

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

  
**For Other Than An Authorized Committee**

Office Use Only

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

Americans for Legal Immigration PAC

ADDRESS (number and street) PO Box 30966

Check if different than previously reported. (ACC)

Raleigh NC 27622

2. **FEC IDENTIFICATION NUMBER**  CITY STATE ZIP CODE

C00405878

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

4. **TYPE OF REPORT**  
(Choose One)

(a) Quarterly Reports:

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

(b) Monthly Report Due On:

<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) <small>(Non-Election Year Only)</small>
<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) <small>(Non-Election Year Only)</small>
<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)
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Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period   2008 through   2008

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

Type or Print Name of Treasurer Ms Jane Patterson

Signature of Treasurer Electronically Filed by Ms Jane Patterson Date

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  
Americans for Legal Immigration PAC

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	9

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 .....	1270.36									
(c) Total Receipts (from Line 19) .....	35887.00	85895.81								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	37157.36	97280.29								
7. Total Disbursements (from Line 31) .....	21807.29	81930.22								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	15350.07	15350.07								
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	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	9

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	9145.00	26195.00
(i) Itemized (use Schedule A) .....	26742.00	58911.97
(ii) Unitemized .....	35887.00	85106.97
(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) .....	35887.00	85106.97
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)) .....	35887.00	85895.81
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	35887.00	85895.81

**DETAILED SUMMARY PAGE**

of Disbursements

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.....	21807.29	80730.22
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	21807.29	80730.22
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))..	21807.29	81930.22
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	21807.29	81930.22

**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) .....	35887.00	85106.97
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	1200.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	35887.00	83906.97
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	21807.29	80730.22
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	788.84
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	21807.29	79941.38

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 42  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Steve Alaimo

Mailing Address 6454 Orion Av

City State Zip Code  
Van Nuys CA 91406

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

Name of Employer LA City Occupation Best Effort

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
08 / 22 / 2008

Transaction ID: SA11AI.8960

Amount of Each Receipt this Period  
300.00

C

**B.**

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 ▼ 800.00

Date of Receipt  
MM / DD / YYYY  
09 / 06 / 2008

Transaction ID: SA11AI.9306

Amount of Each Receipt this Period  
500.00

C

**C.**

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 ▼ 1300.00

Date of Receipt  
MM / DD / YYYY  
09 / 12 / 2008

Transaction ID: SA11AI.9388

Amount of Each Receipt this Period  
500.00

C

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1300.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 42  
(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)  
Stella Benitez

Mailing Address 1267 E. Mona Lisa Dive

City State Zip Code  
Meridian ID 83642-7886

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 ▼ 205.00

Date of Receipt 09 / 07 / 2008

**Transaction ID:** SA11AI.9312

Amount of Each Receipt this Period 20.00

C

**B.**

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

Mailing Address 103 Pineda

City State Zip Code  
Huntsville AL 35811

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 19 / 2008

**Transaction ID:** SA11AI.9429

Amount of Each Receipt this Period 100.00

k

**C.**

Full Name (Last, First, Middle Initial)  
Rachel Boyle

Mailing Address 2970 David St.

City State Zip Code  
Riverside CA 92501

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Self Employed Pet Care

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 08 / 25 / 2008

**Transaction ID:** SA11AI.8982

Amount of Each Receipt this Period 200.00

C

**SUBTOTAL** of Receipts This Page (optional) ..... 320.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 42

(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)  
Dianne Boyter

Mailing Address 5909 Four Wood Dr

City State Zip Code  
Matthews NC 28104

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

Name of Employer Occupation  
Flooring Clearance Center of A

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 10 / 2008

Transaction ID: SA11AI.9336

Amount of Each Receipt this Period

100.00

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 Occupation  
Homemaker

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1180.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 10 / 2008

Transaction ID: SA11AI.9335

Amount of Each Receipt this Period

180.00

C

**C.**

Full Name (Last, First, Middle Initial)  
Gerald Bullock

Mailing Address 2508B W. Grace St

City State Zip Code  
Richmond VA 23220

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

Name of Employer Occupation  
Best Effort Self-Employed engineer

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 15 / 2008

Transaction ID: SA11AI.9545

Amount of Each Receipt this Period

250.00

k

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

530.00

**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 / 42
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Francis Coleman	Date of Receipt MM / DD / YYYY 08 / 11 / 2008
	Mailing Address 7 Drake Ln	<b>Transaction ID:</b> SA11AI.9573
	City State Zip Code Scarborough ME 04074	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	k
	Name of Employer Best Effort    Occupation Best Effort	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) K S Cromer	Date of Receipt MM / DD / YYYY 07 / 09 / 2008
	Mailing Address 4342 Provinceline Rd	<b>Transaction ID:</b> SA11AI.8772
	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-Employed    Occupation Best Effort	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) K S Cromer	Date of Receipt MM / DD / YYYY 08 / 04 / 2008
	Mailing Address 4342 Provinceline Rd	<b>Transaction ID:</b> SA11AI.8822
	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-Employed    Occupation Best Effort	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1150.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	450.00
<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 10 / 42  
(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-Employed Occupation Best Effort

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt: MM / DD / YYYY  
08 / 27 / 2008

Transaction ID: SA11AI.9059

Amount of Each Receipt this Period: 150.00

C

**B.**

Full Name (Last, First, Middle Initial)  
Patricia Emich

Mailing Address 7707 Maid Marian Ct.

City State Zip Code  
Alexandria VA 22306

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt: MM / DD / YYYY  
09 / 15 / 2008

Transaction ID: SA11AI.9498

Amount of Each Receipt this Period: 25.00

k

**C.**

Full Name (Last, First, Middle Initial)  
Bob Greenspan

Mailing Address 21352 Tarraco

City State Zip Code  
Mission Viejo CA 92692

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: MM / DD / YYYY  
08 / 05 / 2008

Transaction ID: SA11AI.8471

Amount of Each Receipt this Period: 100.00

p

**SUBTOTAL** of Receipts This Page (optional) ..... ► **275.00**

**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 / 42  
(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
							17

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

**A.**

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

Mailing Address 200 fiddlers knoll ct.

City State Zip Code  
Kernersville NC 27284

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

Name of Employer Occupation  
Starr Ele. Inc Helpdesk Admin.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
08 / 27 / 2008

**Transaction ID:** SA11AI.8589

Amount of Each Receipt this Period  
100.00

p

**B.**

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

Mailing Address 12901 Blue Lane

City State Zip Code  
Silver Springs MD 20906

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

Name of Employer Occupation  
Compliance, Inc. General Worker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
MM / DD / YYYY  
08 / 27 / 2008

**Transaction ID:** SA11AI.9008

Amount of Each Receipt this Period  
200.00

C

**C.**

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

Mailing Address 2428 N. Valencia Ave.

City State Zip Code  
Santa Ana CA 92706

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

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
08 / 27 / 2008

**Transaction ID:** SA11AI.8582

Amount of Each Receipt this Period  
25.00

p

**SUBTOTAL** of Receipts This Page (optional) ..... ► **325.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 42  
(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)  
Lyle E. Jones

Mailing Address 1310 East Ocean Blvd #201

City State Zip Code  
Long Beach CA 90802

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 ▼ 450.00

Date of Receipt: 09 / 15 / 2008

Transaction ID: SA11AI.9462

Amount of Each Receipt this Period: 250.00

k

**B.**

Full Name (Last, First, Middle Initial)  
Walter Kleiner

Mailing Address 1725 89th Place NE

City State Zip Code  
Clude Hill WA 98004

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 08 / 18 / 2008

Transaction ID: SA11AI.9557

Amount of Each Receipt this Period: 250.00

k

**C.**

Full Name (Last, First, Middle Initial)  
Jack Layel

Mailing Address PO Box 853

City State Zip Code  
Lake Havasu City AZ 86405

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 09 / 03 / 2008

Transaction ID: SA11AI.8649

Amount of Each Receipt this Period: 50.00

p

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 550.00

**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 / 42  
(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)  
Raymond F. Louth

Mailing Address 25 18th St

City State Zip Code  
Hermosa Beach CA 90254-3427

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 Y  
09 / 15 / 2008

Transaction ID: SA11AI.9460

Amount of Each Receipt this Period  
100.00

k

**B.**

Full Name (Last, First, Middle Initial)  
David Manning

Mailing Address 5841 Dahlberg Dr.

City State Zip Code  
Raleigh NC 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 ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 28 / 2008

Transaction ID: SA11AI.9605

Amount of Each Receipt this Period  
100.00

k

**C.**

Full Name (Last, First, Middle Initial)  
Mark Martin

Mailing Address P.O. Box 2345

City State Zip Code  
Toluca Lake CA 91610

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 ▼ 450.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 29 / 2008

Transaction ID: SA11AI.9398

Amount of Each Receipt this Period  
250.00

C

**SUBTOTAL** of Receipts This Page (optional) ..... ► **450.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 42
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Kenneth Mendenhall	Date of Receipt MM / DD / YYYY 09 / 01 / 2008
	Mailing Address PO Box 11930	<b>Transaction ID:</b> SA11AI.9256
	City State Zip Code Glendale AZ 85318	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	C
	Name of Employer Retired    Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Daniel Mikrut	Date of Receipt MM / DD / YYYY 08 / 27 / 2008
	Mailing Address 9216 S. Mayfield	<b>Transaction ID:</b> SA11AI.8568
	City State Zip Code Oak Lawn IL 60453	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	p
	Name of Employer Best Effort    Occupation Best Effort	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Michael Miller	Date of Receipt MM / DD / YYYY 09 / 15 / 2008
	Mailing Address 4402 Boxwood Road	<b>Transaction ID:</b> SA11AI.9488
	City State Zip Code Bethesda MD 20816	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	k
	Name of Employer Self-Employed    Occupation Investments	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	700.00
<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 15 / 42  
(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)  
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 Self-Employed Occupation Investments

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 15 / 2008

**Transaction ID:** SA11AI.9520

Amount of Each Receipt this Period  
200.00

k

**B.**

Full Name (Last, First, Middle Initial)  
Nicole Milligan-Murray

Mailing Address 5 Heartwood Lane Apt 100

City State Zip Code  
Penacook NH 03303

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

Name of Employer Homemaker Occupation Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 10 / 2008

**Transaction ID:** SA11AI.9334

Amount of Each Receipt this Period  
150.00

C

**C.**

Full Name (Last, First, Middle Initial)  
Paul Nachman

Mailing Address 1611 West Koch #25

City State Zip Code  
Bozeman MT 59715

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 Y  
08 / 18 / 2008

**Transaction ID:** SA11AI.9553

Amount of Each Receipt this Period  
250.00

k

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **600.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 / 42
	(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)  
Americans for Legal Immigration PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Ray Oden, Jr.		Date of Receipt
	Mailing Address 702 Thora Blvd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 8 / 0 6 / 2 0 0 8
	City	State	Zip Code
	Shreveport	LA	71106
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.9588
Name of Employer Retired		Occupation Retired	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
			k

<b>B.</b>	Full Name (Last, First, Middle Initial) Michael Pensack		Date of Receipt
	Mailing Address 4901 N. Central Park		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 8 / 0 6 / 2 0 0 8
	City	State	Zip Code
	Chicago	IL	60625-5613
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.9584
Name of Employer Illinois Tenants Union		Occupation Attorney	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
			k

<b>C.</b>	Full Name (Last, First, Middle Initial) Sherri Plaza		Date of Receipt
	Mailing Address po box 1635		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 8 / 2 7 / 2 0 0 8
	City	State	Zip Code
	Whitehouse	TX	75791
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.9087
Name of Employer Self-Employed		Occupation Independent Petroleum Landman	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00
			C

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 42

(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)  
Randy Price

Mailing Address 160 Radney Road

City	State	Zip Code
Houston	TX	77024

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

Name of Employer RBC Dain Rauscher	Occupation Agent
---------------------------------------	---------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00
---	------------------------------------

Date of Receipt

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

Transaction ID: SA11AI.9567

Amount of Each Receipt this Period  
200.00

k

B.

Full Name (Last, First, Middle Initial)  
Richard Reamer

Mailing Address 1902 Ardenwood Ter

City	State	Zip Code
Crofton	MD	21114-1701

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

Name of Employer Service Power	Occupation Computer Software
-----------------------------------	---------------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 235.00
---	------------------------------------

Date of Receipt

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

Transaction ID: SA11AI.9332

Amount of Each Receipt this Period  
50.00

C

C.

Full Name (Last, First, Middle Initial)  
Richard Reamer

Mailing Address 1902 Ardenwood Ter

City	State	Zip Code
Crofton	MD	21114-1701

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

Name of Employer Service Power	Occupation Computer Software
-----------------------------------	---------------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00
---	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.9526

Amount of Each Receipt this Period  
65.00

k

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

315.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 42  
(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)  
Richard Reamer

Mailing Address 1902 Ardenwood Ter

City State Zip Code  
Crofton MD 21114-1701

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

Name of Employer Service Power Occupation Computer Software

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
09 / 19 / 2008

**Transaction ID:** SA11AI.9434

Amount of Each Receipt this Period  
50.00

k

**B.**

Full Name (Last, First, Middle Initial)  
Richard Reamer

Mailing Address 1902 Ardenwood Ter

City State Zip Code  
Crofton MD 21114-1701

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

Name of Employer Service Power Occupation Computer Software

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
MM / DD / YYYY  
09 / 29 / 2008

**Transaction ID:** SA11AI.9541

Amount of Each Receipt this Period  
30.00

k

**C.**

Full Name (Last, First, Middle Initial)  
Steven Ruff

Mailing Address 6435 Dehesa Road

City State Zip Code  
El Cajon CA 92019

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  
MM / DD / YYYY  
08 / 28 / 2008

**Transaction ID:** SA11AI.9172

Amount of Each Receipt this Period  
100.00

C

**SUBTOTAL** of Receipts This Page (optional) ..... ► **180.00**

**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 19 / 42  
(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)  
Peter Schaeffer

Mailing Address 2918 E. Autumn Run Circle

City State Zip Code  
Sugar Land TX 77479

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

Name of Employer Self-Employed Occupation Best Effort

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 15 / 2008

**Transaction ID:** SA11AI.9458

Amount of Each Receipt this Period  
1000.00

k

**B.**

Full Name (Last, First, Middle Initial)  
Susan Sims

Mailing Address 2806 Grove St

City State Zip Code  
Irving TX 75060

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

Name of Employer GOptions Occupation Administrative Assistant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 04 / 2008

**Transaction ID:** SA11AI.9297

Amount of Each Receipt this Period  
100.00

C

**C.**

Full Name (Last, First, Middle Initial)  
Derek Ulbrich

Mailing Address 2220 NE 32 Street

City State Zip Code  
Lighthouse Point FL 33064

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

Name of Employer USSM Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 31 / 2008

**Transaction ID:** SA11AI.8627

Amount of Each Receipt this Period  
250.00

p

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1350.00**

**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 20 / 42		
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Jason Ulbrich	Date of Receipt MM / DD / YYYY 08 / 27 / 2008
	Mailing Address 2525 NE 37th drive	<b>Transaction ID:</b> SA11AI.9009
	City State Zip Code Fort Lauderdale FL 33308	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. <b>C</b>	C
	Name of Employer Occupation Ulbrich Stainless Steel Best Effort	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Neil White	Date of Receipt MM / DD / YYYY 08 / 30 / 2008
	Mailing Address 3102 Bay Drive	<b>Transaction ID:</b> SA11AI.9244
	City State Zip Code Kill Devil Hills NC 27948	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	C
	Name of Employer Occupation Retired Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Paul White	Date of Receipt MM / DD / YYYY 08 / 06 / 2008
	Mailing Address 2300 Corbin Way	<b>Transaction ID:</b> SA11AI.8866
	City State Zip Code Cedar Park TX 78613	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	C
	Name of Employer Occupation Strata Directional Technology Directional Driller	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>550.00</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: (check only one)	PAGE 21 / 42
	<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) Paul White	Date of Receipt MM / DD / YYYY 08 / 29 / 2008
	Mailing Address 2300 Corbin Way	<b>Transaction ID:</b> SA11AI.9234
	City State Zip Code Cedar Park TX 78613	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	C
	Name of Employer Strata Directional Technology	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Caroll Yap	Date of Receipt MM / DD / YYYY 09 / 15 / 2008
	Mailing Address 1818 Port Kimberly Place	<b>Transaction ID:</b> SA11AI.9497
	City State Zip Code Newport Beach CA 92660	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	k
	Name of Employer Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Newton W. Young	Date of Receipt MM / DD / YYYY 09 / 15 / 2008
	Mailing Address 22637 Hickory Ave	<b>Transaction ID:</b> SA11AI.9527
	City State Zip Code Torrance CA 90505	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	k
	Name of Employer Best Effort	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>9145.00</b>

# 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.8725 Date of Disbursement
	Mailing Address: Build 4, 5th Floor, One Allied Dr 800-255-8351	<input type="text" value="07"/> <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="116.14"/>
	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 <input type="checkbox"/> Other (specify) ▼
	State: _____ District: _____	

B.	Full Name (Last, First, Middle Initial) Alltel Wireless	Transaction ID: SB21B.8748 Date of Disbursement
	Mailing Address: Build 4, 5th Floor, One Allied Dr 800-255-8351	<input type="text" value="09"/> <input type="text" value="02"/> / <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="121.21"/>
	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 <input type="checkbox"/> Other (specify) ▼
	State: _____ District: _____	

C.	Full Name (Last, First, Middle Initial) Authorize Net Corporation	Transaction ID: SB21B.8696 Date of Disbursement
	Mailing Address: 915 S. 500 E. Ste. 200	<input type="text" value="07"/> <input type="text" value="02"/> / <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	<input type="text" value="43.80"/>
	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 <input type="checkbox"/> Other (specify) ▼
	State: _____ District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="281.15"/>
<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) Authorize Net Corporation	Transaction ID: SB21B.8729 Date of Disbursement
	Mailing Address 915 S. 500 E. Ste. 200	<input type="text" value="08"/> / <input type="text" value="04"/> / <input type="text" value="2008"/>
	City American Fork State VT Zip Code 84003	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Fee	<input type="text" value="41.65"/>
	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.8752 Date of Disbursement
	Mailing Address 915 S. 500 E. Ste. 200	<input type="text" value="09"/> / <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 Fee	<input type="text" value="269.31"/>
	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) Branch Banking and Trust	Transaction ID: SB21B.8724 Date of Disbursement
	Mailing Address 4409 Creedmore Rd.	<input type="text" value="07"/> / <input type="text" value="21"/> / <input type="text" value="2008"/>
	City Raleigh State NC Zip Code 27612	Amount of Each Disbursement this Period
	Purpose of Disbursement Service Charge	<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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="315.96"/>
<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

A.	Full Name (Last, First, Middle Initial) Branch Banking and Trust  Mailing Address 4409 Creedmore Rd.  City Raleigh State NC Zip Code 27612  Purpose of Disbursement Service Charge 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.8745 Date of Disbursement 08 / 21 / 2008  Amount of Each Disbursement this Period 292.00
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 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.8697 Date of Disbursement 07 / 02 / 2008  Amount of Each Disbursement this Period 150.00
C.	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 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.8730 Date of Disbursement 08 / 04 / 2008  Amount of Each Disbursement this Period 150.00

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

592.00

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Constant Contact	Transaction ID: SB21B.8747 Date of Disbursement
	Mailing Address 1601 Trapelo Road, Suite 329 866-289-2101	<input type="text" value="09"/> / <input type="text" value="02"/> / <input type="text" value="2008"/>
	City Waltham State MA Zip Code 02451	Amount of Each Disbursement this Period
	Purpose of Disbursement E-mail Svc	<input type="text" value="150.00"/>
	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) Cornerstone American	Transaction ID: SB21B.8699 Date of Disbursement
	Mailing Address 12600 Deerfield Pkwy. Ste 375	<input type="text" value="07"/> / <input type="text" value="02"/> / <input type="text" value="2008"/>
	City Alpharetta State GA Zip Code 30004	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="87.52"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Cornerstone American	Transaction ID: SB21B.8726 Date of Disbursement
	Mailing Address 12600 Deerfield Pkwy. Ste 375	<input type="text" value="08"/> / <input type="text" value="04"/> / <input type="text" value="2008"/>
	City Alpharetta State GA Zip Code 30004	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Fees	<input type="text" value="41.64"/>
	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="279.16"/>
<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

A.	Full Name (Last, First, Middle Initial) Cornerstone American	Transaction ID: SB21B.8749 Date of Disbursement
	Mailing Address 12600 Deerfield Pkwy. Ste 375	<input type="text" value="09"/> / <input type="text" value="03"/> / <input type="text" value="2008"/>
	City Alpharetta State GA Zip Code 30004	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Fee	<input type="text" value="56.35"/>
	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.8702 Date of Disbursement
	Mailing Address 1803 Res Blvd Ste 503	<input type="text" value="07"/> / <input type="text" value="08"/> / <input type="text" value="2008"/>
	City Rockville State MD Zip Code 20850	Amount of Each Disbursement this Period
	Purpose of Disbursement Processing Fee	<input type="text" value="45.86"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Corporate Payroll Service	Transaction ID: SB21B.8703 Date of Disbursement
	Mailing Address 1803 Res Blvd Ste 503	<input type="text" value="07"/> / <input type="text" value="08"/> / <input type="text" value="2008"/>
	City Rockville State MD Zip Code 20850	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Tax	<input type="text" value="1385.12"/>
	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="1487.33"/>
<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) Corporate Payroll Service	Transaction ID: SB21B.8732 Date of Disbursement
	Mailing Address 1803 Res Blvd Ste 503	<input type="text" value="08"/> / <input type="text" value="08"/> / <input type="text" value="2008"/>
	City Rockville State MD Zip Code 20850	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Tax	<input type="text" value="1368.32"/>
	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.8734 Date of Disbursement
	Mailing Address 1803 Res Blvd Ste 503	<input type="text" value="08"/> / <input type="text" value="08"/> / <input type="text" value="2008"/>
	City Rockville State MD Zip Code 20850	Amount of Each Disbursement this Period
	Purpose of Disbursement Processing Fee	<input type="text" value="45.86"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Corporate Payroll Service	Transaction ID: SB21B.8755 Date of Disbursement
	Mailing Address 1803 Res Blvd Ste 503	<input type="text" value="09"/> / <input type="text" value="06"/> / <input type="text" value="2008"/>
	City Rockville State MD Zip Code 20850	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Tax	<input type="text" value="1337.12"/>
	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="2751.30"/>
<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) Corporate Payroll Service	Transaction ID: SB21B.8754 Date of Disbursement 09 / 08 / 2008	
	Mailing Address 1803 Res Blvd Ste 503 City Rockville State MD Zip Code 20850 Purpose of Disbursement Payroll Fee 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:	
Amount of Each Disbursement this Period 45.86		Category/Type

<b>B.</b> Full Name (Last, First, Middle Initial) Discover Network	Transaction ID: SB21B.8698 Date of Disbursement 07 / 02 / 2008	
	Mailing Address PO Box 3022 City New Albany State OH Zip Code 43052 Purpose of Disbursement Credit Card Processing 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:	
Amount of Each Disbursement this Period 55.43		Category/Type

<b>C.</b> Full Name (Last, First, Middle Initial) Discover Network	Transaction ID: SB21B.8728 Date of Disbursement 08 / 04 / 2008	
	Mailing Address PO Box 3022 City New Albany State OH Zip Code 43052 Purpose of Disbursement Credit Card Fees 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:	
Amount of Each Disbursement this Period 54.95		Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	156.24
<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)

PAGE 29 / 42

<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.8750 Date of Disbursement 09 / 03 / 2008
	Mailing Address PO Box 3022	Amount of Each Disbursement this Period 59.81
	City New Albany State OH Zip Code 43052	
	Purpose of Disbursement Credit Card Fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Dotster Inc.	Transaction ID: SB21B.8738 Date of Disbursement 08 / 13 / 2008
	Mailing Address PO Box 821066	Amount of Each Disbursement this Period 15.45
	City Vancouver State WA Zip Code 98682	
	Purpose of Disbursement Domain Registration	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) Dotster Inc.	Transaction ID: SB21B.8756 Date of Disbursement 09 / 08 / 2008
	Mailing Address PO Box 821066	Amount of Each Disbursement this Period 46.35
	City Vancouver State WA Zip Code 98682	
	Purpose of Disbursement Domain Registration 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) .....	▶	121.61
<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) Embarq	Transaction ID: SB21B.8720 Date of Disbursement 07 / 15 / 2008
	Mailing Address PO Box 96064	Amount of Each Disbursement this Period 47.28
	City Charlotte State NC Zip Code 28296	
	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.	Full Name (Last, First, Middle Initial) Embarq	Transaction ID: SB21B.8739 Date of Disbursement 08 / 15 / 2008
	Mailing Address PO Box 96064	Amount of Each Disbursement this Period 50.98
	City Charlotte State NC Zip Code 28296	
	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.8760 Date of Disbursement 09 / 15 / 2008
	Mailing Address PO Box 96064	Amount of Each Disbursement this Period 48.83
	City Charlotte State NC Zip Code 28296	
	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) .....	▶	147.09
<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) Mass Media Distribution <hr/> Mailing Address 12693 Tamiami Trl. E. # 222 <hr/> City Naples State FL Zip Code 34113 <hr/> Purpose of Disbursement Press Release Svc 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: SB21B.8764 Date of Disbursement 09 / 25 / 2008 <hr/> Amount of Each Disbursement this Period 199.00
<b>B.</b>	Full Name (Last, First, Middle Initial) Palmer Web Consulting <hr/> Mailing Address PO Box 1992 <hr/> City Old Fort State NC Zip Code 28762 <hr/> Purpose of Disbursement Consulting Fee 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: SB21B.8740 Date of Disbursement 08 / 18 / 2008 <hr/> Amount of Each Disbursement this Period 500.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Palmer Web Consulting <hr/> Mailing Address PO Box 1992 <hr/> City Old Fort State NC Zip Code 28762 <hr/> Purpose of Disbursement Consulting Fee 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: SB21B.8743 Date of Disbursement 08 / 18 / 2008 <hr/> Amount of Each Disbursement this Period 500.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1199.00
<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)

<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) Palmer Web Consulting  Mailing Address PO Box 1992  City Old Fort State NC Zip Code 28762  Purpose of Disbursement Consulting 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) ▼	<b>Transaction ID:</b> SB21B.8763 <b>Date of Disbursement</b> 09 / 15 / 2008	Amount of Each Disbursement this Period 500.00
<b>B.</b>	Full Name (Last, First, Middle Initial) Ms Jane Patterson  Mailing Address PO Box 30966  City Raleigh State NC Zip Code 27622-0966  Purpose of Disbursement Payroll 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>Transaction ID:</b> SB21B.8705 <b>Date of Disbursement</b> 07 / 09 / 2008	Amount of Each Disbursement this Period 461.75
<b>C.</b>	Full Name (Last, First, Middle Initial) Ms Jane Patterson  Mailing Address PO Box 30966  City Raleigh State NC Zip Code 27622-0966  Purpose of Disbursement Reimbursement 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>Transaction ID:</b> SB21B.8708 <b>Date of Disbursement</b> 07 / 09 / 2008	Amount of Each Disbursement this Period 606.93

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1568.68</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)

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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) US Postal Service	Transaction ID: SB21B.8708.1 Date of Disbursement 07 / 01 / 2008
	Mailing Address 4325 Glenwood Ave.	Amount of Each Disbursement this Period 462.00
	City Raleigh State NC Zip Code 27612	
	Purpose of Disbursement Postage	[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) Ms Jane Patterson	Transaction ID: SB21B.8713 Date of Disbursement 07 / 09 / 2008
	Mailing Address PO Box 30966	Amount of Each Disbursement this Period 316.55
	City Raleigh State NC Zip Code 27622-0966	
	Purpose of Disbursement Reimbursement	[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) US Postal Service	Transaction ID: SB21B.8713.1 Date of Disbursement 06 / 09 / 2008
	Mailing Address 4325 Glenwood Ave.	Amount of Each Disbursement this Period 210.00
	City Raleigh State NC Zip Code 27612	
	Purpose of Disbursement Postage	[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>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	316.55
<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) US Postal Service	Transaction ID: SB21B.8713.2 Date of Disbursement
	Mailing Address 4325 Glenwood Ave.	<input type="text" value="06"/> / <input type="text" value="13"/> / <input type="text" value="2008"/>
	City Raleigh State NC Zip Code 27612	Amount of Each Disbursement this Period
	Purpose of Disbursement Postage	<input type="text" value="42.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) US Postal Service	Transaction ID: SB21B.8713.3 Date of Disbursement
	Mailing Address 4325 Glenwood Ave.	<input type="text" value="06"/> / <input type="text" value="13"/> / <input type="text" value="2008"/>
	City Raleigh State NC Zip Code 27612	Amount of Each Disbursement this Period
	Purpose of Disbursement Postage	<input type="text" value="12.60"/>
	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]

C.	Full Name (Last, First, Middle Initial) Ms Jane Patterson	Transaction ID: SB21B.8753 Date of Disbursement
	Mailing Address PO Box 30966	<input type="text" value="09"/> / <input type="text" value="04"/> / <input type="text" value="2008"/>
	City Raleigh State NC Zip Code 27622-0966	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll	<input type="text" value="461.75"/>
	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="461.75"/>
<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) Ms Jane Patterson</p> <p>Mailing Address PO Box 30966</p> <p>City Raleigh State NC Zip Code 27622-0966</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.8758</p> <p>Date of Disbursement 09 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 461.75</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) PayPal</p> <p>Mailing Address 2145 Hamilton Avenue</p> <p>City San Jose State CA Zip Code 95125</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.8689</p> <p>Date of Disbursement 07 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 16.16</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) PayPal</p> <p>Mailing Address 2145 Hamilton Avenue</p> <p>City San Jose State CA Zip Code 95125</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.8690</p> <p>Date of Disbursement 08 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 168.04</p>

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

645.95

**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

<b>A.</b>	Full Name (Last, First, Middle Initial) PayPal Mailing Address 2145 Hamilton Avenue City San Jose State CA Zip Code 95125 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) ▼	<b>Transaction ID:</b> SB21B.8691 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 8	Amount of Each Disbursement this Period 40.52
<b>B.</b>	Full Name (Last, First, Middle Initial) Rackspace Managed Hosting Mailing Address 9725 Datapoint Drive, Suite 100 210-447-4000 City San Antonio State TX Zip Code 78229 Purpose of Disbursement Internet Server 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>Transaction ID:</b> SB21B.8718 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 1 1 / 2 0 0 8	Amount of Each Disbursement this Period 450.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Rackspace Managed Hosting Mailing Address 9725 Datapoint Drive, Suite 100 210-447-4000 City San Antonio State TX Zip Code 78229 Purpose of Disbursement Internet Server 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>Transaction ID:</b> SB21B.8735 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 8	Amount of Each Disbursement this Period 450.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	940.52
<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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Rackspace Managed Hosting</p> <p>Mailing Address 9725 Datapoint Drive, Suite 100 210-447-4000</p> <p>City San Antonio State TX Zip Code 78229</p> <p>Purpose of Disbursement Internet Server</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.8762 <b>Date of Disbursement</b> 09 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 450.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Time Warner Cable</p> <p>Mailing Address 2505 Atlantic Ave. Ste. 101</p> <p>City Raleigh State NC Zip Code 27604</p> <p>Purpose of Disbursement Broadband Cable Svc.</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.8723 <b>Date of Disbursement</b> 07 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 126.66</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Time Warner Cable</p> <p>Mailing Address 2505 Atlantic Ave. Ste. 101</p> <p>City Raleigh State NC Zip Code 27604</p> <p>Purpose of Disbursement Broadband Cable Svc</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.8737 <b>Date of Disbursement</b> 08 / 13 / 2008</p> <p>Amount of Each Disbursement this Period 118.14</p>

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

694.80

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
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 Cable Service 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.8759 Date of Disbursement 09 / 15 / 2008
	Amount of Each Disbursement this Period 122.41

<b>B.</b> Full Name (Last, First, Middle Initial) US Postal Service Mailing Address 4325 Glenwood Ave. City Raleigh State NC Zip Code 27612 Purpose of Disbursement PO Box 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.8766 Date of Disbursement 09 / 08 / 2008
	Amount of Each Disbursement this Period 85.00

<b>C.</b> Full Name (Last, First, Middle Initial) Vonage Mailing Address 23 Main St City Holmdel State NJ Zip Code 07733 Purpose of Disbursement Telephone Service 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.8704 Date of Disbursement 07 / 08 / 2008
	Amount of Each Disbursement this Period 39.39

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	246.80
<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)

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

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

A.	Full Name (Last, First, Middle Initial) Vonage	Transaction ID: SB21B.8733
	Mailing Address 23 Main St	Date of Disbursement 08 / 08 / 2008
	City Holmdel State NJ Zip Code 07733	Amount of Each Disbursement this Period 48.06
	Purpose of Disbursement Telephone Service Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Vonage	Transaction ID: SB21B.8757
	Mailing Address 23 Main St	Date of Disbursement 09 / 08 / 2008
	City Holmdel State NJ Zip Code 07733	Amount of Each Disbursement this Period 48.55
	Purpose of Disbursement Telephone Service Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) William Gheen	Transaction ID: SB21B.8731
	Mailing Address PO Box 30966	Date of Disbursement 08 / 07 / 2008
	City Raleigh State NC Zip Code 27622	Amount of Each Disbursement this Period 3063.48
	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3160.09</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)

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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)  
William Gheen

Transaction ID: SB21B.8746  
Date of Disbursement

Mailing Address PO Box 30966

08 / 29 / 2008

City Raleigh State NC Zip Code 27622

Amount of Each Disbursement this Period

3063.48

Purpose of Disbursement  
Payroll

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

B.

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

Transaction ID: SB21B.8761  
Date of Disbursement

Mailing Address PO Box 30966

09 / 15 / 2008

City Raleigh State NC Zip Code 27622

Amount of Each Disbursement this Period

3063.48

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) ..... ►

6126.96

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

21492.94



**Image# 28992551411**

Form/Schedule: **F3XN**

Transaction ID:

Best Effort information was updated on Joan Weiss and Lyle Jones which is included in this report. Both contributed over \$200 during the 2007 Mid Year and Year End reporting periods.

Form/Schedule: **SA11AI**

Transaction ID: **SA11AI.9462**

Update to Best Effort Information. Mr. Jones contributed during the 2007 Mid Year and Year End reporting period.

\*\*\*\*\*

Image# 28992551412

Form/Schedule: **SB21B**  
Transaction ID: **SB21B.8708**

Reimbursement for

Form/Schedule: **SB21B**  
Transaction ID: **SB21B.8713**

This advance was not itemized in the previous reporting period and the transactions were paid by Credit Card and reimbursed within 60 days of statement closing date and did not exceed \$500. Jane Patterson has not made any contributions to ALIPAC this year, therefore this advance is not considered a contribution that exceeds \$2-00 because it was fully reimbursed.

\*\*\*\*\*