



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Americans for Legal Immigration PAC

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		11384.48
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	16346.16									
(c) Total Receipts (from Line 19) .....	15203.47	50008.81								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	31549.63	61393.29								
7. Total Disbursements (from Line 31) .....	30279.27	60122.93								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	1270.36	1270.36								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
Americans for Legal Immigration PAC

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

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	4150.00	17050.00
(i) Itemized (use Schedule A) .....	11053.47	32169.97
(ii) Unitemized .....	15203.47	49219.97
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	15203.47	49219.97
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	788.84
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	15203.47	50008.81
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	15203.47	50008.81

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	30279.27	58922.93
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	30279.27	58922.93
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	1200.00
(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	1200.00
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))..	30279.27	60122.93
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	30279.27	60122.93

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	15203.47	49219.97
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	1200.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	15203.47	48019.97
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	30279.27	58922.93
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	788.84
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	30279.27	58134.09

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

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

FOR LINE NUMBER: PAGE 6 / 32  
(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)  
Americans for Legal Immigration PAC

**A.** Full Name (Last, First, Middle Initial)  
Michael Amos

Mailing Address 8455 Laurel Lakes Blvd.

City State Zip Code  
Naples FL 34119

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 ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 0 8

**Transaction ID:** SA11AI.7969

Amount of Each Receipt this Period  
300.00

C

**B.** Full Name (Last, First, Middle Initial)  
Linda Bridwell

Mailing Address 10695 Loire Ave

City State Zip Code  
San Diego CA 92131

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

Name of Employer self Occupation homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 0 8

**Transaction ID:** SA11AI.8150

Amount of Each Receipt this Period  
100.00

C

**C.** Full Name (Last, First, Middle Initial)  
Donald Crays

Mailing Address 912 Avenida Salvador

City State Zip Code  
San Clemente CA 92672

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 5 / 2 0 0 8

**Transaction ID:** SA11AI.8274

Amount of Each Receipt this Period  
250.00

Ck

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **650.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) K S Cromer	Date of Receipt MM / DD / YYYY 04 / 01 / 2008
	Mailing Address 4342 Provinceline Rd	<b>Transaction ID:</b> SA11AI.8002
	City State Zip Code Princeton NJ 08540	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	C
	Name of Employer Self Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) K S Cromer	Date of Receipt MM / DD / YYYY 05 / 01 / 2008
	Mailing Address 4342 Provinceline Rd	<b>Transaction ID:</b> SA11AI.8080
	City State Zip Code Princeton NJ 08540	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	C
	Name of Employer Self Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) K S Cromer	Date of Receipt MM / DD / YYYY 05 / 21 / 2008
	Mailing Address 4342 Provinceline Rd	<b>Transaction ID:</b> SA11AI.8104
	City State Zip Code Princeton NJ 08540	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	C
	Name of Employer Self Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>300.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 32

(check only one)

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

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

**A.**

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

Mailing Address 4342 Provinceline Rd

City State Zip Code  
Princeton NJ 08540

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

Name of Employer Self Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
950.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 12 / 2008

Transaction ID: SA11AI.8130

Amount of Each Receipt this Period

50.00

C

**B.**

Full Name (Last, First, Middle Initial)  
Kenneth Davis

Mailing Address PO Box 999

City State Zip Code  
Fort Worth TX 76101

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

Name of Employer Great Western Drilling Occupation Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 02 / 2008

Transaction ID: SA11AI.8118

Amount of Each Receipt this Period

1000.00

C

**C.**

Full Name (Last, First, Middle Initial)  
Grace Fritzingler

Mailing Address 244 S Muirfield Road

City State Zip Code  
Los Angeles CA 90004

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

Name of Employer Best Effort Occupation Best Effort

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 05 / 2008

Transaction ID: SA11AI.8123

Amount of Each Receipt this Period

500.00

C

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

1550.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 32  
(check only one)

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

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

**A.**

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

Mailing Address 12901 Blue Lane

City State Zip Code  
Silver Springs MD 20906

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

Name of Employer Compliance, Inc. Occupation General Worker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
04 / 01 / 2008

**Transaction ID:** SA11AI.7996

Amount of Each Receipt this Period  
200.00

C

**B.**

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

Mailing Address 12901 Blue Lane

City State Zip Code  
Silver Springs MD 20906

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

Name of Employer Compliance, Inc. Occupation General Worker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
MM / DD / YYYY  
05 / 22 / 2008

**Transaction ID:** SA11AI.8108

Amount of Each Receipt this Period  
500.00

C

**C.**

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

Mailing Address 10 Johnson Ranch Rd

City State Zip Code  
Little Rock AR 72212

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

Name of Employer Best Effort Occupation Best Effort

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2008

**Transaction ID:** SA11AI.8331

Amount of Each Receipt this Period  
250.00

Ck

**SUBTOTAL** of Receipts This Page (optional) ..... ► **950.00**

**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 / 32  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
David Manning

Mailing Address 5841 Dahlberg Dr.

City Raleigh State NC Zip Code 27603

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

Name of Employer Self Occupation Contractor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 25 / 2008

Transaction ID: SA11AI.8323

Amount of Each Receipt this Period 100.00

Ck

**B.** Full Name (Last, First, Middle Initial)  
David Manning

Mailing Address 5841 Dahlberg Dr.

City Raleigh State NC Zip Code 27603

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

Name of Employer Self Occupation Contractor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 05 / 15 / 2008

Transaction ID: SA11AI.8352

Amount of Each Receipt this Period 100.00

Ck

**C.** Full Name (Last, First, Middle Initial)  
David Manning

Mailing Address 5841 Dahlberg Dr.

City Raleigh State NC Zip Code 27603

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

Name of Employer Self Occupation Contractor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 23 / 2008

Transaction ID: SA11AI.8400

Amount of Each Receipt this Period 100.00

Ck

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 300.00

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

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

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

FOR LINE NUMBER: PAGE 11 / 32  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Kenneth Mendenhall

Mailing Address PO Box 11930

City State Zip Code  
Glendale AZ 85318

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

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
04 / 04 / 2008

**Transaction ID:** SA11AI.8031

Amount of Each Receipt this Period  
300.00

C

**B.** Full Name (Last, First, Middle Initial)  
Michael Miller

Mailing Address 4402 Boxwood Road

City State Zip Code  
Bethesda MD 20816

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

Name of Employer Occupation  
Best Effort Best Effort

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
MM / DD / YYYY  
04 / 11 / 2008

**Transaction ID:** SA11AI.8235

Amount of Each Receipt this Period  
100.00

Ck

**SUBTOTAL** of Receipts This Page (optional) ..... ► **400.00**

**TOTAL** This Period (last page this line number only) ..... ► **4150.00**

# 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)  
Americans for Legal Immigration PAC

A.	Full Name (Last, First, Middle Initial) Alltel Wireless	Transaction ID: SB21B.7788 Date of Disbursement
	Mailing Address: Build 4, 5th Floor, One Allied Dr 800-255-8351	<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City: Little Rock State: AR Zip Code: 72202	Amount of Each Disbursement this Period
	Purpose of Disbursement: Cell Phone Service	<input type="text" value="145.01"/>
	Candidate Name: _____	Category/Type: <input type="text"/>
	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) Alltel Wireless	Transaction ID: SB21B.7820 Date of Disbursement
	Mailing Address: Build 4, 5th Floor, One Allied Dr 800-255-8351	<input type="text" value="05"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City: Little Rock State: AR Zip Code: 72202	Amount of Each Disbursement this Period
	Purpose of Disbursement: Cell Phone Service	<input type="text" value="148.35"/>
	Candidate Name: _____	Category/Type: <input type="text"/>
	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) Alltel Wireless	Transaction ID: SB21B.7852 Date of Disbursement
	Mailing Address: Build 4, 5th Floor, One Allied Dr 800-255-8351	<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City: Little Rock State: AR Zip Code: 72202	Amount of Each Disbursement this Period
	Purpose of Disbursement: Cell Phone Service	<input type="text" value="92.37"/>
	Candidate Name: _____	Category/Type: <input type="text"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: _____ District: _____	<input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="385.73"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 13 / 32

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

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

A.	Full Name (Last, First, Middle Initial) Authorize Net Corporation	Transaction ID: SB21B.7765 Date of Disbursement
	Mailing Address 915 S. 500 E. Ste. 200	<input type="text" value="04"/> <input type="text" value="03"/> / <input type="text" value="2008"/>
	City American Fork State VT Zip Code 84003	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="50.00"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Authorize Net Corporation	Transaction ID: SB21B.7798 Date of Disbursement
	Mailing Address 915 S. 500 E. Ste. 200	<input type="text" value="05"/> <input type="text" value="05"/> / <input type="text" value="2008"/>
	City American Fork State VT Zip Code 84003	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="47.45"/>
	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) Authorize Net Corporation	Transaction ID: SB21B.7825 Date of Disbursement
	Mailing Address 915 S. 500 E. Ste. 200	<input type="text" value="06"/> <input type="text" value="03"/> / <input type="text" value="2008"/>
	City American Fork State VT Zip Code 84003	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fees	<input type="text" value="42.10"/>
	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="139.55"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Authorize Net Corporation</p> <p>Mailing Address 915 S. 500 E. Ste. 200</p> <p>City American Fork State VT Zip Code 84003</p> <p>Purpose of Disbursement Credit Card Processing Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.8416</p> <p>Date of Disbursement 06 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 0.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Branch Banking and Trust</p> <p>Mailing Address 4409 Creedmore Rd.</p> <p>City Raleigh State NC Zip Code 27612</p> <p>Purpose of Disbursement Service Charge</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.7816</p> <p>Date of Disbursement 05 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 223.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Branch Banking and Trust</p> <p>Mailing Address 4409 Creedmore Rd.</p> <p>City Raleigh State NC Zip Code 27612</p> <p>Purpose of Disbursement ATM Parking Special Event &amp; Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.7844</p> <p>Date of Disbursement 06 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 22.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	245.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Clarion Hotel	Transaction ID: SB21B.7846
	Mailing Address 320 Hillsborough Street	Date of Disbursement 06 / 20 / 2008
	City Raleigh State NC Zip Code 27603	Amount of Each Disbursement this Period 469.31
	Purpose of Disbursement Hotel Rooms for Guest Speakers	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) Clarion Hotel	Transaction ID: SB21B.7849
	Mailing Address 320 Hillsborough Street	Date of Disbursement 06 / 23 / 2008
	City Raleigh State NC Zip Code 27603	Amount of Each Disbursement this Period 117.26
	Purpose of Disbursement Dinner for Guest Speakers	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) Constant Contact	Transaction ID: SB21B.7763
	Mailing Address 1601 Trapelo Road, Suite 329 866-289-2101	Date of Disbursement 04 / 02 / 2008
	City Waltham State MA Zip Code 02451	Amount of Each Disbursement this Period 150.00
	Purpose of Disbursement E-Mail Service Public Communication	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>736.57</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Constant Contact Mailing Address 1601 Trapelo Road, Suite 329 866-289-2101 City Waltham State MA Zip Code 02451 Purpose of Disbursement E-Mail Service Public Communication Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.7792 Date of Disbursement 05 / 02 / 2008
	Amount of Each Disbursement this Period 150.00

<b>B.</b> Full Name (Last, First, Middle Initial) Constant Contact Mailing Address 1601 Trapelo Road, Suite 329 866-289-2101 City Waltham State MA Zip Code 02451 Purpose of Disbursement E-Mail Service Public Communication Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.7821 Date of Disbursement 06 / 02 / 2008
	Amount of Each Disbursement this Period 150.00

<b>C.</b> Full Name (Last, First, Middle Initial) Cornerstone American Mailing Address 12600 Deerfield Pkwy. Ste 375 City Alpharetta State GA Zip Code 30004 Purpose of Disbursement Credit Card Processing 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) ▼	Transaction ID: SB21B.7762 Date of Disbursement 04 / 02 / 2008
	Amount of Each Disbursement this Period 226.50

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	526.50
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Cornerstone American</p> <p>Mailing Address 12600 Deerfield Pkwy. Ste 375</p> <p>City Alphareta State GA Zip Code 30004</p> <p>Purpose of Disbursement Credit Card Processing Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.7789</p> <p>Date of Disbursement 05 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 109.36</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Cornerstone American</p> <p>Mailing Address 12600 Deerfield Pkwy. Ste 375</p> <p>City Alphareta State GA Zip Code 30004</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.7824</p> <p>Date of Disbursement 06 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 29.69</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Corporate Payroll Service</p> <p>Mailing Address 1803 Res Blvd Ste 503</p> <p>City Rockville State MD Zip Code 20850</p> <p>Purpose of Disbursement Fed &amp; State Witholding</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.7771</p> <p>Date of Disbursement 04 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 1417.12</p>

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

1556.17

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Corporate Payroll Service	Transaction ID: SB21B.7773 Date of Disbursement
	Mailing Address 1803 Res Blvd Ste 503	<input type="text" value="04"/> / <input type="text" value="11"/> / <input type="text" value="2008"/>
	City Rockville State MD Zip Code 20850	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Service Fee	<input type="text" value="66.90"/>
	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) Corporate Payroll Service	Transaction ID: SB21B.7808 Date of Disbursement
	Mailing Address 1803 Res Blvd Ste 503	<input type="text" value="05"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City Rockville State MD Zip Code 20850	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Processing Fee	<input type="text" value="5.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Corporate Payroll Service	Transaction ID: SB21B.7809 Date of Disbursement
	Mailing Address 1803 Res Blvd Ste 503	<input type="text" value="05"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City Rockville State MD Zip Code 20850	Amount of Each Disbursement this Period
	Purpose of Disbursement Fed. & State Withholding	<input type="text" value="1409.12"/>
	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1481.02"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Corporate Payroll Service Mailing Address 1803 Res Blvd Ste 503 City Rockville State MD Zip Code 20850 Purpose of Disbursement Fed. & State Withholding Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.7828 Date of Disbursement 06 / 06 / 2008
	Amount of Each Disbursement this Period 1385.12

<b>B.</b> Full Name (Last, First, Middle Initial) Corporate Payroll Service Mailing Address 1803 Res Blvd Ste 503 City Rockville State MD Zip Code 20850 Purpose of Disbursement Payroll Service Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.7829 Date of Disbursement 06 / 06 / 2008
	Amount of Each Disbursement this Period 45.86

<b>C.</b> Full Name (Last, First, Middle Initial) Discover Network Mailing Address PO Box 3022 City New Albany State OH Zip Code 43052 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) ▼	Transaction ID: SB21B.7761 Date of Disbursement 04 / 02 / 2008
	Amount of Each Disbursement this Period 62.86

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1493.84
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Discover Network	Transaction ID: SB21B.7791 Date of Disbursement
	Mailing Address PO Box 3022	<input type="text" value="05"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City New Albany State OH Zip Code 43052	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fees	<input type="text" value="66.41"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Discover Network	Transaction ID: SB21B.7822 Date of Disbursement
	Mailing Address PO Box 3022	<input type="text" value="06"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City New Albany State OH Zip Code 43052	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fees	<input type="text" value="55.68"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Dotster Inc.	Transaction ID: SB21B.7768 Date of Disbursement
	Mailing Address PO Box 821066	<input type="text" value="04"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Vancouver State WA Zip Code 98682	Amount of Each Disbursement this Period
	Purpose of Disbursement Domain Registration	<input type="text" value="46.35"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="168.44"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Dotster Inc.	Transaction ID: SB21B.7818 Date of Disbursement 05 / 29 / 2008
	Mailing Address PO Box 821066	
	City Vancouver State WA Zip Code 98682	Amount of Each Disbursement this Period 15.45
	Purpose of Disbursement Domain Registration Service	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) Embarq	Transaction ID: SB21B.7776 Date of Disbursement 04 / 15 / 2008
	Mailing Address PO Box 96064	
	City Charlotte State NC Zip Code 28296	Amount of Each Disbursement this Period 97.48
	Purpose of Disbursement Internet Service	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) Embarq	Transaction ID: SB21B.7812 Date of Disbursement 05 / 15 / 2008
	Mailing Address PO Box 96064	
	City Charlotte State NC Zip Code 28296	Amount of Each Disbursement this Period 68.13
	Purpose of Disbursement Internet Service	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	181.06
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Embarq	Transaction ID: SB21B.7839
	Mailing Address PO Box 96064	Date of Disbursement MM / DD / YYYY 06 / 16 / 2008
	City Charlotte State NC Zip Code 28296	Amount of Each Disbursement this Period 51.12
	Purpose of Disbursement Internet Service Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Google Adwords	Transaction ID: SB21B.7780
	Mailing Address 1600 Amphitheater Pkwy.	Date of Disbursement MM / DD / YYYY 04 / 17 / 2008
	City Mt. View State CA Zip Code 94043	Amount of Each Disbursement this Period 24.73
	Purpose of Disbursement Advertisement 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) Mass Media Distribution	Transaction ID: SB21B.7770
	Mailing Address 12693 Tamiami Trl. E. # 222	Date of Disbursement MM / DD / YYYY 04 / 10 / 2008
	City Naples State FL Zip Code 34113	Amount of Each Disbursement this Period 199.00
	Purpose of Disbursement Press Release Public Communication 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>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	274.85
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Mass Media Distribution</p> <p>Mailing Address 12693 Tamiami Trl. E. # 222</p> <p>City Naples State FL Zip Code 34113</p> <p>Purpose of Disbursement Press Release Public Communication</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.7775 <b>Date of Disbursement</b> 04 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 199.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Mass Media Distribution</p> <p>Mailing Address 12693 Tamiami Trl. E. # 222</p> <p>City Naples State FL Zip Code 34113</p> <p>Purpose of Disbursement Press Release Service Public Communicati</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.7797 <b>Date of Disbursement</b> 05 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 199.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Office Max</p> <p>Mailing Address 1100 Glenwood Ave.</p> <p>City Raleigh State NC Zip Code 27622</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.7842 <b>Date of Disbursement</b> 06 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 212.86</p>

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

610.86

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Palmer Web Consulting	Transaction ID: SB21B.7800 Date of Disbursement 05 / 06 / 2008
	Mailing Address PO Box 1992	Amount of Each Disbursement this Period 500.00
	City Old Fort State NC Zip Code 28762	
	Purpose of Disbursement Consulting 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) Palmer Web Consulting	Transaction ID: SB21B.7819 Date of Disbursement 05 / 30 / 2008
	Mailing Address PO Box 1992	Amount of Each Disbursement this Period 500.00
	City Old Fort State NC Zip Code 28762	
	Purpose of Disbursement Consulting Fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Palmer Web Consulting	Transaction ID: SB21B.7836 Date of Disbursement 06 / 13 / 2008
	Mailing Address PO Box 1992	Amount of Each Disbursement this Period 500.00
	City Old Fort State NC Zip Code 28762	
	Purpose of Disbursement Consulting 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>SUBTOTAL</b> of Disbursements This Page (optional) .....	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.

Full Name (Last, First, Middle Initial)  
Ms Jane Patterson

Transaction ID: SB21B.7784  
Date of Disbursement

Mailing Address PO Box 30966

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	6		2	0	0	8

City Raleigh State NC Zip Code 27622-0966

Amount of Each Disbursement this Period

877.52
--------

Purpose of Disbursement  
Reimbursement for Printing

Category/ Type
-------------------

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Ms Jane Patterson

Transaction ID: SB21B.7811  
Date of Disbursement

Mailing Address PO Box 30966

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

City Raleigh State NC Zip Code 27622-0966

Amount of Each Disbursement this Period

461.75
--------

Purpose of Disbursement  
Salary

Category/ Type
-------------------

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Ms Jane Patterson

Transaction ID: SB21B.7826  
Date of Disbursement

Mailing Address PO Box 30966

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	0	8

City Raleigh State NC Zip Code 27622-0966

Amount of Each Disbursement this Period

461.75
--------

Purpose of Disbursement  
Payroll

Category/ Type
-------------------

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

1711.02
---------

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

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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)  
Americans for Legal Immigration PAC

A.	Full Name (Last, First, Middle Initial) Ms Jane Patterson	Transaction ID: SB21B.7847 Date of Disbursement 06 / 23 / 2008
	Mailing Address PO Box 30966	
	City Raleigh State NC Zip Code 27622-0966	Amount of Each Disbursement this Period 461.75
	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) ▼

B.	Full Name (Last, First, Middle Initial) Ms Jane Patterson	Transaction ID: SB21B.7848 Date of Disbursement 06 / 23 / 2008
	Mailing Address PO Box 30966	
	City Raleigh State NC Zip Code 27622-0966	Amount of Each Disbursement this Period 301.79
	Purpose of Disbursement Reimbursement 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) PayPal	Transaction ID: SB21B.7957 Date of Disbursement 05 / 30 / 2008
	Mailing Address 2145 Hamilton Avenue	
	City San Jose State CA Zip Code 95125	Amount of Each Disbursement this Period 13.98
	Purpose of Disbursement Credit Card Processing 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>SUBTOTAL</b> of Disbursements This Page (optional) .....	777.52
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) PayPal	Transaction ID: SB21B.7958 Date of Disbursement 06 / 30 / 2008
	Mailing Address 2145 Hamilton Avenue	Amount of Each Disbursement this Period 21.28
	City San Jose State CA Zip Code 95125	
	Purpose of Disbursement Credit Card Processing Fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Rackspace Managed Hosting	Transaction ID: SB21B.7766 Date of Disbursement 04 / 03 / 2008
	Mailing Address 9725 Datapoint Drive, Suite 100 210-447-4000	Amount of Each Disbursement this Period 678.00
	City San Antonio State TX Zip Code 78229	
	Purpose of Disbursement Internet Server	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) Rackspace Managed Hosting	Transaction ID: SB21B.7769 Date of Disbursement 04 / 08 / 2008
	Mailing Address 9725 Datapoint Drive, Suite 100 210-447-4000	Amount of Each Disbursement this Period 268.00
	City San Antonio State TX Zip Code 78229	
	Purpose of Disbursement Internet Server	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	967.28
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Rackspace Managed Hosting	Transaction ID: SB21B.7802 Date of Disbursement
	Mailing Address 9725 Datapoint Drive, Suite 100 210-447-4000	<input type="text" value="05"/> <input type="text" value="08"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City San Antonio State TX Zip Code 78229	Amount of Each Disbursement this Period
	Purpose of Disbursement Internet Server	<input type="text" value="450.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Rackspace Managed Hosting	Transaction ID: SB21B.7806 Date of Disbursement
	Mailing Address 9725 Datapoint Drive, Suite 100 210-447-4000	<input type="text" value="05"/> <input type="text" value="13"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City San Antonio State TX Zip Code 78229	Amount of Each Disbursement this Period
	Purpose of Disbursement Internet Server	<input type="text" value="533.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Rackspace Managed Hosting	Transaction ID: SB21B.7817 Date of Disbursement
	Mailing Address 9725 Datapoint Drive, Suite 100 210-447-4000	<input type="text" value="05"/> <input type="text" value="21"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City San Antonio State TX Zip Code 78229	Amount of Each Disbursement this Period
	Purpose of Disbursement Internet Server	<input type="text" value="533.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1516.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Rackspace Managed Hosting	Transaction ID: SB21B.7831 Date of Disbursement
	Mailing Address 9725 Datapoint Drive, Suite 100 210-447-4000	<input type="text" value="06"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City San Antonio State TX Zip Code 78229	Amount of Each Disbursement this Period
	Purpose of Disbursement Internet Server	<input type="text" value="450.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Time Warner Cable	Transaction ID: SB21B.7779 Date of Disbursement
	Mailing Address 2505 Atlantic Ave. Ste. 101	<input type="text" value="04"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Raleigh State NC Zip Code 27604	Amount of Each Disbursement this Period
	Purpose of Disbursement Broadband Cable Svc.	<input type="text" value="188.09"/>
	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) Time Warner Cable	Transaction ID: SB21B.7807 Date of Disbursement
	Mailing Address 2505 Atlantic Ave. Ste. 101	<input type="text" value="05"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Raleigh State NC Zip Code 27604	Amount of Each Disbursement this Period
	Purpose of Disbursement Broadban Cable	<input type="text" value="118.13"/>
	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="756.22"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Time Warner Cable  Mailing Address 2505 Atlantic Ave. Ste. 101  City Raleigh State NC Zip Code 27604  Purpose of Disbursement Broadband Connection Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.7837 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 8  Amount of Each Disbursement this Period 120.26
<b>B.</b>	Full Name (Last, First, Middle Initial) US Department of Treasury  Mailing Address 1500 Pennsylvania Ave NW  City Washington State DC Zip Code 20220  Purpose of Disbursement Payroll Taxes Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.7786 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 8  Amount of Each Disbursement this Period 5000.00
<b>C.</b>	Full Name (Last, First, Middle Initial) William Gheen  Mailing Address PO Box 30966  City Raleigh State NC Zip Code 27622  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: SB21B.7774 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 8  Amount of Each Disbursement this Period 3063.48

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	8183.74
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 31 / 32

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) William Gheen <hr/> Mailing Address PO Box 30966 <hr/> City Raleigh State NC Zip Code 27622 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.7813 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 8
	Amount of Each Disbursement this Period 3063.48
<b>B.</b> Full Name (Last, First, Middle Initial) William Gheen <hr/> Mailing Address PO Box 30966 <hr/> City Raleigh State NC Zip Code 27622 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.7838 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 8
	Amount of Each Disbursement this Period 3063.48

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

6126.96

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

29338.33

**Image# 28991475377**

Form/Schedule: **SB21B**  
Transaction ID: **SB21B.7842**

Paper, Ink Cart., Easel, Solo Carring Case

Form/Schedule: **SB21B**  
Transaction ID: **SB21B.7784**

Reimbursement: Cooksey Printing, Inc. 1920 Wenneca, Fort Worth, TX 76102

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