

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

Immigrants' List

ADDRESS (number and street)

 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

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

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

Election on / / in the State of

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

Election on / / in the State of

5. Covering Period / / through / /

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

Type or Print Name of Treasurer Mr Ira Kurzban

Signature of Treasurer Mr Ira Kurzban [Electronically Filed] Date / /

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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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Immigrants' List

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>	<input type="text" value="5699.88"/>	<input type="text" value="5699.88"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="26848.14"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="23991.75"/>	<input type="text" value="77500.49"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="50839.89"/>	<input type="text" value="83200.37"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="17034.82"/>	<input type="text" value="50973.57"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="33805.07"/>	<input type="text" value="32226.80"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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

Immigrants' List

Report Covering the Period: From: / / To: / /

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).....	16750.00	56650.00
(ii) Unitemized	6741.00	20349.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	23491.00	76999.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	500.00	500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	23991.00	77499.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.75	1.49
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	23991.75	77500.49
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	23991.75	77500.49

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	16034.82	46473.57
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	16034.82	46473.57
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	3500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	1000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	1000.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	17034.82	50973.57
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	17034.82	50973.57

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	23991.00	77499.00
34. Total Contribution Refunds (from Line 28(d))	0.00	1000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	23991.00	76499.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	16034.82	46473.57
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	16034.82	46473.57

**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 6 OF 31
	<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	

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

NAME OF COMMITTEE (In Full)
Immigrants' List

Full Name (Last, First, Middle Initial) A. Royal Berg		Date of Receipt
Mailing Address 33 N. La Salle Street Suite 2300		<input type="text" value="07"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City Chicago	State IL	Zip Code 60602
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C7535202
Name of Employer Self employed		Amount of Each Receipt this Period
Occupation Attorney		<input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="2300.00"/>	

Full Name (Last, First, Middle Initial) B. Royal Berg		Date of Receipt
Mailing Address 33 N. La Salle Street Suite 2300		<input type="text" value="08"/> / <input type="text" value="16"/> / <input type="text" value="2012"/>
City Chicago	State IL	Zip Code 60602
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C7565462
Name of Employer Self employed		Amount of Each Receipt this Period
Occupation Attorney		<input type="text" value="500.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="2300.00"/>	

Full Name (Last, First, Middle Initial) C. Royal Berg		Date of Receipt
Mailing Address 33 N. La Salle Street Suite 2300		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2012"/>
City Chicago	State IL	Zip Code 60602
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C7654435
Name of Employer Self employed		Amount of Each Receipt this Period
Occupation Attorney		<input type="text" value="200.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="2300.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="800.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 7 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Immigrants' List

Full Name (Last, First, Middle Initial) A. Royal Berg		Date of Receipt MM / DD / YYYY 09 / 28 / 2012 Transaction ID : C7653924
Mailing Address 33 N. La Salle Street Suite 2300		Amount of Each Receipt this Period 200.00
City Chicago	State IL	Zip Code 60602
FEC ID number of contributing federal political committee. C		
Name of Employer Self employed	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2300.00	

Full Name (Last, First, Middle Initial) B. George Bruno		Date of Receipt MM / DD / YYYY 09 / 20 / 2012 Transaction ID : C7653917
Mailing Address 161 North Adams St.		Amount of Each Receipt this Period 500.00
City Manchester	State NH	Zip Code 03104
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Daryl Buffenstein		Date of Receipt MM / DD / YYYY 09 / 20 / 2012 Transaction ID : C7653920
Mailing Address 600 Peachtree St. Suite 2400		Amount of Each Receipt this Period 1000.00
City Atlanta	State GA	Zip Code 30308
FEC ID number of contributing federal political committee. C		
Name of Employer Paul, Hastings, Janofsky & Walker LLP	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	1700.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Immigrants' List

Full Name (Last, First, Middle Initial) A. Boyd F Campbell			Date of Receipt MM / DD / YYYY 09 / 03 / 2012 Transaction ID : C7764863
Mailing Address 2827 Fernway Drive			Amount of Each Receipt this Period 100.00
City Montgomery	State AL	Zip Code 36111-1703	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 400.00
Name of Employer Immigration Law Center, LLC		Occupation Lawyer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Cory Caouette			Date of Receipt MM / DD / YYYY 07 / 16 / 2012 Transaction ID : C7520466
Mailing Address 13312 Tireaton Rd			Amount of Each Receipt this Period 50.00
City San Diego	State CA	Zip Code 92130	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 450.00
Name of Employer BSIS		Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Cory Caouette			Date of Receipt MM / DD / YYYY 08 / 16 / 2012 Transaction ID : C7564819
Mailing Address 13312 Tireaton Rd			Amount of Each Receipt this Period 50.00
City San Diego	State CA	Zip Code 92130	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 450.00
Name of Employer BSIS		Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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 9 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Immigrants' List

A. Cory Caouette
Full Name (Last, First, Middle Initial)

Mailing Address 13312 Tireaton Rd

City San Diego State CA Zip Code 92130

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

Name of Employer BSIS Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 01 / 2012

Transaction ID : C7764878

Amount of Each Receipt this Period
50.00

B. Maria Casablanca
Full Name (Last, First, Middle Initial)

Mailing Address 444 Brickell Ave. Suite 416

City Miami State FL Zip Code 33131

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

Name of Employer Kuck, Casablanca & Howard LLC Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 13 / 2012

Transaction ID : C7499027

Amount of Each Receipt this Period
750.00

C. Lori Chesser
Full Name (Last, First, Middle Initial)

Mailing Address 3612 Adams Ave.

City Des Moines State IA Zip Code 50310

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

Name of Employer Davis Brown Law Firm Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 28 / 2012

Transaction ID : C7575624

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	1300.00
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 OF 31
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Immigrants' List

Full Name (Last, First, Middle Initial) A. Alicia Claypool		Date of Receipt MM / DD / YYYY 08 / 28 / 2012 Transaction ID : C7575633
Mailing Address 5754 Gallery Court		Amount of Each Receipt this Period 250.00
City West Des Moines	State IA	Zip Code 50266
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Inter-faith Alliance of IA	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. John Coffey		Date of Receipt MM / DD / YYYY 08 / 06 / 2012 Transaction ID : C7555469
Mailing Address 3 Plateau Circle East		Amount of Each Receipt this Period 500.00
City Bronxville	State NY	Zip Code 10708
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Bernstein Litowitz	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) C. Susan J Cohen		Date of Receipt MM / DD / YYYY 09 / 30 / 2012 Transaction ID : C7764841
Mailing Address 33 Coolidge Rd.		Amount of Each Receipt this Period 500.00
City Belmont	State MA	Zip Code 02478
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Mintz, Levin, Cohn, Ferris, Glovsky an	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Immigrants' List

Full Name (Last, First, Middle Initial) A. Richard Costa		Date of Receipt MM / DD / YYYY 09 / 20 / 2012 Transaction ID : C7653933
Mailing Address 18 Tremont St. Suite 601		Amount of Each Receipt this Period 1000.00
City Boston	State MA	Zip Code 02108
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer The Law Offices of Richard M. Costa	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Kari Ann Fonte		Date of Receipt MM / DD / YYYY 08 / 16 / 2012 Transaction ID : C7565466
Mailing Address 12210 SW 135th Terrace		Amount of Each Receipt this Period 500.00
City Miami	State FL	Zip Code 33186
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Josh Goldin		Date of Receipt MM / DD / YYYY 07 / 29 / 2012 Transaction ID : C7524075
Mailing Address 23 W. 73rd Street		Amount of Each Receipt this Period 250.00
City New York	State NY	Zip Code 10023
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Lehman Brothers	Occupation Investor	
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).....▶	1750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Immigrants' List

A. Howard Gordon
Full Name (Last, First, Middle Initial)

Mailing Address 80 John Street
#17-C

City New York State NY Zip Code 10038

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

Name of Employer Fragomen Occupation attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
09 / 11 / 2012
Transaction ID : C7653347

Amount of Each Receipt this Period
750.00

B. Government of the District of Columbia
Full Name (Last, First, Middle Initial)

Mailing Address 1101 4th Street Southwest
#270

City Washington State DC Zip Code 20024

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
07 / 05 / 2012
Transaction ID : C7520758

Amount of Each Receipt this Period
600.00

C. adam green
Full Name (Last, First, Middle Initial)

Mailing Address 6300 wilshire blvd. 1020

City los angeles State CA Zip Code 90048

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

Name of Employer law offices of adam green Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
08 / 01 / 2012
Transaction ID : C7652254

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	1600.00
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 13 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Immigrants' List

A. Denise Hammond
Full Name (Last, First, Middle Initial)

Mailing Address Hammond Immigration Law, P.C.
111 Rockville Pike, Suite 400

City Rockville State MD Zip Code 20850

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

Name of Employer Hammond Immigration Law Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt
08 / 16 / 2012
Transaction ID : C7565464

Amount of Each Receipt this Period
1000.00

B. Mark Ivener
Full Name (Last, First, Middle Initial)

Mailing Address 419 Lombard Avenue
Suite 1250

City Pacific Palisades State CA Zip Code 90272

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

Name of Employer Ivener & Fullmer Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
08 / 01 / 2012
Transaction ID : C7652255

Amount of Each Receipt this Period
250.00

C. Mark Koestler
Full Name (Last, First, Middle Initial)

Mailing Address 44 Random Farms Circle
Kramer Levin

City Chappaqua State NY Zip Code 10514

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

Name of Employer Kramer Levin Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
08 / 06 / 2012
Transaction ID : C7555468

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
Immigrants' List

Full Name (Last, First, Middle Initial) A. Mark Koestler		Date of Receipt MM / DD / YYYY 08 / 16 / 2012 Transaction ID : C7565460
Mailing Address 44 Random Farms Circle Kramer Levin		Amount of Each Receipt this Period 250.00
City Chappaqua	State NY	
Zip Code 10514		Aggregate Year-to-Date ▼ 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer Kramer Levin	Occupation Attorney	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Bruce Morrison		Date of Receipt MM / DD / YYYY 07 / 30 / 2012 Transaction ID : C7535197
Mailing Address 6004 Onondaga Road		Amount of Each Receipt this Period 1000.00
City Bethesda	State MD	
Zip Code 20816		Aggregate Year-to-Date ▼ 1000.00
FEC ID number of contributing federal political committee. C		
Name of Employer Morrison Public Affairs Group	Occupation Chairman	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Tim Murhpy		Date of Receipt MM / DD / YYYY 07 / 20 / 2012 Transaction ID : C7521822
Mailing Address 3838 S. Douglas Road		Amount of Each Receipt this Period 250.00
City Miami	State FL	
Zip Code 33133		Aggregate Year-to-Date ▼ 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer Shuts and Bowen	Occupation Attorney	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 31
	<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"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Immigrants' List

Full Name (Last, First, Middle Initial) A. Karen Musalo		Date of Receipt MM / DD / YYYY 07 / 30 / 2012 Transaction ID : C7652213
Mailing Address 1611 Grant Street		Amount of Each Receipt this Period 200.00
City Berkeley	State CA	Zip Code 94703
FEC ID number of contributing federal political committee. C	Name of Employer UC Hastings	Occupation Attorney
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) B. Ann Naffier		Date of Receipt MM / DD / YYYY 08 / 28 / 2012 Transaction ID : C7575629
Mailing Address 3814 Kingman Blvd		Amount of Each Receipt this Period 300.00
City Des Moines	State IA	Zip Code 50311
FEC ID number of contributing federal political committee. C	Name of Employer Davis, Brown, Koehn, Shors & Roberts	Occupation Attorney
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Jose Perez		Date of Receipt MM / DD / YYYY 08 / 16 / 2012 Transaction ID : C7565461
Mailing Address 2770 SW 23rd Ave		Amount of Each Receipt this Period 1000.00
City Miami	State FL	Zip Code 33133
FEC ID number of contributing federal political committee. C	Name of Employer Information Requested	Occupation Information Requested
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Immigrants' List

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

Mailing Address 2 W Terrace
2 W. Terrace Dr.

City Houston State TX Zip Code 77007

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

Name of Employer Foster Quan Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
09 / 03 / 2012
Transaction ID : C7764859

Amount of Each Receipt this Period
100.00

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

Mailing Address 2 W Terrace
2 W. Terrace Dr.

City Houston State TX Zip Code 77007

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

Name of Employer Foster Quan Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
09 / 08 / 2012
Transaction ID : C7653341

Amount of Each Receipt this Period
500.00

C. Janet Rosenbury
Full Name (Last, First, Middle Initial)

Mailing Address 938 Glen Oaks Terrace

City West Des Moines State IA Zip Code 50266

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 ▼
500.00

Date of Receipt
08 / 28 / 2012
Transaction ID : C7575635

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1100.00

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 17 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Immigrants' List

A. Sharryn Ross
Full Name (Last, First, Middle Initial)

Mailing Address 11 Belmore Terrace

City Jamaica Plain State MA Zip Code 02130

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

Name of Employer Ross Silverman LLP Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 18 / 2012
Transaction ID : C7653350

Amount of Each Receipt this Period
250.00

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

Mailing Address 5500 Interstate N Pkwy Suite 450

City Atlanta State GA Zip Code 30328

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

Name of Employer Dale M Schwartz & Associates LLP Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2012
Transaction ID : C7653323

Amount of Each Receipt this Period
500.00

C. Edward Shohat
Full Name (Last, First, Middle Initial)

Mailing Address 800 Brickell Ave. PHII

City Miami State FL Zip Code 33131

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

Name of Employer Shohat, Loewy & Shohat Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 07 / 2012
Transaction ID : C7555477

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **1000.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 OF 31
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Immigrants' List

Full Name (Last, First, Middle Initial)
A. Rachael Solem

Mailing Address 5 Bacon Street

City Wellesley State MA Zip Code 02482

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

Name of Employer Irving House Corporation Occupation hotelier

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
09 / 22 / 2012
Transaction ID : C7653331

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Margaret Stock

Mailing Address 8537 Cormorant Cove Cir

City Anchorage State AK Zip Code 99507

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

Name of Employer Self-employed Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
09 / 30 / 2012
Transaction ID : C7653324

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
C. Brenda Torpy

Mailing Address 110 Lakeview Road

City South Hero State VT Zip Code 05486

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

Name of Employer Self Occupation Self

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
07 / 05 / 2012
Transaction ID : C7520766

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 800.00

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 19 OF 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
Immigrants' List

A. Dan Vondra
 Full Name (Last, First, Middle Initial)
 Mailing Address 1073 Walker Circle
 City Iowa City State IA Zip Code 52245
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cole and Vondra, LLP Occupation Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 08 / 2012
Transaction ID : C7555476
 Amount of Each Receipt this Period
 250.00

B. Jeffrey Weiner
 Full Name (Last, First, Middle Initial)
 Mailing Address 9130 S. Dodeland Blvd. #1910
 City Miami State FL Zip Code 33156
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self Occupation lawyer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 13 / 2012
Transaction ID : C7563522
 Amount of Each Receipt this Period
 500.00

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	16750.00

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 20 OF 31
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Immigrants' List

A. Hispanics PAC

Full Name (Last, First, Middle Initial)
Mailing Address 4712 78th St

City Urbandale State IA Zip Code 50322

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 31 / 2012

Transaction ID : C7581312

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y

Amount of Each Receipt this Period

C.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Immigrants' List

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address P.O. Box 360001

City Fort Lauderdale State FL Zip Code 33336

Purpose of Disbursement
Credit Card Processing

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 19 / 2012

Transaction ID : D487952

Amount of Each Disbursement this Period

63.30

B. American Express

Mailing Address P.O. Box 360001

City Fort Lauderdale State FL Zip Code 33336

Purpose of Disbursement
Credit Card Processing

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 27 / 2012

Transaction ID : D487953

Amount of Each Disbursement this Period

7.95

C. American Express

Mailing Address P.O. Box 360001

City Fort Lauderdale State FL Zip Code 33336

Purpose of Disbursement
Credit Card Processing

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 20 / 2012

Transaction ID : D489328

Amount of Each Disbursement this Period

45.01

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

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

116.26

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Immigrants' List

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address P.O. Box 360001

City Fort Lauderdale State FL Zip Code 33336

Purpose of Disbursement
Credit Card Processing

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 28 / 2012

Transaction ID : D489329

Amount of Each Disbursement this Period

7.95

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address P.O. Box 360001

City Fort Lauderdale State FL Zip Code 33336

Purpose of Disbursement
Credit Card Processing

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2012

Transaction ID : D491293

Amount of Each Disbursement this Period

5.76

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address P.O. Box 360001

City Fort Lauderdale State FL Zip Code 33336

Purpose of Disbursement
Credit Card Processing

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 27 / 2012

Transaction ID : D491294

Amount of Each Disbursement this Period

7.95

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

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

21.66

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Immigrants' List

Full Name (Last, First, Middle Initial)

A. Authnet Gateway

Mailing Address 1295 Charleston Road

City Mountain View State CA Zip Code 94043

Purpose of Disbursement
Credit Card Processing

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 02 / 2012

Transaction ID : D489327

Amount of Each Disbursement this Period

38.40

Full Name (Last, First, Middle Initial)

B. Authnet Gateway

Mailing Address 1295 Charleston Road

City Mountain View State CA Zip Code 94043

Purpose of Disbursement
Credit Card Processing

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 05 / 2012

Transaction ID : D491290

Amount of Each Disbursement this Period

38.05

Full Name (Last, First, Middle Initial)

C. Authnet Gateway

Mailing Address 1295 Charleston Road

City Mountain View State CA Zip Code 94043

Purpose of Disbursement
Credit Card Processing

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 03 / 2012

Transaction ID : D487951

Amount of Each Disbursement this Period

43.05

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

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

119.50

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Immigrants' List

Full Name (Last, First, Middle Initial)

A. Crossroads Campaigns

Mailing Address 707 H Street, NW, Suite 300

City Washington State DC Zip Code 20001

Purpose of Disbursement
Strategic Consulting Services-September, 2012

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : D489320

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Crossroads Campaigns

Mailing Address 707 H Street, NW, Suite 300

City Washington State DC Zip Code 20001

Purpose of Disbursement
Shipping & Postage Expense

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : D489321

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Crossroads Campaigns

Mailing Address 707 H Street, NW, Suite 300

City Washington State DC Zip Code 20001

Purpose of Disbursement
Strategic Consulting Services-August

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : D487947

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Immigrants' List

Full Name (Last, First, Middle Initial)

A. Crossroads Campaigns

Mailing Address 707 H Street, NW, Suite 300

City Washington State DC Zip Code 20001

Purpose of Disbursement
Strategic Consulting Services-October, 2012

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

09 / 27 / 2012

Transaction ID : D491282

Amount of Each Disbursement this Period

3500.00

Full Name (Last, First, Middle Initial)

B. Cybersource

Mailing Address 1295 Charleston Rd.

City Mountain View State CA Zip Code 94043

Purpose of Disbursement
Credit Card Processing

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

09 / 30 / 2012

Transaction ID : D491286

Amount of Each Disbursement this Period

21.30

Full Name (Last, First, Middle Initial)

C. Cybersource

Mailing Address 1295 Charleston Rd.

City Mountain View State CA Zip Code 94043

Purpose of Disbursement
Credit Card Processing

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

09 / 05 / 2012

Transaction ID : D491288

Amount of Each Disbursement this Period

43.70

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

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

3565.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Immigrants' List

Full Name (Last, First, Middle Initial)

A. Cybersource

Mailing Address 1295 Charleston Rd.

City Mountain View State CA Zip Code 94043

Purpose of Disbursement
Credit Card Processing

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 02 / 2012

Transaction ID : D489325

Amount of Each Disbursement this Period

48.66

Full Name (Last, First, Middle Initial)

B. Cybersource

Mailing Address 1295 Charleston Rd.

City Mountain View State CA Zip Code 94043

Purpose of Disbursement
Credit Card Processing

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2012

Transaction ID : D489326

Amount of Each Disbursement this Period

57.83

Full Name (Last, First, Middle Initial)

C. Cybersource

Mailing Address 1295 Charleston Rd.

City Mountain View State CA Zip Code 94043

Purpose of Disbursement
Credit Card Processing

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 03 / 2012

Transaction ID : D487949

Amount of Each Disbursement this Period

58.40

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

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

164.89

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Immigrants' List

Full Name (Last, First, Middle Initial)

A. Cybersource

Mailing Address 1295 Charleston Rd.

City Mountain View State CA Zip Code 94043

Purpose of Disbursement
Credit Card Processing

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		31		2012

Transaction ID : D487957

Amount of Each Disbursement this Period

65.82

Full Name (Last, First, Middle Initial)

B. Davis Brown Law Firm

Mailing Address 215 10th St # 1300

City Des Moines State IA Zip Code 50309

Purpose of Disbursement
Event Space

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		13		2012

Transaction ID : D489319

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

C. New York Immigration Coalition

Mailing Address 137-139 West 25th Street
12th Floor

City New York State NY Zip Code 10001

Purpose of Disbursement
Security Deposit NY Office

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		09		2012

Transaction ID : D477491

Amount of Each Disbursement this Period

670.00

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

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

1035.82

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Immigrants' List

Full Name (Last, First, Middle Initial)

A. Amy Novick

Mailing Address 1555 Connecticut Ave., NW #200

City Washington State DC Zip Code 20036

Purpose of Disbursement
Office Rent-August, 2012

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 03 / 2012

Transaction ID : D489316

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

B. Amy Novick

Mailing Address 1555 Connecticut Ave., NW #200

City Washington State DC Zip Code 20036

Purpose of Disbursement
Reimbursement for Meals

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 16 / 2012

Transaction ID : D489317

Amount of Each Disbursement this Period

30.40

Full Name (Last, First, Middle Initial)

C. Amy Novick

Mailing Address 1555 Connecticut Ave., NW #200

City Washington State DC Zip Code 20036

Purpose of Disbursement
Office Rent-September, 2012

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 30 / 2012

Transaction ID : D489318

Amount of Each Disbursement this Period

50.00

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

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

130.40

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Immigrants' List

Full Name (Last, First, Middle Initial)

A. PNC Bank

Mailing Address 1913 Massachusetts Avenue, NW

City Washington State DC Zip Code 20036

Purpose of Disbursement
Credit Payment to NGP-VAN

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : D483628

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. SALSA

Mailing Address 1700 Connecticut Ave., NW

City Washington State DC Zip Code 20009

Purpose of Disbursement
Email List Hosting-September

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : D483629

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. SALSA

Mailing Address 1700 Connecticut Ave., NW

City Washington State DC Zip Code 20009

Purpose of Disbursement
Email List Hosting-July

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : D487944

Amount of Each Disbursement this Period

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

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NAME OF COMMITTEE (In Full)
Immigrants' List

Full Name (Last, First, Middle Initial)

A. SALSA

Mailing Address 1700 Connecticut Ave., NW

City Washington State DC Zip Code 20009

Purpose of Disbursement
Email List Hosting-August

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

07 / 31 / 2012

Transaction ID : D487946

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

B. Robin Wallace

Mailing Address 120 W.21st Street
Apt. 215

City New York State NY Zip Code 10011

Purpose of Disbursement
Robin Wallace - Employee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

07 / 26 / 2012

Transaction ID : D478564

Amount of Each Disbursement this Period

2160.50

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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

2460.50

16034.82

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Immigrants' List

Full Name (Last, First, Middle Initial)

A. DUCKWORTH FOR CONGRESS

Mailing Address P.O. BOX 59568

City State Zip Code
SCHAUMBURG IL 60159

Purpose of Disbursement
Contribution

Candidate Name

L. TAMMY DUCKWORTH

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IL District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		13		2012

Transaction ID : D489324

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

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

1000.00

1000.00
