

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

Immigrants' List

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

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

C00430280

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

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

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

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

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 07 01 2009 through 12 31 2009

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

Type or Print Name of Treasurer Mr Ira Kurzban

Signature of Treasurer Electronically Filed by Mr Ira Kurzban Date 04 14 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)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Immigrants' List

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <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>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		49118.68
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	32459.55									
(c) Total Receipts (from Line 19)	22566.01	78042.89								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	55025.56	127161.57								
7. Total Disbursements (from Line 31)	51931.30	124067.31								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	3094.26	3094.26								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
Immigrants' List

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	14178.00	57548.00
(ii) Unitemized	8089.00	20071.34
(iii) TOTAL (add Lines 11(a)(i) and (ii)	22267.00	77619.34
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	22267.00	77619.34
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	280.00	280.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	19.01	143.55
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	22566.01	78042.89
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	22566.01	78042.89

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.....	50931.30	118067.31
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	50931.30	118067.31
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	6000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	51931.30	124067.31
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	51931.30	124067.31

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	22267.00	77619.34
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	22267.00	77619.34
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	50931.30	118067.31
37. Offsets to Operating Expenditures (from Line 15, page 3)	280.00	280.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	50651.30	117787.31

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

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

FOR LINE NUMBER: PAGE 6 / 38
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
Immigrants' List

A. Full Name (Last, First, Middle Initial)
Royal Berg

Mailing Address 33 N. La Salle Street
Suite 2300

City Chicago State IL Zip Code 60602

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

Name of Employer Self employed Occupation Attorney

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 07 / 2009

Transaction ID: C3611123

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Royal Berg

Mailing Address 33 N. La Salle Street
Suite 2300

City Chicago State IL Zip Code 60602

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

Name of Employer Self employed Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 03 / 2009

Transaction ID: C4019763

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
barry berke

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

City New York State NY Zip Code 10011

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

Name of Employer Kramer Levin et al Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 17 / 2009

Transaction ID: C3994740

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶ **850.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 38
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Immigrants' List

A. Full Name (Last, First, Middle Initial)
Roberta Freedman

Mailing Address 10701 Margate Rd.

City State Zip Code
Silver Spring MD 20901

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Clark Hill PLC Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
07 / 10 / 2009

Transaction ID: C3613149

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Maurice Goldman

Mailing Address 1726 W. Windgate Place

City State Zip Code
Tucson AZ 85737

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Goldman & Goldman, PC Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
08 / 13 / 2009

Transaction ID: C3758433

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Malia Kaiser

Mailing Address 9339 Appolds Road

City State Zip Code
Rocky Ridge MD 21778

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Merit Building Inc. Comptroller

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
07 / 29 / 2009

Transaction ID: C3679203

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional) 6000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 38
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Immigrants' List

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

Mailing Address 44 Random Farms Circle
Kramer Levin

City Chappaqua State NY Zip Code 10514

FEC ID number of contributing federal political committee. C

Name of Employer Kramer Levin Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 07 / 2009
Transaction ID: C3611006
 Amount of Each Receipt this Period 50.00

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

Mailing Address 44 Random Farms Circle
Kramer Levin

City 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 ▼ 350.00

Date of Receipt 10 / 01 / 2009
Transaction ID: C3908088
 Amount of Each Receipt this Period 100.00

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

Mailing Address 44 Random Farms Circle
Kramer Levin

City 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 ▼ 350.00

Date of Receipt 12 / 08 / 2009
Transaction ID: C4019762
 Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) 250.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 38
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Immigrants' List

A.	Full Name (Last, First, Middle Initial) Magda Montiel Davis	Date of Receipt MM / DD / YYYY 11 / 20 / 2009
	Mailing Address 111 N.E. First Street, 5th Floor	Transaction ID: C3996681
	City State Zip Code Miami FL 33132	Amount of Each Receipt this Period 526.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Montiel Davis & Fonte, P.A. Occupation Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 876.00	

B.	Full Name (Last, First, Middle Initial) Michael Ratner	Date of Receipt MM / DD / YYYY 09 / 04 / 2009
	Mailing Address 124 Washington Place	Transaction ID: C3772875
	City State Zip Code NY NY 10014	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer SEF Occupation AUTHOR Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Ted Ruthizer	Date of Receipt MM / DD / YYYY 10 / 01 / 2009
	Mailing Address 522 West End Avenue Apt. 10A	Transaction ID: C3908090
	City State Zip Code New York NY 10024	Amount of Each Receipt this Period 305.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Kramer Levin Naftalis & Frankel LLP Occupation Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2805.00	

SUBTOTAL of Receipts This Page (optional)	1081.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 38
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Immigrants' List

A.	Full Name (Last, First, Middle Initial) Denyse Sabagh		Date of Receipt MM / DD / YYYY 11 / 05 / 2009		
	Mailing Address 1728 Lamont St NW N.W.		Transaction ID: C3992248		
	City Washington	State DC	Zip Code 20010-2602	Amount of Each Receipt this Period 1500.00	
	FEC ID number of contributing federal political committee. C		Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
	Name of Employer Duane Morris		Occupation attorney	Aggregate Year-to-Date ▼ 5000.00	

B.	Full Name (Last, First, Middle Initial) David Schultz		Date of Receipt MM / DD / YYYY 10 / 01 / 2009		
	Mailing Address 11 Riverside Dr Apt 10SW		Transaction ID: C3908097		
	City New York	State NY	Zip Code 10023-3084	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	Name of Employer Levin Sullivan		Occupation attorney	Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Marcine Seid		Date of Receipt MM / DD / YYYY 09 / 17 / 2009		
	Mailing Address 1530 The Alameda #310 Suite 310		Transaction ID: C3905912		
	City San Jose	State CA	Zip Code 95126	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	Name of Employer Self employed		Occupation Attorney	Aggregate Year-to-Date ▼ 1647.00	

SUBTOTAL of Receipts This Page (optional)	▶	2300.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 38
(check only one)

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

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NAME OF COMMITTEE (In Full)
Immigrants' List

<p>A. Full Name (Last, First, Middle Initial) Marcine Seid</p> <p>Mailing Address 1530 The Alameda #310 Suite 310</p> <p>City State Zip Code San Jose CA 95126</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self employed Occupation Self employed Attorney</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1647.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2009</p> <p>Transaction ID: C3905951</p> <p>Amount of Each Receipt this Period 290.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Marcine Seid</p> <p>Mailing Address 1530 The Alameda #310 Suite 310</p> <p>City State Zip Code San Jose CA 95126</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self employed Occupation Self employed Attorney</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1647.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2009</p> <p>Transaction ID: C3905949</p> <p>Amount of Each Receipt this Period 357.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Mary Stasciotti</p> <p>Mailing Address 763 Endicott Road</p> <p>City State Zip Code Highwood IL 60040</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self Employed Occupation Self Employed Attorney</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 07 / 10 / 2009</p> <p>Transaction ID: C3613156</p> <p>Amount of Each Receipt this Period 300.00</p>
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SUBTOTAL of Receipts This Page (optional)	947.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 38
(check only one)

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

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NAME OF COMMITTEE (In Full)
Immigrants' List

A.

Full Name (Last, First, Middle Initial) Francis Siciliano		Date of Receipt MM / DD / YYYY 08 / 17 / 2009	
Mailing Address 160 Nevada Avenue		Transaction ID: C3759250	
City Palo Alto	State CA	Zip Code 94301	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Stanford University	Occupation Law Faculty		
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

B.

Full Name (Last, First, Middle Initial) Richard Steel		Date of Receipt MM / DD / YYYY 07 / 21 / 2009	
Mailing Address 440 S. Broad St. Apt. 2206		Transaction ID: C3897106	
City Philadelphia	State PA	Zip Code 19146	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Steel Rudnick and Ruben	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

C.

Full Name (Last, First, Middle Initial) Steven Weinger		Date of Receipt MM / DD / YYYY 10 / 15 / 2009	
Mailing Address 1881 S. Bayshore Drive		Transaction ID: C3984081	
City Miami	State FL	Zip Code 33133	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Kurzban, Kurzban, Weinger & Tetzeli	Occupation lawyer		
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)	1750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 13 / 38	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Immigrants' List

A.

Full Name (Last, First, Middle Initial) Vera Weisz		Date of Receipt	
Mailing Address 9911 W Pico Blvd		M M / D D / Y Y Y Y 07 / 02 / 2009	
City	State	Zip Code	Transaction ID: C3556614
Los Angeles	CA	90035	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		1000.00	
Name of Employer Law Office of Vera A Weisz		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)	1000.00
TOTAL This Period (last page this line number only)	14178.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 14 / 38	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Immigrants' List

A.	Full Name (Last, First, Middle Initial) Immigrants List Civic Action		Date of Receipt	
	Mailing Address 1555 Connecticut Ave		M M / D D / Y Y Y Y 09 / 03 / 2009	
	City	State	Zip Code	Transaction ID: C3897100
	Washington	DC	20036	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		C	280.00
	Name of Employer		Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	280.00	

SUBTOTAL of Receipts This Page (optional)	▶	280.00
TOTAL This Period (last page this line number only)	▶	280.00

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Immigrants' List

A. Full Name (Last, First, Middle Initial) American Express Mailing Address P.O. Box 360001	Transaction ID: D261164 Date of Disbursement 07 / 20 / 2009	
	Amount of Each Disbursement this Period 43.38	
City Fort 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: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

B. Full Name (Last, First, Middle Initial) American Express Mailing Address P.O. Box 360001	Transaction ID: D286256 Date of Disbursement 08 / 19 / 2009	
	Amount of Each Disbursement this Period 151.19	
City Fort Lauderdale State FL Zip Code 33336 Purpose of Disbursement Credit card 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) ▼	Category/Type	

C. Full Name (Last, First, Middle Initial) American Express Mailing Address P.O. Box 360001	Transaction ID: D286663 Date of Disbursement 09 / 01 / 2009	
	Amount of Each Disbursement this Period 31.42	
City Fort Lauderdale State FL Zip Code 33336 Purpose of Disbursement credit card 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) ▼	Category/Type	

SUBTOTAL of Disbursements This Page (optional) ▶	225.99
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

PAGE 16 / 38

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

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NAME OF COMMITTEE (In Full)
Immigrants' List

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D286664 Date of Disbursement																			
	Mailing Address P.O. Box 360001	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td>/</td><td>0</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	0	1	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0	/	0	1	/	2	0	0	9												
	City State Zip Code Fort Lauderdale FL 33336	Amount of Each Disbursement this Period																			
	Purpose of Disbursement credit card processing fee	<table border="1"><tr><td>14.33</td></tr></table>	14.33																		
14.33																					
	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) American Express	Transaction ID: D286666 Date of Disbursement																			
	Mailing Address P.O. Box 360001	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>1</td><td>/</td><td>0</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	1	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1	/	0	1	/	2	0	0	9												
	City State Zip Code Fort Lauderdale FL 33336	Amount of Each Disbursement this Period																			
	Purpose of Disbursement credit card processing fee	<table border="1"><tr><td>2.95</td></tr></table>	2.95																		
2.95																					
	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) American Express	Transaction ID: D286667 Date of Disbursement																			
	Mailing Address P.O. Box 360001	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td>/</td><td>0</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	0	1	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2	/	0	1	/	2	0	0	9												
	City State Zip Code Fort Lauderdale FL 33336	Amount of Each Disbursement this Period																			
	Purpose of Disbursement credit card processing fee	<table border="1"><tr><td>23.92</td></tr></table>	23.92																		
23.92																					
	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)	<table border="1"><tr><td>41.20</td></tr></table>	41.20
41.20		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td> </td></tr></table>	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Immigrants' List

A.	Full Name (Last, First, Middle Initial) Robert Baird	Transaction ID: D286365 Date of Disbursement 09 / 11 / 2009
	Mailing Address 3301 16th Street, NW	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20010	
	Purpose of Disbursement web tech support	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) Robert Baird	Transaction ID: D286366 Date of Disbursement 07 / 30 / 2009
	Mailing Address 3301 16th Street, NW	Amount of Each Disbursement this Period 50.00
	City Washington State DC Zip Code 20010	
	Purpose of Disbursement postage, taxi	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) Blue State Digital	Transaction ID: D261046 Date of Disbursement 07 / 02 / 2009
	Mailing Address 734 15th street	Amount of Each Disbursement this Period 7354.90
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement web hosting - Feb-July 09	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)	8404.90
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 18 / 38

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

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NAME OF COMMITTEE (In Full)
Immigrants' List

A. Full Name (Last, First, Middle Initial) Blue State Digital Mailing Address 734 15th street	Transaction ID: D286267 Date of Disbursement 08 / 24 / 2009	
	City Washington State DC Zip Code 20005 Purpose of Disbursement web hosting Candidate Name	Amount of Each Disbursement this Period 1224.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B. Full Name (Last, First, Middle Initial) Blue State Digital Mailing Address 734 15th street	Transaction ID: D286352 Date of Disbursement 09 / 25 / 2009	
	City Washington State DC Zip Code 20005 Purpose of Disbursement web hosting - Sept Candidate Name	Amount of Each Disbursement this Period 1261.70
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C. Full Name (Last, First, Middle Initial) Blue State Digital Mailing Address 734 15th street	Transaction ID: D286353 Date of Disbursement 11 / 18 / 2009	
	City Washington State DC Zip Code 20005 Purpose of Disbursement web hosting - Nov Candidate Name	Amount of Each Disbursement this Period 1150.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3635.80
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Immigrants' List

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Crossroads Campaigns</p> <p>Mailing Address 707 H Street, NW, Suite 300</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement consulting fee- Sept</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: D286346</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="04"/> / <input type="text" value="20"/> <input type="text" value="09"/></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) Crossroads Campaigns</p> <p>Mailing Address 707 H Street, NW, Suite 300</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement consulting fee - Sept</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: D286347</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="25"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Crossroads Campaigns</p> <p>Mailing Address 707 H Street, NW, Suite 300</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement consulting - Dec</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: D286348</p> <p>Date of Disbursement</p> <p><input type="text" value="12"/> <input type="text" value="21"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1250.00"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3250.00"/>
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)

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

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NAME OF COMMITTEE (In Full)
Immigrants' List

A.	Full Name (Last, First, Middle Initial) Crossroads Campaigns	Transaction ID: D286349 Date of Disbursement
	Mailing Address 707 H Street, NW, Suite 300	<input type="text" value="12"/> / <input type="text" value="09"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20001	Amount of Each Disbursement this Period
	Purpose of Disbursement consulting fee - Oct & Nov	<input type="text" value="5000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Cybersource	Transaction ID: D286262 Date of Disbursement
	Mailing Address 1295 Charleston Rd.	<input type="text" value="08"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City Mountain View State CA Zip Code 94043	Amount of Each Disbursement this Period
	Purpose of Disbursement credit card processing fees	<input type="text" value="73.54"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Cybersource	Transaction ID: D261045 Date of Disbursement
	Mailing Address 1295 Charleston Rd.	<input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2009"/>
	City Mountain View State CA Zip Code 94043	Amount of Each Disbursement this Period
	Purpose of Disbursement credit card processing fees	<input type="text" value="38.85"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="5112.39"/>
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)
Immigrants' List

A.	Full Name (Last, First, Middle Initial) Cybersource	Transaction ID: D261162 Date of Disbursement
	Mailing Address 1295 Charleston Rd.	<input type="text" value="07"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Mountain View State CA Zip Code 94043	Amount of Each Disbursement this Period
	Purpose of Disbursement return contribution- AG#1 Candidate Name	<input type="text" value="1000.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Cybersource	Transaction ID: D261163 Date of Disbursement
	Mailing Address 1295 Charleston Rd.	<input type="text" value="07"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Mountain View State CA Zip Code 94043	Amount of Each Disbursement this Period
	Purpose of Disbursement return contribution - AG #2 Candidate Name	<input type="text" value="1000.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Cybersource	Transaction ID: D286668 Date of Disbursement
	Mailing Address 1295 Charleston Rd.	<input type="text" value="09"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Mountain View State CA Zip Code 94043	Amount of Each Disbursement this Period
	Purpose of Disbursement credit card processing fee Candidate Name	<input type="text" value="34.21"/>
	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="2034.21"/>
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 22 / 38

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

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NAME OF COMMITTEE (In Full)
Immigrants' List

A.	Full Name (Last, First, Middle Initial) Cybersource	Transaction ID: D286669 Date of Disbursement
	Mailing Address 1295 Charleston Rd.	<input type="text" value="10"/> / <input type="text" value="20"/> / <input type="text" value="2009"/>
	City Mountain View State CA Zip Code 94043	Amount of Each Disbursement this Period
	Purpose of Disbursement credit card processing fee	<input type="text" value="36.21"/>
	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) Cybersource	Transaction ID: D286670 Date of Disbursement
	Mailing Address 1295 Charleston Rd.	<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City Mountain View State CA Zip Code 94043	Amount of Each Disbursement this Period
	Purpose of Disbursement credit card processing fee	<input type="text" value="35.70"/>
	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) Cybersource	Transaction ID: D286671 Date of Disbursement
	Mailing Address 1295 Charleston Rd.	<input type="text" value="12"/> / <input type="text" value="20"/> / <input type="text" value="2009"/>
	City Mountain View State CA Zip Code 94043	Amount of Each Disbursement this Period
	Purpose of Disbursement credit card processing fee	<input type="text" value="31.89"/>
	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)

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Immigrants' List

<p>A.</p> <p>Full Name (Last, First, Middle Initial) DC Treasurer</p> <p>Mailing Address 1350 Pennsylvania Ave. NW</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement corporate taxes 2007 - penalty</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: D286272</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="87.51"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) IRS</p> <p>Mailing Address Unknown</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement 2008 penalty & Interest</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: D257903</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="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="142.87"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) IRS</p> <p>Mailing Address Unknown</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement 2007 interest</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: D257905</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="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="43.63"/></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)

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

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NAME OF COMMITTEE (In Full)
Immigrants' List

A.	Full Name (Last, First, Middle Initial) Amy Novick	Transaction ID: D257904 Date of Disbursement 07 / 06 / 2009
	Mailing Address 1555 Connecticut Ave., NW #200	Amount of Each Disbursement this Period 660.00
	City Washington State DC Zip Code 20036	
	Purpose of Disbursement rent-July	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Amy Novick	Transaction ID: D286266 Date of Disbursement 08 / 01 / 2009
	Mailing Address 1555 Connecticut Ave., NW #200	Amount of Each Disbursement this Period 660.00
	City Washington State DC Zip Code 20036	
	Purpose of Disbursement rent- August	
	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) Amy Novick	Transaction ID: D286268 Date of Disbursement 09 / 01 / 2009
	Mailing Address 1555 Connecticut Ave., NW #200	Amount of Each Disbursement this Period 660.00
	City Washington State DC Zip Code 20036	
	Purpose of Disbursement rent- September	
	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)	▶	1980.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Immigrants' List

<p>A. Full Name (Last, First, Middle Initial) Amy Novick</p> <p>Mailing Address 1555 Connecticut Ave., NW #200</p> <p>City Washington State DC Zip Code 20036</p> <p>Purpose of Disbursement rent- October</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: D286269</p> <p>Date of Disbursement 10 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 200.00</p>
<p>B. Full Name (Last, First, Middle Initial) Amy Novick</p> <p>Mailing Address 1555 Connecticut Ave., NW #200</p> <p>City Washington State DC Zip Code 20036</p> <p>Purpose of Disbursement rent- November</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: D286270</p> <p>Date of Disbursement 11 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 200.00</p>
<p>C. Full Name (Last, First, Middle Initial) Amy Novick</p> <p>Mailing Address 1555 Connecticut Ave., NW #200</p> <p>City Washington State DC Zip Code 20036</p> <p>Purpose of Disbursement rent- December</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: D286271</p> <p>Date of Disbursement 12 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 200.00</p>

SUBTOTAL of Disbursements This Page (optional)	600.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Immigrants' List

A.	Full Name (Last, First, Middle Initial) Amy Novick	Transaction ID: D286359 Date of Disbursement 12 / 01 / 2009
	Mailing Address 1555 Connecticut Ave., NW #200	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20036	
	Purpose of Disbursement consulting fee Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Amy Novick	Transaction ID: D286360 Date of Disbursement 11 / 01 / 2009
	Mailing Address 1555 Connecticut Ave., NW #200	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20036	
	Purpose of Disbursement consulting fee 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) Amy Novick	Transaction ID: D286361 Date of Disbursement 10 / 01 / 2009
	Mailing Address 1555 Connecticut Ave., NW #200	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20036	
	Purpose of Disbursement consulting fee 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)	3000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Immigrants' List

A.	Full Name (Last, First, Middle Initial) PAYCHEX	Transaction ID: D286672
	Mailing Address 3036 Williams Drive, Suite 200	Date of Disbursement 12 / 01 / 2009
	City Fairfax State VA Zip Code 22031	Amount of Each Disbursement this Period 41.24
	Purpose of Disbursement payroll 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) PAYCHEX	Transaction ID: D286673
	Mailing Address 3036 Williams Drive, Suite 200	Date of Disbursement 11 / 30 / 2009
	City Fairfax State VA Zip Code 22031	Amount of Each Disbursement this Period 5.82
	Purpose of Disbursement payroll fees	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) PAYCHEX	Transaction ID: D286674
	Mailing Address 3036 Williams Drive, Suite 200	Date of Disbursement 10 / 30 / 2009
	City Fairfax State VA Zip Code 22031	Amount of Each Disbursement this Period 71.64
	Purpose of Disbursement payroll fees	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)	118.70
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Immigrants' List

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

SUBTOTAL of Disbursements This Page (optional)	426.66
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Immigrants' List

A. Full Name (Last, First, Middle Initial) Westend Press Mailing Address 6130 Brandon Avenue City Springfield State VA Zip Code 22150 Purpose of Disbursement printing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: D286351 Date of Disbursement 09 / 01 / 2009
	Amount of Each Disbursement this Period 293.00
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

B. Full Name (Last, First, Middle Initial) Wired for Change Mailing Address 1700 Connecticut Ave., NW City Washington State DC Zip Code 20009 Purpose of Disbursement web hosting set up & Dec Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: D286357 Date of Disbursement 11 / 18 / 2009
	Amount of Each Disbursement this Period 1300.00
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

C. Full Name (Last, First, Middle Initial) Wired for Change Mailing Address 1700 Connecticut Ave., NW City Washington State DC Zip Code 20009 Purpose of Disbursement web hosting - Dec Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: D286358 Date of Disbursement 12 / 06 / 2009
	Amount of Each Disbursement this Period 300.00
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	1893.00
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Immigrants' List

A.	Full Name (Last, First, Middle Initial) PNC Bank	Transaction ID: D261041 Date of Disbursement
	Mailing Address 1913 Massachusetts Avenue, NW	<input type="text" value="07"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period
	Purpose of Disbursement mastercard payment	<input type="text" value="123.92"/>
	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) Freeman Decorating	Transaction ID: D261043 Date of Disbursement
	Mailing Address P.O. 660613	<input type="text" value="07"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Dallas State TX Zip Code 75266	Amount of Each Disbursement this Period
	Purpose of Disbursement exhibiting	<input type="text" value="116.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) PAYCHEX	Transaction ID: D261047 Date of Disbursement
	Mailing Address 3036 Williams Drive, Suite 200	<input type="text" value="07"/> <input type="text" value="31"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Fairfax State VA Zip Code 22031	Amount of Each Disbursement this Period
	Purpose of Disbursement payroll	<input type="text" value="5382.50"/>
	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) ▶

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Immigrants' List

A.	Full Name (Last, First, Middle Initial) IRS	Transaction ID: D261049 Date of Disbursement 07 / 31 / 2009
	Mailing Address Unknown	Amount of Each Disbursement this Period 1765.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement payroll taxes	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Maryland Comptroller	Transaction ID: D286696 Date of Disbursement 07 / 30 / 2009
	Mailing Address PO Box 17132	Amount of Each Disbursement this Period 600.00
	City Baltimore State MD Zip Code 21297-0175	
	Purpose of Disbursement payroll taxes	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Amy Novick	Transaction ID: D261048 Date of Disbursement 07 / 31 / 2009
	Mailing Address 1555 Connecticut Ave., NW #200	Amount of Each Disbursement this Period 3017.50
	City Washington State DC Zip Code 20036	
	Purpose of Disbursement salary	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Immigrants' List

A.	Full Name (Last, First, Middle Initial) PNC Bank	Transaction ID: D286255 Date of Disbursement
	Mailing Address 1913 Massachusetts Avenue, NW	<input type="text" value="08"/> / <input type="text" value="25"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period
	Purpose of Disbursement mastercard	<input type="text" value="763.47"/>
	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) NGP Software, Inc.	Transaction ID: D261161 Date of Disbursement
	Mailing Address 1225 Eye St., NW	<input type="text" value="08"/> / <input type="text" value="03"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement web site fee	<input type="text" value="750.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) PAYCHEX	Transaction ID: D286257 Date of Disbursement
	Mailing Address 3036 Williams Drive, Suite 200	<input type="text" value="08"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City Fairfax State VA Zip Code 22031	Amount of Each Disbursement this Period
	Purpose of Disbursement payroll	<input type="text" value="5382.50"/>
	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="6145.97"/>
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)
Immigrants' List

A.	Full Name (Last, First, Middle Initial) IRS Mailing Address Unknown City Washington State DC Zip Code 20002 Purpose of Disbursement payroll taxes Candidate Name 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: D286259 Date of Disbursement 08 / 30 / 2009	Amount of Each Disbursement this Period 1765.00 [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) Maryland Comptroller Mailing Address PO Box 17132 City Baltimore State MD Zip Code 21297-0175 Purpose of Disbursement payroll taxes Candidate Name 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: D286693 Date of Disbursement 08 / 30 / 2009	Amount of Each Disbursement this Period 600.00 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Amy Novick Mailing Address 1555 Connecticut Ave., NW #200 City Washington State DC Zip Code 20036 Purpose of Disbursement salary Candidate Name 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: D286258 Date of Disbursement 08 / 30 / 2009	Amount of Each Disbursement this Period 3017.50 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Immigrants' List

<p>A. Full Name (Last, First, Middle Initial) Amy Novick</p> <p>Mailing Address 1555 Connecticut Ave., NW #200</p> <p>City Washington State DC Zip Code 20036</p> <p>Purpose of Disbursement reimbursement</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: D286273</p> <p>Date of Disbursement 09 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 178.86</p>
<p>B. Full Name (Last, First, Middle Initial) Amy Novick</p> <p>Mailing Address 1555 Connecticut Ave., NW #200</p> <p>City Washington State DC Zip Code 20036</p> <p>Purpose of Disbursement web hosting</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: D286354</p> <p>Date of Disbursement 10 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 1150.00</p>
<p>C. Full Name (Last, First, Middle Initial) Blue State Digital</p> <p>Mailing Address 734 15th street</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement web hosting - Oct</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: D286355</p> <p>Date of Disbursement 10 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 1150.00</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1328.86

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Immigrants' List

A.	Full Name (Last, First, Middle Initial) PAYCHEX	Transaction ID: D286676 Date of Disbursement 09 / 30 / 2009
	Mailing Address 3036 Williams Drive, Suite 200	Amount of Each Disbursement this Period 5382.50
	City State Zip Code Fairfax VA 22031	
	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) IRS	Transaction ID: D286685 Date of Disbursement 09 / 30 / 2009
	Mailing Address Unknown	Amount of Each Disbursement this Period 1765.00
	City State Zip Code Washington DC 20002	
	Purpose of Disbursement Payroll taxes	
	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) Maryland Comptroller	Transaction ID: D286688 Date of Disbursement 09 / 30 / 2009
	Mailing Address PO Box 17132	Amount of Each Disbursement this Period 600.00
	City State Zip Code Baltimore MD 21297-0175	
	Purpose of Disbursement Payroll taxes	
	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)	5382.50
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Immigrants' List

A.	Full Name (Last, First, Middle Initial) Amy Novick	Transaction ID: D286681 Date of Disbursement 09 / 30 / 2009
	Mailing Address 1555 Connecticut Ave., NW #200	Amount of Each Disbursement this Period 3017.50
	City Washington State DC Zip Code 20036	
	Purpose of Disbursement salary	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) PNC Bank	Transaction ID: D286701 Date of Disbursement 11 / 30 / 2009
	Mailing Address 1913 Massachusetts Avenue, NW	Amount of Each Disbursement this Period 755.16
	City Washington State DC Zip Code 20036	
	Purpose of Disbursement mastercard	
	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) NGP Software, Inc.	Transaction ID: D286703 Date of Disbursement 11 / 30 / 2009
	Mailing Address 1225 Eye St., NW	Amount of Each Disbursement this Period 750.00
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement web site fee	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	755.16
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Immigrants' List

A.

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

Transaction ID: D286702

Date of Disbursement

Mailing Address 1913 Massachusetts Avenue, NW

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

City Washington State DC Zip Code 20036

Amount of Each Disbursement this Period

39.47

Purpose of Disbursement
mastercard

--

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

39.47

TOTAL This Period (last page this line number only)

50259.04

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Immigrants' List

A.	Full Name (Last, First, Middle Initial) Eric Massa For Congress	Transaction ID: D261050 Date of Disbursement
	Mailing Address 60 East Market Street Suite 244	<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City Corning State NY Zip Code 14830	Amount of Each Disbursement this Period
	Purpose of Disbursement contribution to committee	<input type="text" value="500.00"/>
	Candidate Name Eric Massa	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 29	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Quigley for Congress	Transaction ID: D261051 Date of Disbursement
	Mailing Address 500 N. Clark #3008	<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City Chicago State IL Zip Code 60654	Amount of Each Disbursement this Period
	Purpose of Disbursement contribution to campaign	<input type="text" value="500.00"/>
	Candidate Name Quigley for Congress	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 05	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)