p> <p>Purpose of Disbursement Internet Server</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>Transaction ID: SB21B.17656 Date of Disbursement 07 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 735.00</p>
<p>C. Full Name (Last, First, Middle Initial) Rackspace Managed Hosting</p> <p>Mailing Address 9725 Datapoint Drive, Suite 100 210-447-4000</p> <p>City San Antonio State TX Zip Code 78229</p> <p>Purpose of Disbursement Internet Server</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>Transaction ID: SB21B.17657 Date of Disbursement 07 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 300.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1310.00

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)
Americans for Legal Immigration PAC

A.	Full Name (Last, First, Middle Initial) Rackspace Managed Hosting	Transaction ID: SB21B.17664 Date of Disbursement
	Mailing Address 9725 Datapoint Drive, Suite 100 210-447-4000	<input type="text" value="08"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City San Antonio State TX Zip Code 78229	Amount of Each Disbursement this Period
	Purpose of Disbursement Internet Server	<input type="text" value="735.00"/>
	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) Rackspace Managed Hosting	Transaction ID: SB21B.17668 Date of Disbursement
	Mailing Address 9725 Datapoint Drive, Suite 100 210-447-4000	<input type="text" value="08"/> / <input type="text" value="20"/> / <input type="text" value="2010"/>
	City San Antonio State TX Zip Code 78229	Amount of Each Disbursement this Period
	Purpose of Disbursement Internet Server	<input type="text" value="300.00"/>
	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) Rackspace Managed Hosting	Transaction ID: SB21B.17676 Date of Disbursement
	Mailing Address 9725 Datapoint Drive, Suite 100 210-447-4000	<input type="text" value="09"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City San Antonio State TX Zip Code 78229	Amount of Each Disbursement this Period
	Purpose of Disbursement Internet Server	<input type="text" value="735.00"/>
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1770.00"/>
TOTAL 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)
Americans for Legal Immigration PAC

A.	Full Name (Last, First, Middle Initial) Radio Shack	Transaction ID: SB21B.17587
	Mailing Address 300 RadioShack Circle	Date of Disbursement 08 / 19 / 2010
	City Fort Worth State TX Zip Code 76102-1964	Amount of Each Disbursement this Period 338.71
	Purpose of Disbursement Office equipment, routers, cables	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) Radio Shack	Transaction ID: SB21B.17588
	Mailing Address 300 RadioShack Circle	Date of Disbursement 08 / 19 / 2010
	City Fort Worth State TX Zip Code 76102-1964	Amount of Each Disbursement this Period 12.92
	Purpose of Disbursement Office supplies and cables	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) Rental Service Management	Transaction ID: SB21B.17660
	Mailing Address 4651 paragon park rd.	Date of Disbursement 08 / 19 / 2010
	City Raleigh State NC Zip Code 27616	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Rent and Deposit	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) ▼

SUBTOTAL of Disbursements This Page (optional)	2351.63
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Americans for Legal Immigration PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Rental Service Management</p> <p>Mailing Address 4651 paragon park rd.</p> <p>City Raleigh State NC Zip Code 27616</p> <p>Purpose of Disbursement Rent</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: SB21B.17678</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Sage Payments Solutions</p> <p>Mailing Address 1750 Old Meadow Rd. #300</p> <p>City Mclean State VA Zip Code 22102</p> <p>Purpose of Disbursement Credit Card Processing Fee</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: SB21B.19541</p> <p>Date of Disbursement</p> <p><input type="text" value="07"/> <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="195.11"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Sage Payments Solutions</p> <p>Mailing Address 1750 Old Meadow Rd. #300</p> <p>City Mclean State VA Zip Code 22102</p> <p>Purpose of Disbursement Credit Card Processing Fee</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: SB21B.19542</p> <p>Date of Disbursement</p> <p><input type="text" value="08"/> <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="208.20"/></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)
Americans for Legal Immigration PAC

<p>A. Full Name (Last, First, Middle Initial) Sage Payments Solutions</p> <p>Mailing Address 1750 Old Meadow Rd. #300</p> <p>City Mclean State VA Zip Code 22102</p> <p>Purpose of Disbursement Credit Card Processing Fee</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>Transaction ID: SB21B.19543 Date of Disbursement: 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 95.30</p>
<p>B. Full Name (Last, First, Middle Initial) Time Warner Cable</p> <p>Mailing Address 2505 Atlantic Ave. Ste. 101</p> <p>City Raleigh State NC Zip Code 27604</p> <p>Purpose of Disbursement Broad Band Cable</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>Transaction ID: SB21B.17553 Date of Disbursement: 07 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 92.82</p>
<p>C. Full Name (Last, First, Middle Initial) Time Warner Cable</p> <p>Mailing Address 2505 Atlantic Ave. Ste. 101</p> <p>City Raleigh State NC Zip Code 27604</p> <p>Purpose of Disbursement Broad Band Cable</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>Transaction ID: SB21B.17584 Date of Disbursement: 08 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 108.99</p>

SUBTOTAL of Disbursements This Page (optional) ▶

297.11

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Americans for Legal Immigration PAC

A.	Full Name (Last, First, Middle Initial) Time Warner Cable Mailing Address 2505 Atlantic Ave. Ste. 101 City Raleigh State NC Zip Code 27604 Purpose of Disbursement Broadband Cable 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) ▼	Transaction ID: SB21B.17633 Date of Disbursement 09 / 20 / 2010 Amount of Each Disbursement this Period 92.82
B.	Full Name (Last, First, Middle Initial) US Postal Service Mailing Address 4325 Glenwood Ave. City Raleigh State NC Zip Code 27612 Purpose of Disbursement Postage Candidate Name 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: SB21B.17555 Date of Disbursement 07 / 21 / 2010 Amount of Each Disbursement this Period 485.00
C.	Full Name (Last, First, Middle Initial) US Postal Service Mailing Address 4325 Glenwood Ave. City Raleigh State NC Zip Code 27612 Purpose of Disbursement Postage Candidate Name 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: SB21B.17558 Date of Disbursement 07 / 27 / 2010 Amount of Each Disbursement this Period 397.00

SUBTOTAL of Disbursements This Page (optional) ▶

974.82

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 58 / 68

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

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

NAME OF COMMITTEE (In Full)
Americans for Legal Immigration PAC

A.	Full Name (Last, First, Middle Initial) US Postal Service	Transaction ID: SB21B.17679 Date of Disbursement
	Mailing Address 4325 Glenwood Ave.	<input type="text" value="09"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
	City Raleigh State NC Zip Code 27612	Amount of Each Disbursement this Period
	Purpose of Disbursement Postage	<input type="text" value="176.00"/>
	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) Verizon Wireless	Transaction ID: SB21B.17551 Date of Disbursement
	Mailing Address 1 Verizon Way (800)214-3555	<input type="text" value="07"/> / <input type="text" value="16"/> / <input type="text" value="2010"/>
	City Basking Ridge State NJ Zip Code 07920-1025	Amount of Each Disbursement this Period
	Purpose of Disbursement Wireless Service and Phone	<input type="text" value="124.14"/>
	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) Verizon Wireless	Transaction ID: SB21B.17582 Date of Disbursement
	Mailing Address 1 Verizon Way (800)214-3555	<input type="text" value="08"/> / <input type="text" value="16"/> / <input type="text" value="2010"/>
	City Basking Ridge State NJ Zip Code 07920-1025	Amount of Each Disbursement this Period
	Purpose of Disbursement Wireless Service and Phone	<input type="text" value="126.78"/>
	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)	<input type="text" value="426.92"/>
TOTAL 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

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

NAME OF COMMITTEE (In Full)
Americans for Legal Immigration PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Verizon Wireless</p> <p>Mailing Address 1 Verizon Way (800)214-3555</p> <p>City Basking Ridge State NJ Zip Code 07920-1025</p> <p>Purpose of Disbursement Wireless Service and Phone</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: SB21B.17631</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="131.21"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Vonage</p> <p>Mailing Address 23 Main St</p> <p>City Holmdel State NJ Zip Code 07733</p> <p>Purpose of Disbursement Telephone Service</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: SB21B.17546</p> <p>Date of Disbursement</p> <p><input type="text" value="07"/> <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="53.53"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Vonage</p> <p>Mailing Address 23 Main St</p> <p>City Holmdel State NJ Zip Code 07733</p> <p>Purpose of Disbursement Telephone Service</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: SB21B.17574</p> <p>Date of Disbursement</p> <p><input type="text" value="08"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="75.64"/></p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="260.38"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Americans for Legal Immigration PAC

A.	Full Name (Last, First, Middle Initial) Vonage	Transaction ID: SB21B.17620
	Mailing Address 23 Main St	Date of Disbursement 09 / 07 / 2010
	City Holmdel State NJ Zip Code 07733	Amount of Each Disbursement this Period 3.00
	Purpose of Disbursement Telephone Service 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) Vonage	Transaction ID: SB21B.17626
	Mailing Address 23 Main St	Date of Disbursement 09 / 07 / 2010
	City Holmdel State NJ Zip Code 07733	Amount of Each Disbursement this Period 13.63
	Purpose of Disbursement Telephone Service 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) Wal-Mart	Transaction ID: SB21B.17589
	Mailing Address 702 SW 8th Stree	Date of Disbursement 08 / 20 / 2010
	City Bentonville State AR Zip Code 72716-8611	Amount of Each Disbursement this Period 388.53
	Purpose of Disbursement office equipment and supplies 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)	405.16
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)

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

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

NAME OF COMMITTEE (In Full)
Americans for Legal Immigration PAC

A.	Full Name (Last, First, Middle Initial) William Gheen	Transaction ID: SB21B.17654 Date of Disbursement
	Mailing Address PO Box 30966	<input type="text" value="07"/> / <input type="text" value="04"/> / <input type="text" value="2010"/>
	City Raleigh State NC Zip Code 27622	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll	<input type="text" value="3466.06"/>
	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) William Gheen	Transaction ID: SB21B.17658 Date of Disbursement
	Mailing Address PO Box 30966	<input type="text" value="08"/> / <input type="text" value="04"/> / <input type="text" value="2010"/>
	City Raleigh State NC Zip Code 27622	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll	<input type="text" value="3466.06"/>
	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) William Gheen	Transaction ID: SB21B.17674 Date of Disbursement
	Mailing Address PO Box 30966	<input type="text" value="09"/> / <input type="text" value="04"/> / <input type="text" value="2010"/>
	City Raleigh State NC Zip Code 27622	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll	<input type="text" value="3466.06"/>
	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)	<input type="text" value="10398.18"/>
TOTAL This Period (last page this line number only)	<input type="text" value="36632.62"/>

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Americans for Legal Immigration PAC	FEC IDENTIFICATION NUMBER C C00405878
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Callfire

Mailing Address
1838 Corinth Ave #3

City Los Angeles	State CA	Zip Code 90025
---------------------	-------------	-------------------

Purpose of Expenditure Phone Bank Services Ind. Exp	Category/ Type 004
---	--------------------------

Name of Federal Candidate supported or Opposed by expenditure:
JD HAYWORTH

Calendar Year-To-Date Per Election for Office Sought	1798.19
---	---------

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

Amount
1000.00

Transaction ID: SE.17514

Office Sought: House State: AZ
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

Full Name (Last, First, Middle, Initial) of Payee
Callfire

Mailing Address
1838 Corinth Ave #3

City Los Angeles	State CA	Zip Code 90025
---------------------	-------------	-------------------

Purpose of Expenditure Phone Bank Services Ind. Exp	Category/ Type 004
---	--------------------------

Name of Federal Candidate supported or Opposed by expenditure:
JD HAYWORTH

Calendar Year-To-Date Per Election for Office Sought	2798.19
---	---------

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

Amount
1000.00

Transaction ID: SE.17515

Office Sought: House State: AZ
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

(a) SUBTOTAL of Itemized Independent Expenditures	2000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

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

Ms Jane Patterson
Signature

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

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

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

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Americans for Legal Immigration PAC	FEC IDENTIFICATION NUMBER C C00405878
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Callfire

Mailing Address
1838 Corinth Ave #3

City Los Angeles	State CA	Zip Code 90025
---------------------	-------------	-------------------

Purpose of Expenditure Phone Bank Services Ind. Exp	Category/ Type 004
---	--------------------------

Name of Federal Candidate supported or Opposed by expenditure:
JD HAYWORTH

Calendar Year-To-Date Per Election for Office Sought	3148.19
---	---------

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

Amount
350.00

Transaction ID: SE.17516

Office Sought: House State: AZ
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

Full Name (Last, First, Middle, Initial) of Payee
Callfire

Mailing Address
1838 Corinth Ave #3

City Los Angeles	State CA	Zip Code 90025
---------------------	-------------	-------------------

Purpose of Expenditure Phone Bank Services Ind. Exp	Category/ Type 004
---	--------------------------

Name of Federal Candidate supported or Opposed by expenditure:
JD HAYWORTH

Calendar Year-To-Date Per Election for Office Sought	3248.19
---	---------

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

Amount
100.00

Transaction ID: SE.17598

Office Sought: House State: AZ
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

(a) SUBTOTAL of Itemized Independent Expenditures	450.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

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

Ms Jane Patterson
Signature

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

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Americans for Legal Immigration PAC	FEC IDENTIFICATION NUMBER C C00405878
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Facebook Inc.

Mailing Address
156 University Ave.

City Palo Alto	State CA	Zip Code 94301-1605
-------------------	-------------	------------------------

Purpose of Expenditure Advertisement Ind. Exp	Category/Type 004
--	----------------------

Name of Federal Candidate supported or Opposed by expenditure:
JD HAYWORTH

Calendar Year-To-Date Per Election for Office Sought	100.00
--	--------

Date
08 / 09 / 2010

Amount
100.00

Transaction ID: SE.17506

Office Sought: House State: AZ
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

Full Name (Last, First, Middle, Initial) of Payee
Facebook Inc.

Mailing Address
156 University Ave.

City Palo Alto	State CA	Zip Code 94301-1605
-------------------	-------------	------------------------

Purpose of Expenditure Advertisement Ind. Exp	Category/Type 004
--	----------------------

Name of Federal Candidate supported or Opposed by expenditure:
JD HAYWORTH

Calendar Year-To-Date Per Election for Office Sought	200.00
--	--------

Date
08 / 09 / 2010

Amount
100.00

Transaction ID: SE.17507

Office Sought: House State: AZ
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

(a) SUBTOTAL of Itemized Independent Expenditures	200.00
(b) SUBTOTAL of Unitemized Independent Expenditures	_____
(c) TOTAL Independent Expenditures	_____

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

Ms Jane Patterson
Signature

Date 10 / 26 / 2010

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

NAME OF COMMITTEE (In Full) Americans for Legal Immigration PAC	FEC IDENTIFICATION NUMBER C C00405878
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Facebook Inc.

Mailing Address
156 University Ave.

City Palo Alto	State CA	Zip Code 94301-1605
-------------------	-------------	------------------------

Purpose of Expenditure Advertisement Ind. Exp	Category/Type 004
--	----------------------

Name of Federal Candidate supported or Opposed by expenditure:
JD HAYWORTH

Calendar Year-To-Date Per Election for Office Sought	300.00
--	--------

Date
MM / DD / YYYY
08 / 10 / 2010

Amount
100.00

Transaction ID: SE.17508

Office Sought: House State: AZ
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

Full Name (Last, First, Middle, Initial) of Payee
Facebook Inc.

Mailing Address
156 University Ave.

City Palo Alto	State CA	Zip Code 94301-1605
-------------------	-------------	------------------------

Purpose of Expenditure Advertisement Ind. Exp	Category/Type 004
--	----------------------

Name of Federal Candidate supported or Opposed by expenditure:
JD HAYWORTH

Calendar Year-To-Date Per Election for Office Sought	400.00
--	--------

Date
MM / DD / YYYY
08 / 11 / 2010

Amount
100.00

Transaction ID: SE.17509

Office Sought: House State: AZ
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

(a) SUBTOTAL of Itemized Independent Expenditures	200.00
(b) SUBTOTAL of Unitemized Independent Expenditures	_____
(c) TOTAL Independent Expenditures	_____

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

Ms Jane Patterson
Signature

Date MM / DD / YYYY
10 / 26 / 2010

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Americans for Legal Immigration PAC	FEC IDENTIFICATION NUMBER C C00405878
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Facebook Inc.

Mailing Address
156 University Ave.

City Palo Alto	State CA	Zip Code 94301-1605
-------------------	-------------	------------------------

Purpose of Expenditure Advertisement Ind. Exp	Category/Type 004
--	----------------------

Name of Federal Candidate supported or Opposed by expenditure:
JD HAYWORTH

Calendar Year-To-Date Per Election for Office Sought	500.00
--	--------

Date
08 / 12 / 2010

Amount
100.00

Transaction ID: SE.17510

Office Sought: House State: AZ
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

Full Name (Last, First, Middle, Initial) of Payee
Facebook Inc.

Mailing Address
156 University Ave.

City Palo Alto	State CA	Zip Code 94301-1605
-------------------	-------------	------------------------

Purpose of Expenditure Advertisement Ind. Exp	Category/Type 004
--	----------------------

Name of Federal Candidate supported or Opposed by expenditure:
JD HAYWORTH

Calendar Year-To-Date Per Election for Office Sought	600.00
--	--------

Date
08 / 13 / 2010

Amount
100.00

Transaction ID: SE.17511

Office Sought: House State: AZ
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

(a) SUBTOTAL of Itemized Independent Expenditures	200.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

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

Ms Jane Patterson
Signature

Date 10 / 26 / 2010

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

NAME OF COMMITTEE (In Full) Americans for Legal Immigration PAC		FEC IDENTIFICATION NUMBER C C00405878
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice		

Full Name (Last, First, Middle, Initial) of Payee
Facebook Inc.

Mailing Address
156 University Ave.

City Palo Alto	State CA	Zip Code 94301-1605
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Purpose of Expenditure Advertisement Ind. Exp	Category/Type 004
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Name of Federal Candidate supported or Opposed by expenditure:
JD HAYWORTH

Calendar Year-To-Date Per Election for Office Sought 700.00

Date
08 / 16 / 2010

Amount
100.00

Transaction ID: SE.17512

Office Sought: House State: AZ
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

Full Name (Last, First, Middle, Initial) of Payee
Facebook Inc.

Mailing Address
156 University Ave.

City Palo Alto	State CA	Zip Code 94301-1605
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Purpose of Expenditure Advertisement Ind. Exp	Category/Type 004
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Name of Federal Candidate supported or Opposed by expenditure:
JD HAYWORTH

Calendar Year-To-Date Per Election for Office Sought 798.19

Date
08 / 16 / 2010

Amount
98.19

Transaction ID: SE.17513

Office Sought: House State: AZ
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

(a) SUBTOTAL of Itemized Independent Expenditures	198.19
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	3248.19

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

Ms Jane Patterson
Signature

Date 10 / 26 / 2010